

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name Cabinet for Health and Family Services

Organizational Unit Department for Behavioral Health, Developmental and Intellectual Disabilities

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City Frankfort

Zip Code 40621

### II. Contact Person for the Block Grant

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Last Name Blevins

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### III. Expenditure Period

State Expenditure Period

From 7/1/2013

To 6/30/2014

Block Grant Expenditure Period

From 10/1/2011

To 9/30/2013

### IV. Date Submitted

Submission Date 12/1/2014 11:53:41 PM

Revision Date 6/15/2016 8:28:29 AM

### V. Contact Person Responsible for Report Submission

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Footnotes:

## II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1  
Priority Area: Pregnant Women  
Priority Type: SAT  
Population(s): PWWDC

Goal of the priority area:

Educate and offer treatment services for pregnant women with substance use disorder.

Strategies to attain the goal:

It has been found that the CMHCs are not asking about pregnancy upon first contact. Additional education and close monitoring of the CMHCs will be performed to address this deficiency.

More than 25% of pregnant women in Kentucky smoke. Other than a national cessation hotline, there are no smoking cessation services in the state. The Division will work closely with the Department for Public Health to develop local programs and a statewide hotline.

A new statewide prevalence study for substance use during pregnancy is needed. Kentucky will let a Request for Proposal to update this study. The most recent was completed in 1990.

Residential services for pregnant women in Kentucky are scarce. The Commonwealth will continue to fund "Independence House," a residential program for pregnant women.

### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Assure all Community Mental Health Centers are asking about pregnancy at first contact.  
Baseline Measurement: 16%  
First-year target/outcome measurement: 25%  
Second-year target/outcome measurement: 30%

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

Data Source:

National prevalence estimates and an outdated state survey.

New Data Source (*if needed*):

Description of Data:

1990 State Survey

New Description of Data (*if needed*):

Data issues/caveats that affect outcome measures:

The state survey used is from 1990; Kentucky must obtain more up-to-date information to more accurately determine client numbers.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 2

Priority Area: Reduce consequences of underage drinking

Priority Type: SAP

Population(s): Other (Youth Aged 12 -20)

Goal of the priority area:

Reduce state 10th grade,  
30 day binge drinking rate by at least 1% .

Strategies to attain the goal:

KY Incentives for Prevention (KIP) 2012 survey will be used as a baseline. KIP 2014 data will be used to measure outcomes. Utilization of the Changing Social Norms and Policy protocol aimed at changing norms around acceptability of usage and limit availability of access in the following ways:

- Limiting social and retail access of alcohol to underage youth through establishment of Social Host Ordinances, or strengthening enforcement of these ordinances in counties where they already exist.
- Retail access strategies such as shoulder taps and compliance checks.
- Expanding and intensifying the "I Won't Be the One" campaign – a large scale informational efforts at older adults about the legal and health consequences of providing alcohol to underage youth.

#### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Implement local policies that target social access of alcohol to youth (social host & unruly gathering ordinances) in areas of identified need-as evidenced by high alcohol use by minors as reported on KIP survey

Baseline Measurement: 0

First-year target/outcome measurement: 3

Second-year target/outcome measurement: 4

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

Data Source:

Regional Prevention Centers will report to the Division of Behavioral Health as local ordinances are created and KIP survey results will be evaluated.

New Data Source (if needed):

Description of Data:

Regional Prevention Center reports as processed through the State Prevention System. Each Regional Prevention Center is required to enter data monthly E.g.number of evidence-based programs implemented, number of people reached, number of ordinances passed, number of people served through universal direct, indirect etc. Reports are generated from the system by the Prevention Branch Data Manager. The Prevention Branch is in the process of changing some of its program codes and revamping its data system. As soon as the revisions are made we will submit baseline data.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Variables in the Commonwealth beyond control, including no ordinances/data in these locales.

New Data issues/caveats that affect outcome measures:



New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

Funding for START remained stable during the period. START had plans to increase sites over the two year period and has identified at least one region in the most populated areas of the state (Seven Counties Services, which includes the metro area of Louisville-Jefferson County) in which to start new program. The START program has impacted the broader child protective services case management services by increasing the focus on substance use disorder across the Cabinet.

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

Target for first year was achieved but program funding (non-block grant) was moved from DBHDID to the Child Welfare agency and this goal is no longer relevant.

