

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name   
Organizational Unit   
Mailing Address   
City   
Zip Code

### II. Contact Person for the Block Grant

First Name   
Last Name   
Agency Name   
Mailing Address   
City   
Zip Code   
Telephone   
Fax   
Email Address

### III. Expenditure Period

State Expenditure Period  
From   
To   
Block Grant Expenditure Period  
From   
To

### IV. Date Submitted

Submission Date   
Revision Date

### V. Contact Person Responsible for Report Submission

First Name   
Last Name   
Telephone   
Fax   
Email Address

### VI. Contact Person Responsible for Substance Abuse Data

First Name   
Last Name

Telephone 502-564-4456

Email Address Michele.Blevins@ky.gov

Footnotes:

## II: Annual Report

Table 2 - State Priorities

Number	Title	Description
1	Access	Ensure access to community based behavioral health services and supports across the Commonwealth.
2	Quality Services	Ensure availability of high quality (science-based) services and supports for all consumers of the publicly funded behavioral healthcare system.
3	Integrated Health Services	Promote holistic, integrated physical and behavioral health services/supports, utilizing bi-directional models, across Kentucky's publicly funded healthcare system.
4	Reduce Premature Death	Reduce premature death of individuals with behavioral health disorders.
5	Priority Populations	Maintain focus on addressing the behavioral healthcare needs of targeted populations, including: <ul style="list-style-type: none"> <li>• Persons who have mental health or substance use disorders; and are: <ul style="list-style-type: none"> <li>o Pregnant;</li> <li>o Diagnosed with HIV/AIDS;</li> <li>o Intravenous drug users;</li> <li>o Diagnosed with tuberculosis;</li> <li>o Adolescents; or</li> </ul> </li> <li>• Adults with Severe Mental Illness (SMI);</li> <li>• Children with Severe Emotional Disturbance (SED); or</li> <li>• Individuals with co-occurring mental health and substance abuse disorders.</li> </ul>
6	Promotion and Prevention Services	Further develop evidence based substance abuse prevention and mental health promotion and prevention activities across the Commonwealth, particularly with regard to the implementation of programs and strategies aimed at reducing the consequences of under age binge drinking and prescription drug use and misuse among 10th graders in Kentucky. Underage binge drinking and prescription drug misuse and abuse were identified as state priorities in the most recent SEOW needs assesment completed in the spring of 2011. Kentucky is currently addressing these priorities through its statewide "Changing Social Norms and Policy" (CSNaP) initiative.
7	Criminal Justice Interface	Further develop behavioral health services and supports for adults with SMI and children/youth with SED involved with the juvenile and criminal justice systems.
8	Services for Military	Expand behavioral health (mental health and substance abuse) prevention and treatment services to military personnel and their families.
9	Anti-Stigma	Enhance knowledge and skills of behavioral health providers and others that could/do lend support to citizens with behavioral health disorders (first responders, law enforcement, courts, employers, human service agencies, etc.).

Footnotes:

## II: Annual Report

Table 3 - Objectives, Strategies and Performance Indicators

Priority:	Access
Goal of the priority area:	Increase the number of individuals served by the Community Mental Health Centers (including their affiliates), who have behavioral health needs (mental health and substance abuse).
Strategies to attain the goal:	Expand capacity to serve those in need of behavioral health services through the state's publicly funded provider network.
Annual Performance Indicators to measure goal success	
Indicator:	Total number of individuals served annually, by the Regional Boards in mental health and substance abuse programs.
Description of Collecting and Measuring Changes in Performance Indicator:	KY's MIS client and event data set and prior year service data.
Achieved:	Yes
Proposed Changes:	

Reason Not Achieved:

Priority: Quality Services

Goal of the priority area:

Promote Peer Services as a necessary component of Recovery-Oriented Systems of Care for Individuals with Substance Abuse Disorders, Adults with SMI, Children with SED and individuals with co-Occurring Disorders.

Strategies to attain the goal:

Combine core competency training for all Recovery Coaches and Peer Specialists (across populations) and develop population specific modules to address peer services for:

- Individuals with substance abuse disorders;
- Adults with SMI;
- Individuals with co-occurring mental health and substance abuse; or
- Individuals with co-occurring behavioral health and physical health concerns.

Annual Performance Indicators to measure goal success

Indicator: Number of Peer Specialists trained. Baseline Number: Number of Peer Specialists who successfully complete the core training module (30 hours).

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Behavioral Health maintains data base(s) of all individuals who participate in Peer Support trainings and certifies those who adequately complete and graduate from the core and secondary trainings.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Integrated Health Services

Goal of the priority area:

Improve coordination between primary care and behavioral health care delivery.

Strategies to attain the goal:

Commit to the KY Primary Care Association to participate in the organization of five (5) stakeholder working forums to identify opportunities and begin planning for integration of physical and behavioral healthcare.

Annual Performance Indicators to measure goal success

Indicator: Number of forums and planning meetings attended by DBH staff.

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Behavioral Health will ensure that designated staff attends all five (5) Integrated Care Forums planned for 2012-2013. Additional participation in meetings, conducting research or information gathering may be needed.

Additionally, staff will examine and pursue methods for gathering data to develop a baseline indicator for the number of individuals who have had a complete annual physical exam in the last year, the number of screenings completed related to physical health needs and the number of referrals to a primary care provider from a behavioral health treatment setting.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

Decrease in 10th grade Rx use in targeted Counties

Strategies to attain the goal:

Determine 3 main misperceptions of students garnered from RPC Conducted focus group information around Rx drug misuse. Enlist the partnership of local high schools to participate in a youth contest that develops media messages that address of the 3 identified misperceptions

Annual Performance Indicators to measure goal success

Indicator: Number of flyers delivered, number of distribution points Increase in RPC time of spent on environmental strategies relating to Rx drugs in selected counties , number of contest winners, Number of youth who see the media messages

Description of Collecting and Measuring Changes in Performance Indicator:

The Prevention data set will be used to capture this data

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

Decrease the incidence of Suicide among all Kentucky citizens by enhancing public awareness of the signs, symptoms and most effective interventions, as well as vulnerable populations (youth, elderly, military, LGBTQ).

Strategies to attain the goal:

Implement statewide training initiative for behavioral health consumers in long-term care using the SPARK tool kit.

Annual Performance Indicators to measure goal success

Indicator: Number of training events conducted annually.

Description of Collecting and Measuring Changes in Performance Indicator:

Department will maintain database to track number of participants and number of individuals who are trained. This will begin in SFY 2012 and continue for SFY 2013. This is targeted to older adult population.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

Decrease the incidence of Suicide among all Kentucky citizens by enhancing public awareness of the signs, symptoms and most effective interventions, as well as vulnerable populations (youth, older adults, military, LGBTQ).

Strategies to attain the goal:

Build capacity to provide training to personnel and students in KY's middle and high schools across the Commonwealth.

Annual Performance Indicators to measure goal success

Indicator: Percentage of schools in which personnel receive training and percentage of schools in which middle and high school students receive suicide prevention information.

Description of Collecting and Measuring Changes in Performance Indicator:

Department will maintain database to track number of middle and high schools in which personnel receive training and students receive

suicide prevention information.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

Expand indicators related to prescription drug abuse

Strategies to attain the goal:

Revise KIP Survey to include questions on perceived availability peer usage, perception of risk of Rx drugs and favorable attitudes toward Rx drugs.

Annual Performance Indicators to measure goal success

Indicator: Number of new questions added to KIP concerning prescription drug abuse and misuse

Description of Collecting and Measuring Changes in Performance Indicator:

These questions will be integrated into the KIP School survey. Currently, the only data collected on Rx is lifetime, past year, past 30 day use.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

Improve access to nicotine replacement for individuals with behavioral health disorders who use tobacco products.

Strategies to attain the goal:

Commit to participating in the University of Kentucky's effort to develop a mechanism for tracking the number of individuals who receive nicotine replacement under the newly expanded nicotine replacement benefit under the Medicaid pharmacy program.

Annual Performance Indicators to measure goal success

Indicator: Establish baseline data on the number of Medicaid eligible individuals who have filled prescriptions for nicotine replacement pharmaceuticals.

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Behavioral Health will have access to the UK data. DBH will attend all planning meetings, conduct research and participate in any additional information gathering needed.  
Footnote: Additionally, staff will examine and pursue methods for gathering data and develop a baseline performance indicator for the number of Medicaid eligible individuals with a behavioral health disorder who have received a prescription for nicotine replacement and have had those filled.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

Prevent or Reduce the Negative Consequences of Underage Drinking

Strategies to attain the goal:

Supporting/strengthening the enforcement of existing laws regarding adults providing alcohol to minors. Implement local policies that target social access of alcohol to youth (social host and unruly gathering ordinances).

Annual Performance Indicators to measure goal success

Indicator: Reduce 10th grade, 30 day binge drinking by at least 1% annually, in targeted counties.

Description of Collecting and Measuring Changes in Performance Indicator:

Percentage of youth reporting use of alcohol in the past thirty days on the annual Kentucky Incentives for Prevention (KIP) School Survey.  
Footnote: Historical data is available.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Populations

Goal of the priority area:

Track the number of individuals from the target populations served by the 14 Regional Boards (including their affiliates)

Strategies to attain the goal:

Track the number of individuals from the target populations served by the 14 Regional Boards (including their affiliates), including:  
• Individuals with substance abuse disorders (using estimated prevalence rate of 10% of the adult population)

- Adults with SMI (using estimated prevalence rate of 2.6% of the adult population-age 18 and above)
  - Children/youth with SED (using estimated prevalence rate of 5% of the child population-under age 18)
- Concentrate efforts in FY 2012 and 2013 on data that is reliable and readily available and plan for improved data collection of additional priority populations in subsequent years.

Annual Performance Indicators to measure goal success

Indicator: Numerator: Total unduplicated number served in each service category, by the 14 Regional Boards and their affiliates.

Description of Collecting and Measuring Changes in Performance Indicator:

KY's MIS client and event data set. National prevalence rate estimate information and available Medicaid data from the KY Department of Medicaid Services (DMS) and the four Managed Care Organizations recently contracted to provide data to DBH.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Promotion and Prevention Services

Goal of the priority area:

Integrate the prevention of mental illness into state and local substance abuse prevention efforts.

Strategies to attain the goal:

Provide training for Prevention staff (Central office staff and Regional Prevention Center staffs) regarding strategies and available resources to address the prevention of mental illness, including cultural awareness training of high risk populations (LGBTQ, Military & their Families, and Native Americans).

Annual Performance Indicators to measure goal success

Indicator: Baseline data will be collected. Number of trainings provided and the number of Central office staff and Regional Prevention Center staff.

Description of Collecting and Measuring Changes in Performance Indicator:

Prevention data set will be expanded to collect new data.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Criminal Justice Interface

Goal of the priority area:

To ensure that adults with SMI who are being released from specialized mental health treatment units in prison receive timely behavioral health services in their chosen community.

Strategies to attain the goal:

To work with providers and the Department of Corrections to enhance continuity of care for this vulnerable population.

Annual Performance Indicators to measure goal success  
Indicator: The number of adults with SMI who are released from prison programs (CPTU and PCU) and who receive services (in the community), from the Regional Boards.

Description of Collecting and Measuring Changes in Performance Indicator:  
Numerator: Number of adults with SMI who are released from CPTU and PCU prison programs and receive services from a Regional Board.  
Denominator: Number of adults with SMI in released from CPTU and PCU prison programs.  
DBHDID is currently working on a Memorandum of Understanding with the Department of Corrections for data sharing to track discharges and Regional Board admissions.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Services for Military  
Goal of the priority area:

To accurately track all individuals served by the Regional Boards who are active duty service members or veterans, or the family member of active duty service members or veterans.

Strategies to attain the goal:

Improve data collection system for capturing individuals served by the Regional Boards who are active duty service members or veterans, or the family member of active duty service members or veterans.

Annual Performance Indicators to measure goal success

Indicator: Establish accurate baseline by collecting the number of individuals served by the Regional Boards who are active duty service members or veterans, or the family member of active duty service members or veterans.

Description of Collecting and Measuring Changes in Performance Indicator:

KY's MIS client and event data system.

Note: During the 2011 fiscal year, the CMHCs in Kentucky reported treating 797 active duty Service members.

During the 2011 fiscal year, the CMHCs in Kentucky reported treating 2,216 Veteran. Data collection for family members is in development.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Anti-Stigma

Goal of the priority area:

Reduce discrimination of individuals with behavioral health disorders by providing additional awareness training to targeted individuals and groups that interface with individuals with behavioral health disorders.

Strategies to attain the goal:

Provide formal training and public awareness campaigns to enhance knowledge and to reduce discrimination.

Annual Performance Indicators to measure goal success

Indicator: Develop data base to track the number of Mental Health First Aid trainings provided to targeted individuals and groups that interface with individuals with behavioral health disorders.

Description of Collecting and Measuring Changes in Performance Indicator:

Develop data base that includes Mental Health First Aid trainings, as well as other trainings and public awareness campaigns already in existence (e.g., Crisis Intervention Training, Children's Mental Health Awareness Day campaign), and others to be offered in SFYs 2012 and 2013.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

## Footnotes:

Goal #1: Access - The 14 Regional Boards served a total of 177,667 unduplicated individuals in SFY 2011 and 180,509 unduplicated individuals in SFY 2012 for a 1.5% increase in the total number of clients served.

Goal #2 Quality Services: A total of 205 unique individuals have been trained and certified as Peer Specialists in KY through the end of SFY 2012; this is up from 185 at the end of SFY 2011.

Goal #3 Integrated Health Services - DBH staff have attended 2 Forums and 5 Planning Meetings in the SFY 2012 reporting period.

Goal #4: Rx Use among 10th Graders - Baseline data has been collected on past 30 day Rx use among 10th graders in all target counties that implement the KIP survey. This baseline will be compared to KIP 2012 data when the 2012 KIP data is available in March 2013. Data is currently being collected from KY's Prevention Data Set to establish baselines for the performance indicators related to this strategy.

Goal #5: Suicide Prevention among Vulnerable Populations- Older Adults- SPARK toolkits have been obtained and implementation planning has begun (e.g., training of state level and provider community staff in SPARK toolkit information). The lack of funding for this initiative continues to be a challenge.