Priority #: 4

Priority Area: Individuals with Substance Use Disorders and TB

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Identify clients seeking treatment for substance use disorder who may currently have, or have in the past, had a tuberculosis diagnosis.

Strategies to attain the goal:

The Kentucky Department for Public Health (DPH) administers the tuberculosis control program in Kentucky. The Division of Behavioral Health will work in collaboration with DPH to share client diagnoses as they pertain to substance use disorder, or tuberculosis infection.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increased knowledge of clients with Substance Use Disorder with Tuberculosis

Baseline Measurement: 1.8 per 100,000

First-year target/outcome measurement: 1.8 per 100,000

Second-year target/outcome measurement: 1.5 per 100,000

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

Data Source:

Cross-referenced with client data from the Kentucky Department for Public Health

New Data Source *(if needed)*:

Description of Data:

Client data pulled from substance abuse clients with a secondary TB diagnosis.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

The Kentucky Division of Behavioral Health (DBH) seeks to share client data with the Kentucky Department for Public Health (DPH) in order to more accurately determine the number of clients in treatment for substance use disorder who have been, or currently are, being treated for Tuberculosis.

New Data issues/caveats that affect outcome measures:



New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

All regions within the Commonwealth have conducted readiness assessments.

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

Priority #: 7

Priority Area: Adults with SMI who reside in Personal Care Homes

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Assist adults with SMI to move from living in a Personal Care Home (PCH) to an integrated community setting

Strategies to attain the goal:

Further develop services and supports to allow adults with SMI to move from PCHs to community housing of their choice.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Adults with SMI who move from a PCH to an integrated community residence

Baseline Measurement: Estimated 2,000 persons with SMI currently residing in PCHs

First-year target/outcome measurement: 200 Adults with SMI will move from a PCH to an integrated community residence

Second-year target/outcome measurement: 200 (additional) Adults with SMI will move from a PCH to an integrated community residence

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

Data Source:

The Division of Behavioral Health will strictly monitor this along with an independent monitor

New Data Source *(if needed)*:

Description of Data:

There are identified individuals that will be priority -provided by P&A

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

# Report of Progress Toward Goal Attainment

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

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

Protection & Advocacy Interim Settlement Agreement with the CHFS established a goal of transitioning 100 individuals from PCH between October 1, 2013 and October 1, 2014, with 200 additional to move by October 1, 2015 and 300 additional to move by October 1, 2016, for a total of 600. Systems change activities and funding was initiated in January 2015 and progress escalated in June – September 2014. For the time period of October 1, 2013 – October 1, 2014, 56 individuals transitioned into the community with a revised goal of 244 to move by October 1, 2015. Housing capacity and funding is limited and local EBP services are slow to reach fidelity.

How first year target was achieved (optional):

Priority #: 8  
Priority Area: Youth with co-occurring SED and Substance Use Disorders (SUDs)  
Priority Type: MHS  
Population(s): SED

Goal of the priority area:

Increase the number of youth with co-occurring mental health and substance use disorders that receive services from the Regional Boards.

Strategies to attain the goal:

Utilize newly developed funding streams to enhance provider competence to screen, assess and treat youth with co-occurring MH and SU disorders. Utilize E BPs for youth with SUDs- 7 Challenges, Cannabis Youth Treatment (CYT), Motivational Interviewing, MET-CBT, Adolescent Community Reinforcement Approach (ACRA)

## Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Number of youth with identified SED and Substance Use Disorders  
Baseline Measurement: Baseline Year - No date  
First-year target/outcome measurement: 150  
Second-year target/outcome measurement: 250 (Additional)  
New Second-year target/outcome measurement (if needed):

Data Source:

MHSIP data set used by the Department and the 14 Regional Boards

New Data Source (if needed):

Description of Data:

Data will show how many individuals served by diagnostic category and services type.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

data currently available provides some detail to estimate current service numbers but diagnostic and services category type and actual numbers of youth with SED and youth with SUDs is available separately, but not a reliable count of youth with co-occurring.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

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

Priority #: 9  
Priority Area: Prescription Drug Use among Adults and Youth  
Priority Type: SAP  
Population(s): Other (Youth ages 12- 18 Adults 20-24)

Goal of the priority area:

Reduce the misuse of prescription drugs by adults and youth

Strategies to attain the goal:

Utilizing the Changing Social Norms and Policy protocol, focus on environmental strategies that aim to change norms around acceptability of usage and limit availability of access. Regions that are concentrating on prescription drugs will concentrate their efforts primarily on:

- Correcting three (3) youth misperceptions about prescription drugs - that they are: 1.) safer than street drugs, 2.) less addictive than street drugs, 3.) OK to share among friends and family
- Safe storage and disposal of prescription drugs
- Support for new Kentucky legislation which licenses pain clinics and mandates the use of the Kentucky All Scheduled Prescription Electronic Drug Reporting (KASPER) system for all doctors in the state
- Conducting large scale informational efforts directed at parents, caregivers and prescribers of prescription drugs

### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Reduce misuse of prescription drugs  
Baseline Measurement: Incidence of misuse as reported on NSDUH survey and the KIP survey for youth  
First-year target/outcome measurement: 5% decrease in misuse  
Second-year target/outcome measurement: 8% decrease in misuse  
New Second-year target/outcome measurement *(if needed)*:

Data Source:

NSDUH survey and the KIP survey for youth

New Data Source *(if needed)*:

Description of Data:

The National Survey on Drug Use and Health (NSDUH) is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older. Every even-numbered year, the Kentucky Division of Behavioral Health, with the support of the Governor's Office of Drug Control Policy and the Federal Center for Substance Abuse Prevention, jointly sponsor the KIP survey to assess the extent of alcohol, drug, and tobacco use among 11 to 18-year-olds throughout Kentucky, and to evaluate the impact of prevention efforts aimed at reducing substance use.

New Description of Data *(if needed)*

Data issues/caveats that affect outcome measures:

There are no data issues. Data may show as skewed as the NSDUH is a smaller sample.

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 10

Priority Area: IVDUs - Intravenous drug users

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

All 14 Community Mental Health Centers to screen for IV drug use upon initial contact.

Strategies to attain the goal:

Continued education and monitoring of client intake data. In addition, Kentucky shall work with the CMHCs to encourage them to follow the NQF Standard of Care regarding Withdrawal Management; specifically, "Supportive pharmacotherapy should be available and provided to manage the symptoms and adverse consequences of withdrawal, based on a systematic assessment of the symptoms and risk of serious adverse consequences of the withdrawal process." Kentucky will accomplish this by increasing detox services so that there is a minimum of one medically supported detox center in each of the 14 regions; more where population or geography requires.

Kentucky will continue to strive to follow the NQF Standard of Care regarding pharmacotherapy: "Pharmacotherapy should be recommended and available to adult patients diagnosed with opioid dependency and without medical contraindications." CMHCs should be required to recommend MAT when appropriate, and affordable MAT options need to be increased to provide services to indigent residents.

### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Increased number of clients screened for IV drug use at initial contact.  
Baseline Measurement: 50%  
First-year target/outcome measurement: 70%  
Second-year target/outcome measurement: 80%  
New Second-year target/outcome measurement (if needed):

Data Source:

Kentucky Opioid Replacement Therapy Outcome Study (KORTOS)

New Data Source (if needed):

Description of Data:

Client data collected through KORTOS

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Kentucky's addicted follow what seems to be the national norm in that the Opioid prescription drug users, when faced with no available source, turn to IV heroin use, which then shows a disproportionate number of users.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved *(if not achieved, explain why)*

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

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

Footnotes:

### III: Expenditure Reports

Table 2 - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$15,995,355		\$0	\$773,057	\$14,203,535	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$3,581,254		\$0	\$0	\$0	\$0	\$0
b. All Other	\$12,414,101		\$0	\$773,057	\$14,203,535	\$0	\$0
2. Primary Prevention	\$4,251,930	\$0	\$0	\$1,144,721	\$698,258	\$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)	\$0	\$0	\$0	\$3,881	\$1,180,103	\$0	\$0
9. Subtotal (Row 1, 2, 3, 4 and 8)	\$20,247,285	\$0	\$0	\$1,921,659	\$16,081,896	\$0	\$0
10. Subtotal (Row 5, 6, 7 and 8)	\$0	\$0	\$0	\$3,881	\$1,180,103	\$0	\$0
11. Total	\$20,247,285	\$0	\$0	\$1,921,659	\$16,081,896	\$0	\$0

\* Prevention other than primary prevention

Please indicate the expenditures are actual or estimated.