Goal #6: Suicide Prevention among Vulnerable Populations- Middle and High School Youth- Considerable progress has occurred with this population and the vast majority of students across the state have received awareness/how to respond training.

Goal #9: KIP Survey - Baseline data has been collected on past 30 day binge drinking among 10th graders in all target counties that implement the KIP survey. Baseline data will be compared to KIP 2012 data when the 2012 KIP data is available in March 2013. The number of new Social Host Ordinances implemented (as a result of the data) will also be tracked.

Goal#11: In SFY 2012, DBHDID offered three (3) statewide trainings that addressed the integration of Mental Health and Substance Abuse. One training, held in April 2012 and facilitated by Michael Compton, drew 117 participants from Regional Prevention Centers, Regional Boards, and private treatment providers. Seventeen SMHA/SAPTA staff also participated. A second training focused on LGBTQ2S and behavioral health was attended by 71 participants, including Regional Prevention Center staff and community coalition members, as well as ten (10) state staff. A third training event, The Faith Hope Future Conference, targeted risk factors for mental health and substance use disorders among the military and their families. This event was attended by 77 participants. Currently, data is being extracted from the Prevention Data Set to determine what efforts our Regional Prevention Centers have taken to integrate mental health into their substance abuse prevention efforts.

Goal #12: Criminal Justice Interface - During SFY 2012, language was added to the Department's contracts with the Regional Boards requiring continuity of care for this population. These numbers are tracked by Department staff that work with the reintegration specialists at the prison. These reintegration specialists work directly with adults with SMI who are serving out of specific specialized mental health treatment units at the prison. Designated staff worked with 55 inmates from the KY State Reformatory (for men) and the Women's Penitentiary and all were connected with the regional boards for follow up services after release. The Division of Behavioral Health holds quarterly meeting with Corrections and service providers to ensure continuity of care and brainstorm challenges to access for services for the SMI population. On-going data collection and data sharing is one area of mutual interest at the meetings. The PBS documentary series Frontline is doing a follow-up story on a Kentucky inmate. They filmed last week at the prison and have asked to follow him when he returns to the community, wishing to accompany he and the worker to a mental health appointment.

### III: Expenditure Reports

Table 4a - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2011      Expenditure Period End Date: 6/30/2012

Activity	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	\$ 15,932,890	\$	\$ 0	\$ 88,897	\$ 12,495,994	\$ 0	\$ 0
2. Primary Prevention	\$ 4,619,094	\$	\$ 0	\$ 549,525	\$ 811,960	\$ 0	\$ 0
3. Tuberculosis Services	\$ 0	\$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4. HIV Early Intervention Services	\$ 0	\$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. State Hospital	\$	\$	\$	\$	\$	\$	\$
6. Other 24 Hour Care	\$	\$	\$	\$	\$	\$	\$
7. Ambulatory/Community Non-24 Hour Care	\$	\$	\$	\$	\$	\$	\$
8. Administration (Excluding Program and Provider Level)	\$ 545	\$	\$ 0	\$ 1	\$ 1,044,328	\$ 0	\$ 0
9. Subtotal (Rows 1, 2, 3, 4, and 8)	\$20,552,529	\$	\$0	\$638,423	\$14,352,282	\$0	\$0
10. Subtotal (Rows 5, 6, 7, and 8)	\$545	\$	\$0	\$1	\$1,044,328	\$0	\$0
11. Total	\$20,552,529	\$	\$0	\$638,423	\$14,352,282	\$0	\$0

Please indicate the expenditures are actual or estimated.

Actual  Estimated

Footnotes:

### III: Expenditure Reports

Table 4b - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2009      Expenditure Period End Date: 9/30/2011

Category	FY 2010 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$15932890.00
2. Primary Prevention	\$4619094.00
3. Tuberculosis Services	\$0.00
4. HIV Early Intervention Services**	\$0.00
5. Administration (excluding program/provider level)	\$545.00
6. Total	\$20552529.00

\*Prevention other than Primary Prevention

\*\*HIV Designated States

Footnotes:

### III: Expenditure Reports

Table 5 - SAPT Block Grant Expenditure By Service

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0.00
General and specialized outpatient medical services	0	\$0.00	\$0.00
Acute Primary care	0	\$0.00	\$0.00
General Health Screens, Tests and Immunizations	0	\$0.00	\$0.00
Comprehensive Care Management	0	\$0.00	\$0.00
Care coordination and Health Promotion	0	\$0.00	\$0.00
Comprehensive Transitional Care	0	\$0.00	\$0.00
Individual and Family Support	0	\$0.00	\$0.00
Referral to Community Services Dissemination	0	\$0.00	\$0.00
Prevention (Including Promotion)			\$0.00
Screening, Brief Intervention and Referral to Treatment	0	\$0.00	\$0.00
Brief Motivational Interviews	0	\$0.00	\$0.00
Screening and Brief Intervention for Tobacco Cessation	0	\$0.00	\$0.00
Parent Training	0	\$0.00	\$0.00
Facilitated Referrals	0	\$0.00	\$0.00
Relapse Prevention/Wellness Recovery Support	0	\$0.00	\$0.00
Warm Line	0	\$0.00	\$0.00
Engagement Services			\$0.00
Assessment	0	\$0.00	\$0.00
Specialized Evaluations (Psychological and Neurological)	0	\$0.00	\$0.00
Service Planning (including crisis planning)	0	\$0.00	\$0.00
Consumer/Family Education	0	\$0.00	\$0.00
Outreach	0	\$0.00	\$0.00

Outpatient Services			\$0.00
Individual evidenced based therapies	0	\$0.00	\$0.00
Group therapy	0	\$0.00	\$0.00
Family therapy	0	\$0.00	\$0.00
Multi-family therapy	0	\$0.00	\$0.00
Consultation to Caregivers	0	\$0.00	\$0.00
Community Support (Rehabilitative)			\$0.00
Parent/Caregiver Support	0	\$0.00	\$0.00
Skill building (social, daily living, cognitive)	0	\$0.00	\$0.00
Case management	0	\$0.00	\$0.00
Behavior management	0	\$0.00	\$0.00
Supported employment	0	\$0.00	\$0.00
Permanent supported housing	0	\$0.00	\$0.00
Recovery housing	0	\$0.00	\$0.00
Therapeutic mentoring	0	\$0.00	\$0.00
Traditional healing services	0	\$0.00	\$0.00
Other Supports (Habilitative)			\$0.00
Personal care	0	\$0.00	\$0.00
Homemaker	0	\$0.00	\$0.00
Respite	0	\$0.00	\$0.00
Supported Education	0	\$0.00	\$0.00
Transportation	0	\$0.00	\$0.00
Assisted living services	0	\$0.00	\$0.00
Recreational services	0	\$0.00	\$0.00
Trained behavioral health interpreters	0	\$0.00	\$0.00
Interactive communication technology devices	0	\$0.00	\$0.00

Intensive Support Services			\$0.00
Substance abuse intensive outpatient (IOP)	0	\$0.00	\$0.00
Partial hospital	0	\$0.00	\$0.00
Assertive Community Treatment	0	\$0.00	\$0.00
Intensive home based services	0	\$0.00	\$0.00
Multi-systemic therapy	0	\$0.00	\$0.00
Intensive Case Management	0	\$0.00	\$0.00
Out-of-Home Residential Services			\$0.00
Crisis residential/stabilization	0	\$0.00	\$0.00
Clinically Managed 24 Hour Care (SA)	0	\$0.00	\$0.00
Clinically Managed Medium Intensity Care (SA)	0	\$0.00	\$0.00
Adult Substance Abuse Residential	0	\$0.00	\$0.00
Adult Mental Health Residential	0	\$0.00	\$0.00
Youth Substance Abuse Residential Services	0	\$0.00	\$0.00
Children's Residential Mental Health Services	0	\$0.00	\$0.00
Therapeutic foster care	0	\$0.00	\$0.00
Acute Intensive Services			\$0.00
Mobile crisis	0	\$0.00	\$0.00
Peer based crisis services	0	\$0.00	\$0.00
Urgent care	0	\$0.00	\$0.00
23 hr. observation bed	0	\$0.00	\$0.00
Medically Monitored Intensive Inpatient	0	\$0.00	\$0.00
24/7 crisis hotline services	0	\$0.00	\$0.00
Recovery Supports			\$0.00
Peer Support	0	\$0.00	\$0.00
Recovery Support Coaching	0	\$0.00	\$0.00
Recovery Support Center Services	0	\$0.00	\$0.00

Supports for Self Directed Care	0	\$0.00	\$0.00
Medication Services			\$0.00
Medication management	0	\$0.00	\$0.00
Pharmacotherapy (including MAT)	0	\$0.00	\$0.00
Laboratory services	0	\$0.00	\$0.00
Other			\$0.00

Footnotes:

### III: Expenditure Reports

Table 6a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date:  Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$8,526	\$	\$978	\$	\$1,037
Information Dissemination	Indicated	\$4,710	\$	\$540	\$	\$573
Information Dissemination	Universal	\$704,000	\$	\$80,758	\$	\$85,654
Information Dissemination	Unspecified	\$	\$	\$	\$	\$
Information Dissemination	Total	\$717,236	\$	\$82,276	\$	\$87,264
Education	Selective	\$9,604	\$	\$1,102	\$	\$1,169
Education	Indicated	\$10,822	\$	\$1,241	\$	\$1,317
Education	Universal	\$443,912	\$	\$50,922	\$	\$54,010
Education	Unspecified	\$	\$	\$	\$	\$
Education	Total	\$464,338	\$	\$53,265	\$	\$56,496
Alternatives	Selective	\$527	\$	\$60	\$	\$64
Alternatives	Indicated	\$0	\$	\$0	\$	\$0
Alternatives	Universal	\$189,785	\$	\$21,771	\$	\$23,091
Alternatives	Unspecified	\$	\$	\$	\$	\$
Alternatives	Total	\$190,312	\$	\$21,831	\$	\$23,155
Problem Identification and Referral	Selective	\$3,704	\$	\$425	\$	\$451
Problem Identification and Referral	Indicated	\$773	\$	\$89	\$	\$94
Problem Identification and Referral	Universal	\$173,637	\$	\$19,919	\$	\$21,126
Problem Identification and Referral	Unspecified	\$	\$	\$	\$	\$
Problem Identification and Referral	Total	\$178,114	\$	\$20,433	\$	\$21,671
Community-Based Process	Selective	\$3,967	\$	\$455	\$	\$483

Community-Based Process	Indicated	\$699	\$	\$80	\$	\$85
Community-Based Process	Universal	\$1,320,629	\$	\$153,217	\$	\$162,505
Community-Based Process	Unspecified	\$	\$	\$	\$	\$
Community-Based Process	Total	\$1,325,295	\$	\$153,752	\$	\$163,073
Environmental	Selective	\$0	\$	\$0	\$0	\$0
Environmental	Indicated	\$0	\$	\$0	\$0	\$0
Environmental	Universal	\$397,473	\$	\$44,161	\$	\$46,839
Environmental	Unspecified	\$	\$	\$	\$	\$
Environmental	Total	\$397,473	\$	\$44,161	\$0	\$46,839
Section 1926 Tobacco	Selective	\$	\$	\$	\$	\$
Section 1926 Tobacco	Indicated	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$	\$	\$	\$	\$
Section 1926 Tobacco	Unspecified	\$10,000	\$	\$	\$	\$
Section 1926 Tobacco	Total	\$10,000	\$	\$	\$	\$
Other	Selective	\$	\$	\$	\$	\$
Other	Indicated	\$	\$	\$	\$	\$
Other	Universal	\$	\$	\$	\$	\$
Other	Unspecified	\$1,336,326	\$	\$	\$	\$
Other	Total	\$1,336,326	\$	\$	\$	\$

Footnotes:

### III: Expenditure Reports

Table 6b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date:

Expenditure Period End Date:

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$ <input type="text"/>				
Universal Indirect	\$ <input type="text"/>				
Selective	\$ <input type="text"/>				
Indicated	\$ <input type="text"/>				
Column Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Footnotes:  
 This is an optional table that shall not be completed.

### III: Expenditure Reports

Table 7 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2009    Expenditure Period End Date: 9/30/2011

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		\$0.00		\$0.00	\$0.00	\$0.00
2. Quality Assurance		\$0.00		\$0.00	\$0.00	\$0.00
3. Training (Post-Employment)		\$0.00		\$0.00	\$0.00	\$0.00
4. Program Development		\$0.00		\$0.00	\$0.00	\$0.00
5. Research and Evaluation		\$0.00		\$0.00	\$0.00	\$0.00
6. Information Systems		\$0.00		\$0.00	\$0.00	\$0.00
7. Education (Pre-Employment)		\$0.00		\$0.00	\$0.00	\$0.00
8. Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Footnotes:**

There are no resource development activities other than the primary prevention efforts themselves as reflected in Table 8.

### III: Expenditure Reports

Table 8 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2009 Expenditure Period End Date: 9/30/2011