Actual     Estimated

Footnotes:

### III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2013      Expenditure Period End Date: 6/30/2014

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)			\$0
Student Assistance Programs (Problem Identification and Referral)			\$0
Employee Assistance programs (Problem Identification and Referral)			\$0
Community Team Building (Community Based Process)			\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			\$0
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach			\$0
Outpatient Services			\$0
Evidenced-based Therapies			\$0
Group Therapy			\$0
Family Therapy			\$0
Multi-family Therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$0
Medication Management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Community Support (Rehabilitative)			\$0
Parent/Caregiver Support			\$0
Skill Building (social, daily living, cognitive)			\$0
Case Management			\$0

Behavior Management			\$0
Supported Employment			\$0
Permanent Supported Housing			\$0
Recovery Housing			\$0
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$0
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters			\$0
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$0
Substance Abuse Intensive Outpatient (IOP)			\$0
Partial Hospital			\$0
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$0

Intensive Case Management			\$0
Out-of-Home Residential Services			\$0
Children's Mental Health Residential Services			\$0
Crisis Residential/Stabilization			\$0
Clinically Managed 24 Hour Care (SA)			\$0
Clinically Managed Medium Intensity Care (SA)			\$0
Adult Mental Health Residential			\$0
Youth Substance Abuse Residential Services			\$0
Therapeutic Foster Care			\$0
Acute Intensive Services			\$0
Mobile Crisis			\$0
Peer-based Crisis Services			\$0
Urgent Care			\$0
23-hour Observation Bed			\$0
Medically Monitored Intensive Inpatient (SA)			\$0
24/7 Crisis Hotline Services			\$0
Other (please list)			\$0
Total			\$0

Footnotes:

### III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2011      Expenditure Period End Date: 9/30/2013

Category	FY 2012 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$16,174,081
2. Primary Prevention	\$4,333,790
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$450
6. Total	\$20,508,321

\*Prevention other than Primary Prevention

\*\*HIV Designated States

Footnotes:

### III: Expenditure Reports

Table 5a - 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	\$7,998	\$2,118	\$1,292	\$	\$
Information Dissemination	Indicated	\$4,418	\$1,170	\$714	\$	\$
Information Dissemination	Universal	\$660,422	\$174,846	\$106,653	\$	\$
Information Dissemination	Unspecified	\$	\$	\$	\$	\$
Information Dissemination	Total	\$672,838	\$178,134	\$108,659	\$	\$
Education	Selective	\$9,010	\$2,385	\$1,455	\$	\$
Education	Indicated	\$10,152	\$2,688	\$1,639	\$	\$
Education	Universal	\$416,434	\$110,251	\$67,251	\$	\$
Education	Unspecified	\$	\$	\$	\$	\$
Education	Total	\$435,596	\$115,324	\$70,345	\$	\$
Alternatives	Selective	\$494	\$131	\$80	\$	\$
Alternatives	Indicated	\$	\$	\$	\$	\$
Alternatives	Universal	\$178,037	\$47,135	\$28,752	\$	\$
Alternatives	Unspecified	\$	\$	\$	\$	\$
Alternatives	Total	\$178,531	\$47,266	\$28,832	\$	\$
Problem Identification and Referral	Selective	\$3,475	\$920	\$561	\$	\$
Problem Identification and Referral	Indicated	\$725	\$192	\$117	\$	\$
Problem Identification and Referral	Universal	\$162,890	\$43,125	\$26,305	\$	\$
Problem Identification and Referral	Unspecified	\$	\$	\$	\$	\$
Problem Identification and Referral	Total	\$167,090	\$44,237	\$26,983	\$	\$
Community-Based Process	Selective	\$3,721	\$985	\$601	\$	\$

Community-Based Process	Indicated	\$ 656	\$ 174	\$ 106	\$	\$
Community-Based Process	Universal	\$ 1,238,882	\$ 327,993	\$ 200,070	\$	\$
Community-Based Process	Unspecified	\$	\$	\$	\$	\$
Community-Based Process	Total	\$ 1,243,259	\$ 329,152	\$ 200,777	\$	\$
Environmental	Selective	\$	\$	\$	\$	\$
Environmental	Indicated	\$	\$	\$	\$	\$
Environmental	Universal	\$ 372,869	\$ 98,717	\$ 60,215	\$	\$
Environmental	Unspecified	\$	\$	\$	\$	\$
Environmental	Total	\$ 372,869	\$ 98,717	\$ 60,215	\$	\$
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	\$ 1,253,607	\$ 331,891	\$ 202,447	\$	\$
Other	Total	\$ 1,253,607	\$ 331,891	\$ 202,447	\$	\$
	Grand Total	\$ 4,333,790	\$ 1,144,721	\$ 698,258	\$	\$