Entity Number	I-SATS ID (for SABG)	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults serious mental illness	CMHS Block Grant - G. Children with a serious emotional disturbance
2	X	North Central	Boys & Girls	1519 Story Avenue	Louisville	KY	40204	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
5	KY902127	West	Four Rivers			KY		\$543,181.17	\$169,902.09	\$72,896.00	\$169,902.09	\$0.00		
13	KY900170	West	Pennyroyal			KY		\$513,970.00	\$250,493.24	\$75,305.00	\$250,493.24	\$0.00		
20	X	North Central	KSP	919 Versailles Road	Frankfort	KY	40601	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
26	KY901566	West	Green River/River Valley			KY		\$552,590.50	\$235,653.00	\$79,297.00	\$235,653.00	\$0.00		
31	KY901319	West	Lifeskills			KY		\$1,046,819.01	\$226,933.80	\$214,643.00	\$226,933.80	\$0.00		
45	KY900188	West	Communicare			KY		\$776,940.92	\$388,397.00	\$158,888.00	\$388,397.00	\$0.00		
70	KY100854	North Central	Seven Counties			KY		\$4,265,177.40	\$353,896.67	\$1,086,222.70	\$353,896.67	\$0.00		
82	KY901012	North Central	Northkey			KY		\$1,089,698.76	\$232,111.81	\$582,512.00	\$232,111.81	\$0.00		
91	KY900832	East	Comprehend			KY		\$118,439.00	\$120,000.00	\$15,010.00	\$120,000.00	\$0.00		
103	KY900238	East	Pathways			KY		\$747,528.42	\$300,933.08	\$138,476.00	\$300,933.08	\$0.00		
110	KY900097	East	Mountain			KY		\$568,058.50	\$185,933.00	\$63,172.00	\$185,933.00	\$0.00		
119	KY750062	East	KY River			KY		\$432,811.33	\$250,109.00	\$60,329.36	\$250,109.00	\$0.00		
130	KY901228	East	Lake Cumberland			KY		\$475,854.75	\$260,787.81	\$117,882.00	\$260,787.81	\$0.00		
150	KY901327	East	Cumberland			KY		\$904,755.58	\$213,390.00	\$178,790.00	\$213,390.00	\$0.00		
170	KY103155	North Central	Bluegrass			KY		\$2,263,521.25	\$520,350.00	\$445,727.00	\$520,350.00	\$0.00		
198	X	North Central	UK	222 Waller Avenue Suite 480	Lexington	KY	40504	\$584,254.77	\$57,063.30	\$23,993.13	\$57,063.30	\$0.00		
199	X	North Central	EKU	229 Maddox/521 Lancaster Avenue	Richmond	KY	40475 -3102	\$397,905.71	\$518,463.33	\$0.00	\$518,463.33	\$0.00		
200	KY100698	North Central	Louisville Metro Health Department	400 East Gray Street	Louisville	KY	40201 -1704	\$500,000.00	\$0.00	\$0.00	\$0.00	\$0.00		
206	X	North Central	KY Housing	1231 Louisville Road	Frankfort	KY	40601	\$13,333.00	\$0.00	\$0.00	\$0.00	\$0.00		
209	X	North Central	REACH of Louisville	501 Park Avenue	Louisville	KY	40208	\$0.00	\$334,677.31	\$0.00	\$334,677.31	\$0.00		
213	X	Statewide (optional)	KY Partnership for Families and Children, Inc.	207 Holmes Street 1st Floor	Frankfort	KY	40601	\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00		
217	X	Statewide (optional)	People Advocating Recovery	1425 Story Avenue	Louisville	KY	40204	\$123,050.00	\$0.00	\$0.00	\$0.00	\$0.00		

Total								\$15,932,890.07	\$4,619,094.44	\$3,313,143.19	\$4,619,094.44	\$0.00		
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**Footnotes:**

The Statewide Entity Inventory Excel spreadsheet was submitted to the WebBGAS help desk on Sunday, December 2, 2012. Kentucky was notified via e-mail that a technician had the information and would let us know when it had been uploaded. As of the submission time of this report, the information has not been uploaded.

### III: Expenditure Reports

Table 9a - Maintenance of Effort for State Expenditures for SAPT

Did the State or Jurisdiction have any non-recurring expenditures for a specific purpose which were not included in the MOE calculation?

Yes  No

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

Did the State or Jurisdiction include these funds in previous year MOE calculations?

Yes  No

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	$\frac{B1(2010) + B2(2011)}{2}$ (C)
SFY 2010 (1)	\$9,285,265	
SFY 2011 (2)	\$9,240,959	\$9,263,112
SFY 2012 (3)	\$9,267,412	

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

SFY 2010 Yes  No

SFY 2011 Yes  No

SFY 2012 Yes  No

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

Footnotes:

### III: Expenditure Reports

Table 9b - Base and Maintenance of Effort for State Expenditures for TB

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE				
Period	Total of All State Funds Spent on TB Services	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE)
	(A)	(B)	(C)	(D)
SFY 1991 (1)	\$1,803,900	11.20%	\$202,037	
SFY 1992 (2)	\$1,928,340	11.20%	\$215,974	\$209,005

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE				
Period	Total of All State Funds Spent on TB Services	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE)
	(A)	(B)	(C)	(D)
SFY 2012 (3)	\$1,595,360	33.00%	\$526,469	

**Footnotes:**

Kentucky is using a newly enacted methodology that counts the number of individuals receiving SA treatment services, who also have TB, along with the associated cost of TB services (only). This methodology is in direct response to the prompts from the reporting grid, and is calculated as outlined below.

DBH has a data sharing agreement with Kentucky Division of Public Health and will obtain from them: 1) the total number of reported cases/individuals of TB statewide; and 2) the total amount of state funds spent for TB services (statewide) for all of the cases/individuals. DBH will use their own data collection system to obtain: 3) the total number of individuals who receive Substance Abuse (SA) services statewide; and 4) the total number of those individuals in treatment who have TB/received TB services. This data is collected directly from the providers and there is a "marker" in the client demographic data set that designates those individuals with TB. All providers, by contract, are required to screen for TB and follow specific procedures to counsel, refer and ensure indicated treatment for individuals who receive residential or outpatient SA services. For the percentage of TB expenditures spent on clients who are in SA treatment, DBH calculates this based on the number of SA clients who have TB and/or received TB services, divided by the total number of TB cases for the year (per DPH) and calculate expenditures accordingly.

### III: Expenditure Reports

Table 9c - Base and Maintenance of Effort for Expenditures for HIV Early Intervention Services

Enter the year in which your State last became a designated State, Federal Fiscal Year \_\_. Enter the 2 prior years' expenditure data in A1 and A2. Compute the average of the amounts in boxes A1 and A2. Enter the resulting average (MOE Base) in box B2.

State Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment BASE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV  (A)	Average of Columns A1 and A2  $\frac{A1+A2}{2}$ (MOE Base) (B)
(1) SFY <u>1991</u>	\$0	
(2) SFY <u>1992</u>	\$0	\$0

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	
(3) SFY 2012		\$0

**Footnotes:**

Kentucky does not meet the minimum requirement for HIV Early Intervention Services to Substance Use Disorder clients in treatment. This table is not required.

### III: Expenditure Reports

Table 9d - Expenditures for Services to Pregnant Women and Women with Dependent Children

Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$2,616,923	
SFY 2010		\$3,417,588
SFY 2011		\$3,482,960
SFY 2012		\$3,368,976
Enter the amount the State plans to expend in 2013 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>3592370.00</u>		

**Footnotes:**

The "base" for services to pregnant women and women with dependent children was determined by identifying those projects funded with Federal Fiscal Year 1992 Block Grant funds and state general funds during State Fiscal Year 1993 that offered specialized substance abuse services to pregnant women and/or women with dependent children. The "base" funding is composed of \$1,096,960 of Substance Abuse Prevention and Treatment Block Grant funds and \$140,038 of state general funds for a total of \$1,236,728. Figures were calculated by identifying the total SAPT block grant funds and state general funds expended in this project during State Fiscal Year 1993, and multiplying that figure by 61%. Sixty-one percent represents the percentage of female clients served in the program during State Fiscal Year 1993 who were either pregnant or had dependent children.

## IV: Populations and Services Reports

Table 10 - Prevention Strategy Report

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Pregnant women/teens	1. Information Dissemination	
	1. Clearinghouse/information resources centers	15
	2. Resources directories	14
	4. Brochures	1
	6. Speaking engagements	14
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
Violent and delinquent behavior	2. Education	
	4. Education programs for youth groups	14
	3. Alternatives	
	2. Youth/adult leadership activities	10
	3. Community drop-in centers	1
	5. Community-Based Process	
Economically disadvantaged	3. Multi-agency coordination and collaboration/coalition	19
	2. Education	
	1. Parenting and family management	10
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	10
	3. Alternatives	
	1. Drug free dances and parties	16
	3. Community drop-in centers	1
	6. Environmental	
3. Modifying alcohol and tobacco advertising practices	21	
Already using substances	2. Education	
	4. Education programs for youth groups	14
	4. Problem Identification and Referral	
	3. Driving while under the influence/driving while intoxicated education programs	2
	6. Environmental	
	3. Modifying alcohol and tobacco advertising practices	109

Footnotes:



## IV: Populations and Services Reports

Table 11 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2011 Expenditure Period End Date: 6/30/2012

Level of Care	Number of Admissions $\geq$ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	0	0	\$	\$	\$
2. Free-Standing Residential	5581	4646	\$678	\$327	\$750
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$	\$	\$
4. Short-term (up to 30 days)	640	626	\$18,077	\$3,227	\$36,635
5. Long-term (over 30 days)	420	392	\$10,683	\$4,173	\$6,460
AMBULATORY (OUTPATIENT)					
6. Outpatient	15855	10883	\$780	\$230	\$385
7. Intensive Outpatient	729	631	\$3,926	\$1,121	\$3,152
8. Detoxification	0	0	\$	\$	\$
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	64	0	\$5,585	\$	\$
10. ORT Outpatient	0	0	\$	\$	\$

Footnotes:

IV: Populations and Services Reports

Table 12 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2011 Expenditure Period End Date: 6/30/2012

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	392	234	108	25	9	0	0	0	0	0	0	1	1	10	4	257	118	13	4
2. 18 - 24	3338	1722	1258	147	99	4	2	2	1	3	3	4	8	53	32	1911	1387	24	16
3. 25 - 44	9684	4820	3793	517	344	6	3	0	3	5	11	8	10	92	72	5397	4200	51	36
4. 45 - 64	2955	1727	723	344	97	0	0	0	0	0	2	1	1	42	18	2093	833	21	8
5. 65 and Over	71	49	14	5	2	0	0	0	0	0	0	0	0	1	0	55	16	0	0
6. Total	16440	8552	5896	1038	551	10	5	2	4	8	16	14	20	198	126	9713	6554	109	64
7. Pregnant Women	603		485		93		1		0		1		5		18		595		8
Number of persons served who were admitted in a period prior to the 12 month reporting period					1713														
Number of persons served outside of the levels of care described on Table 11					0														

Footnotes:

## IV: Populations and Services Reports

Table 14 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2011 Expenditure Period End Date: 6/30/2012

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:		

**Footnotes:**

Kentucky does not meet the minimum requirement for HIV Early Intervention Services to Substance Use Disorder clients in treatment. This table is not required.

## IV: Populations and Services Reports

Table 15 - Charitable Choice

Expenditure Period Start Date: 7/1/2011      Expenditure Period End Date: 6/30/2012

### 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 Treatment Facility 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.
- \_\_\_\_\_ Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

This is not applicable to Kentucky. This office did not disperse any SAPT Block Grant Funds or State General Funds to faith-based organizations during this fiscal year and therefore did not have any oversight over services provided by such organizations. In addition, faith-based programs are not licensed as such as AOD treatment programs so the agencies that were provided SAPT Block Grant funds did not refer to faith-based organizations for treatment.

Footnotes:

## V: Performance Indicators and Accomplishments

Table 16 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	227	228
Total number of clients with non-missing values on employment/student status [denominator]	2,051	2,051
Percent of clients employed or student (full-time and part-time)	11.1 %	11.1 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		561
Number of CY 2011 discharges submitted:		3,845
Number of CY 2011 discharges linked to an admission:		2,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,058
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		2,051

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### 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]	76	86
Total number of clients with non-missing values on employment/student status [denominator]	1,609	1,609
Percent of clients employed or student (full-time and part-time)	4.7 %	5.3 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		401
Number of CY 2011 discharges submitted:		2,986
Number of CY 2011 discharges linked to an admission:		1,749

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,612
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	1,609

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### 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]	2,376	2,466
Total number of clients with non-missing values on employment/student status [denominator]	7,068	7,068
Percent of clients employed or student (full-time and part-time)	33.6 %	34.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2011 admissions submitted:		13,203
Number of CY 2011 discharges submitted:		17,913
Number of CY 2011 discharges linked to an admission:		7,757
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,086
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		7,068

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### 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]	751	772
Total number of clients with non-missing values on employment/student status [denominator]	2,537	2,537
Percent of clients employed or student (full-time and part-time)	29.6 %	30.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2011 admissions submitted:		628
Number of CY 2011 discharges submitted:		5,085
Number of CY 2011 discharges linked to an admission:		2,612

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,539
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	2,537

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

Footnotes:

## V: Performance Indicators and Accomplishments

Table 17 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

### Short-term Residential(SR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1,925	1,941
Total number of clients with non-missing values on living arrangements [denominator]	2,056	2,056
Percent of clients in stable living situation	93.6 %	94.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2011 admissions submitted:		561
Number of CY 2011 discharges submitted:		3,845
Number of CY 2011 discharges linked to an admission:		2,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,058
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		2,056

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### Long-term Residential(LR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1,285	1,285
Total number of clients with non-missing values on living arrangements [denominator]	1,610	1,610
Percent of clients in stable living situation	79.8 %	79.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2011 admissions submitted:		401
Number of CY 2011 discharges submitted:		2,986
Number of CY 2011 discharges linked to an admission:		1,749

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,612
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	1,610

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### Outpatient (OP)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	6,795	6,804
Total number of clients with non-missing values on living arrangements [denominator]	7,043	7,043
Percent of clients in stable living situation	96.5 %	96.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2011 admissions submitted:		13,203
Number of CY 2011 discharges submitted:		17,913
Number of CY 2011 discharges linked to an admission:		7,757
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,086
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		7,043

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### Intensive Outpatient (IO)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	2,458	2,466
Total number of clients with non-missing values on living arrangements [denominator]	2,538	2,538
Percent of clients in stable living situation	96.8 %	97.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2011 admissions submitted:		628
Number of CY 2011 discharges submitted:		5,085
Number of CY 2011 discharges linked to an admission:		2,612

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,539
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	2,538

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
 [Records received through ]

Footnotes:

## V: Performance Indicators and Accomplishments

Table 18 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,820	1,915
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,073	2,073
Percent of clients without arrests	87.8 %	92.4 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		561
Number of CY 2011 discharges submitted:		3,845
Number of CY 2011 discharges linked to an admission:		2,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,075
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		2,073

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### 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 without arrests [numerator]	1,585	1,593
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,623	1,623
Percent of clients without arrests	97.7 %	98.2 %
Notes (for this level of care):		
Number of CY 2011 admissions submitted:		401
Number of CY 2011 discharges submitted:		2,986
Number of CY 2011 discharges linked to an admission:		1,749

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,623
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	1,623

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### 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 without arrests [numerator]	6,853	6,916
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	7,167	7,167
Percent of clients without arrests	95.6 %	96.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2011 admissions submitted:		13,203
Number of CY 2011 discharges submitted:		17,913
Number of CY 2011 discharges linked to an admission:		7,757
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,175
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		7,167

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### 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 without arrests [numerator]	2,478	2,496
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,544	2,544
Percent of clients without arrests	97.4 %	98.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2011 admissions submitted:		628
Number of CY 2011 discharges submitted:		5,085
Number of CY 2011 discharges linked to an admission:		2,612

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,545
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	2,544

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

Footnotes:

## V: Performance Indicators and Accomplishments

Table 19 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,697	1,769
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,075	2,075
Percent of clients abstinent from alcohol	81.8 %	85.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		74
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	378	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		19.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,695
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,697	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.9 %

Notes (for this level of care):

Number of CY 2011 admissions submitted:	561
Number of CY 2011 discharges submitted:	3,845
Number of CY 2011 discharges linked to an admission:	2,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,075
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	2,075

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file

†Records received through 1

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,316	1,322
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,621	1,621
Percent of clients abstinent from alcohol	81.2 %	81.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		7
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	305	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		2.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,315
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,316	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.9 %

Notes (for this level of care):

Number of CY 2011 admissions submitted:	401
Number of CY 2011 discharges submitted:	2,986
Number of CY 2011 discharges linked to an admission:	1,749
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,623
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	1,621

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	5,530	5,695
All clients with non-missing values on at least one substance/frequency of use [denominator]	7,161	7,161
Percent of clients abstinent from alcohol	77.2 %	79.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		220
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,631	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		13.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		5,475
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,530	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.0 %

Notes (for this level of care):

Number of CY 2011 admissions submitted:		13,203
Number of CY 2011 discharges submitted:		17,913
Number of CY 2011 discharges linked to an admission:		7,757
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,175
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		7,161

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,784	1,838

All clients with non-missing values on at least one substance/frequency of use [denominator]	2,541	2,541
Percent of clients abstinent from alcohol	70.2 %	72.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		56
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	757	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		7.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,782
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,784	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.9 %

Notes (for this level of care):

Number of CY 2011 admissions submitted:	628
Number of CY 2011 discharges submitted:	5,085
Number of CY 2011 discharges linked to an admission:	2,612
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,545
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	2,541

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

Footnotes:

## V: Performance Indicators and Accomplishments

Table 20 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	864	1,047
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,075	2,075
Percent of clients abstinent from drugs	41.6 %	50.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		194
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,211	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		16.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		853
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	864	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.7 %

Notes (for this level of care):

Number of CY 2011 admissions submitted:		561
Number of CY 2011 discharges submitted:		3,845
Number of CY 2011 discharges linked to an admission:		2,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,075
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		2,075

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file

†Records received through 1

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	796	805
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,621	1,621
Percent of clients abstinent from drugs	49.1 %	49.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		10
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	825	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		1.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		795
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	796	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		99.9 %

Notes (for this level of care):

Number of CY 2011 admissions submitted:	401
Number of CY 2011 discharges submitted:	2,986
Number of CY 2011 discharges linked to an admission:	1,749
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,623
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	1,621

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	4,608	4,847
All clients with non-missing values on at least one substance/frequency of use [denominator]	7,161	7,161
Percent of clients abstinent from drugs	64.3 %	67.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		309
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,553	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		12.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		4,538
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,608	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.5 %

Notes (for this level of care):

Number of CY 2011 admissions submitted:	13,203
Number of CY 2011 discharges submitted:	17,913
Number of CY 2011 discharges linked to an admission:	7,757
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,175
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	7,161

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	964	1,076

All clients with non-missing values on at least one substance/frequency of use [denominator]	2,541	2,541
Percent of clients abstinent from drugs	37.9 %	42.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		121
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,577	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		7.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		955
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	964	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		99.1 %

Notes (for this level of care):

Number of CY 2011 admissions submitted:	628
Number of CY 2011 discharges submitted:	5,085
Number of CY 2011 discharges linked to an admission:	2,612
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,545
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	2,541

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

Footnotes:

## V: Performance Indicators and Accomplishments

Table 21 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

### Short-term Residential(SR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	774	877
Total number of clients with non-missing values on self-help attendance [denominator]	2,074	2,074
Percent of clients attending self-help programs	37.3 %	42.3 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	5.0 %	
<b>Notes (for this level of care):</b>		
Number of CY 2011 admissions submitted:		561
Number of CY 2011 discharges submitted:		3,845
Number of CY 2011 discharges linked to an admission:		2,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,075
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):		2,074

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### Long-term Residential(LR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	457	466
Total number of clients with non-missing values on self-help attendance [denominator]	1,622	1,622
Percent of clients attending self-help programs	28.2 %	28.7 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.6 %	
<b>Notes (for this level of care):</b>		
Number of CY 2011 admissions submitted:		401
Number of CY 2011 discharges submitted:		2,986

Number of CY 2011 discharges linked to an admission:	1,749
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,623
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	1,622

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### Outpatient (OP)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	1,641	1,818
Total number of clients with non-missing values on self-help attendance [denominator]	6,900	6,900
Percent of clients attending self-help programs	23.8 %	26.3 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	2.6 %	

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

Number of CY 2011 admissions submitted:	13,203
Number of CY 2011 discharges submitted:	17,913
Number of CY 2011 discharges linked to an admission:	7,757
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,175
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	6,900

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
[Records received through ]

### Intensive Outpatient (IO)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	456	493
Total number of clients with non-missing values on self-help attendance [denominator]	2,517	2,517
Percent of clients attending self-help programs	18.1 %	19.6 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	1.5 %	

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

Number of CY 2011 admissions submitted:	628
Number of CY 2011 discharges submitted:	5,085
Number of CY 2011 discharges linked to an admission:	2,612
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,545
Number of CY 2011 linked discharges eligible for this calculation (non-missing values):	2,517

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file  
 [Records received through ]

Footnotes:

## V: Performance Indicators and Accomplishments

Table 22 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Manually Enter Data				
Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	7	2	4	7
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	17	3	11	26
5. Long-term (over 30 days)	23	2	5	19
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	74	17	37	85
7. Intensive Outpatient	27	5	9	27
8. Detoxification	0	0	0	0
<b>OPIOID REPLACEMENT THERAPY</b>				
9. Opioid Replacement Therapy	6	2	5	7

Level of Care	2011 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	5572	2561
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	3845	2322
5. Long-term (over 30 days)	2986	1749
AMBULATORY (OUTPATIENT)		
6. Outpatient	17913	7207
7. Intensive Outpatient	5085	2612
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	171

Source: SAMHSA/CBHSQ TEDS CY 2010 linked discharge file  
[Records received through 5/2/2012 12:00:00 AM]

Footnotes:

## V: Performance Indicators and Accomplishments

Table 23 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: 30 Day Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2009 - 2010	13.3	<input type="text"/>
	Age 18+ - CY 2009 - 2010	40.3	<input type="text"/>
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2009 - 2010	10.8	<input type="text"/>
	Age 18+ - CY 2009 - 2010	33.4	<input type="text"/>
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] <sup>[1]</sup> ?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2009 - 2010	8.3	<input type="text"/>
	Age 18+ - CY 2009 - 2010	9.0	<input type="text"/>
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2009 - 2010	4.4	<input type="text"/>
	Age 18+ - CY 2009 - 2010	4.6	<input type="text"/>
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] <sup>[2]</sup> ? Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors'orders).		
	Age 12 - 17 - CY 2009 - 2010	5.0	<input type="text"/>
	Age 18+ - CY 2009 - 2010	3.1	<input type="text"/>

[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.

Footnotes:

## V: Performance Indicators and Accomplishments

Table 24 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception Of Risk/Harm of Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2009 - 2010	75.3	<input type="text"/>
	Age 18+ - CY 2009 - 2010	78.0	<input type="text"/>
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2009 - 2010	90.2	<input type="text"/>
	Age 18+ - CY 2009 - 2010	90.4	<input type="text"/>
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2009 - 2010	82.3	<input type="text"/>
	Age 18+ - CY 2009 - 2010	74.8	<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 25 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Age of First Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2009 - 2010	13.4	<input type="text"/>
	Age 18+ - CY 2009 - 2010	17.4	<input type="text"/>
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2009 - 2010	12.6	<input type="text"/>
	Age 18+ - CY 2009 - 2010	15.1	<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] <sup>[1]</sup> ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2009 - 2010	13.0	<input type="text"/>
	Age 18+ - CY 2009 - 2010	17.3	<input type="text"/>
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2009 - 2010	13.9	<input type="text"/>
	Age 18+ - CY 2009 - 2010	18.3	<input type="text"/>
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] <sup>[2]</sup> ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2009 - 2010	12.6	<input type="text"/>
	Age 18+ - CY 2009 - 2010	21.1	<input type="text"/>

[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.

Footnotes:

## V: Performance Indicators and Accomplishments

Table 26 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2009 - 2010	89.1	<input type="text"/>
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2009 - 2010	83.3	<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2009 - 2010	86.3	<input type="text"/>
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2009 - 2010	86.3	<input type="text"/>
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2009 - 2010	87.1	<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 27 - Prevention Performance Measures - Employment/Education; Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2009 - 2010	48.3	<input type="text"/>
	Age 12 - 17 - CY 2009 - 2010		<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 28 - Prevention Performance Measures - Employment/Education; Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: 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> . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	CY 2009	89.9	<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 29 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2010	30.0	<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 30 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol and Drug Related Arrests

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2010	26.9	<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 31 - Prevention Performance Measures - Social Connectedness; Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2009 - 2010	55.2	<input type="text"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2009 - 2010	93.7	<input type="text"/>

[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.

Footnotes:

## V: Performance Indicators and Accomplishments

Table 32 - Prevention Performance Measures - Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?" Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2009 - 2010	85.5	<input type="text"/>

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

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

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2011	6/30/2012
2. Table 34 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2011	6/30/2012
3. Table 35 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	7/1/2011	6/30/2012
4. Table 36 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	7/1/2011	6/30/2012
5. Table 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	7/1/2011	6/30/2012

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

The above data was extracted from the Kentucky Prevention Data Set. The Data is input monthly into the data system by Regional Prevention Center Staff and monitored by the Prevention Data Manager

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

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

Data are collected regarding programs and strategies by the prevention specialist or other responsible party - E.g. school teachers that present an evidence-based prevention curriculum.

Footnotes:

## V: Performance Indicators and Accomplishments

Table 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
<b>Age</b>	
0-4	22723
5-11	201791
12-14	164015
15-17	170428
18-20	57103
21-24	55271
25-44	134046
45-64	109183
65 and over	87626
Age Not Known	
<b>Gender</b>	
Male	476429
Female	525757
Gender Unknown	
<b>Race</b>	
White	772397
Black or African American	103668
Native Hawaiian/Other Pacific Islander	563
Asian	51488
American indian/Alaska Native	2198
More Than One Race (not OMB required)	12316

Race Not Known or Other (not OMB required)	59556
Ethnicity	
Hispanic or Latino	59556
Not Hispanic or Latino	942630

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

The above data was extracted from the Kentucky Prevention Data Set. The Data is input monthly into the data system by Regional Prevention Center Staff and monitored by the Prevention Data Manager.

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

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

Data are collected regarding programs and strategies by the prevention specialist or other responsible party - E.g. school teachers that present an evidence-based prevention curriculum.

Footnotes:

## V: Performance Indicators and Accomplishments

Table 34 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
<b>Age</b>	
0-4	748
5-11	34618
12-14	19567985
15-17	19602940
18-20	262135
21-24	262937
25-44	434353
45-64	374716
65 and over	326435
Age Not Known	0
<b>Gender</b>	
Male	20022270
Female	20844597
Gender Unknown	0
<b>Race</b>	
White	36584923
Black or African American	2999618
Native Hawaiian/Other Pacific Islander	159
Asian	213353
American indian/Alaska Native	1868
More Than One Race (not OMB required)	419999

Race Not Known or Other (not OMB required)	646947
Ethnicity	
Hispanic or Latino	646947
Not Hispanic or Latino	40219920

Footnotes:

## V: Performance Indicators and Accomplishments

Table 35 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	958153	N/A
2. Universal Indirect	N/A	True
3. Selective	33872	N/A
4. Indicated	10161	N/A
5. Total	1002186	40866867

Footnotes:

## V: Performance Indicators and Accomplishments

Table 36 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention

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

State staff begin this process during the SPF grant. All Master trainers were trained on CSAP's Identifying and Selecting Evidence-Based Programs and Interventions. The Evidence-Based Practices Workgroup uses these guidelines to assess the merit of all community-generated programs and strategies that are submitted.

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

Data are collected regarding programs and strategies by the prevention specialist or other responsible party, E.g. school teachers that present an evidence-based prevention curriculum.

Table 36 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	46	139	185	11	10	206
2. Total number of Programs and Strategies Funded	140	165	305	27	19	351
3. Percent of Evidence-Based Programs and Strategies	32.86 %	84.24 %	60.66 %	40.74 %	52.63 %	58.69 %

Footnotes:

## V: Performance Indicators and Accomplishments

Table 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on 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 # <input type="text" value="48"/>	\$ <input type="text" value="1483660.00"/>
Universal Indirect	Total # <input type="text" value="139"/>	\$ <input type="text" value="882315.00"/>
Selective	Total # <input type="text" value="11"/>	\$ <input type="text" value="77868.00"/>
Indicated	Total # <input type="text" value="10"/>	\$ <input type="text" value="27422.00"/>
	Total EBPs: 208	Total Dollars Spent: \$2471265.00

Footnotes:

## V: Performance Indicators and Accomplishments

### Prevention Attachments

#### Submission Uploads

FFY 2013 Prevention Attachment Category A:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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FFY 2013 Prevention Attachment Category B:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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FFY 2013 Prevention Attachment Category C:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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FFY 2013 Prevention Attachment Category D:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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Footnotes:
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