Footnotes:

### III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2011    Expenditure Period End Date: 9/30/2013

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$3,029,533	\$802,067	\$489,246		
Universal Indirect	\$1,263,607	\$331,892	\$202,448		
Selective	\$24,699	\$6,539	\$3,989		
Indicated	\$15,951	\$4,223	\$2,576		
Column Total	\$4,333,790.00	\$1,144,721.00	\$698,259.00	\$0.00	\$0.00

Footnotes:

### III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Targeted Substances	
Alcohol	b
Tobacco	b
Marijuana	b
Prescription Drugs	b
Cocaine	b
Heroin	b
Inhalants	b
Methamphetamine	b
Synthetic Drugs (i.e. Bath salts, Spice, K2)	b
Targeted Populations	
Students in College	b
Military Families	b
LGBTQ	b
American Indians/Alaska Natives	e
African American	e
Hispanic	e
Homeless	e
Native Hawaiian/Other Pacific Islanders	e
Asian	e
Rural	b
Underserved Racial and Ethnic Minorities	e

**Footnotes:**

**Substances:**

All the substances listed above are addressed to varying degrees through the Regional Prevention Center (RPC) work plans. The RPCs are required by contract to conduct county level needs assessments every two years. Their regional priorities are determined by these needs assessments. However the state has designated Prescription Drugs, Underage Drinking, Tobacco, Heroin and Marijuana as priorities. Block Grant Funds were used to launch our County Alcohol Policy Initiative (CAPI) in FFY 2014 which involve all 14 of our RPCs. Prescription Drugs continue to be a priority. The increase in Heroin use has put this substance back on the state prevention system's radar screen. Indicators for Heroin use were added to the KIP Survey in 2014 to establish a baseline. The Marijuana Prevention Enhancement Site, established in 2010, continues to be funded by Block Grant Dollars. Block Grant funds were also allotted to the Kentucky Synar Program to enhance the TRUST Training Program and to conduct activities to increase collaboration among tobacco retailers and local prevention coalitions.

**Priority Populations:**

All of the populations listed are served by our Regional Prevention Center (RPC system). The only expressly stated target population among those listed is Military Families. This population has been a state priority since SAMSHA declared it a national priority in the Strategic Initiative # 1. The State Prevention System has also collaborated with the Mental Health & Treatment Branches to develop an LGBTQ work plan. However, no state level initiatives on the part of DBH have been launched to address this population.

### III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2011    Expenditure Period End Date: 9/30/2013

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:**

At this time, Kentucky does not track these categorical expenditures separately.

### III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	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
130	KY901228		East	Adanta/Lake Cumberland	1203 American Greeting Card Rd	Corbin	KY	40702	\$696,556	\$463,933	\$117,882	\$232,623	\$0
204	X		Statewide (optional)	ADMIN/OTHER	275 East Main St 4W-G	Frankfort	KY	40621	\$450	\$450	\$0	\$0	\$0
170	KY103155		North Central	Bluegrass	1351 Newtown Pike	Lexington	KY	40511	\$2,713,197	\$2,237,230	\$445,727	\$475,967	\$0
45	KY900188		West	Communicare	1311 North Dixie Highway Building C	Elizabethtown	KY	42701	\$1,042,112	\$787,215	\$188,746	\$254,897	\$0
91	KY900832		East	Comprehend	611 Forest Avenue	Maysville	KY	41056	\$241,482	\$114,994	\$15,010	\$126,488	\$0
150	KY901327		East	Cumberland River	101 Hardin Lane	Somerset	KY	42503	\$1,123,968	\$905,578	\$178,790	\$218,390	\$0
199	X		North Central	Eastern Kentucky University	229 Maddox	Richmond	KY	40475	\$740,280	\$302,879	\$0	\$437,401	\$0
5	KY902127		West	Four Rivers	425 Broadway Street	Paducah	KY	42001	\$701,204	\$527,519	\$72,896	\$173,685	\$0
26	KY901566		West	Green River/River Valley	1100 Walnut St	Owensboro	KY	42302	\$763,613	\$536,828	\$79,297	\$226,785	\$0
206	X		North Central	Kentucky Housing	1231 Louisville Rd	Frankfort	KY	40601	\$13,333	\$13,333	\$0	\$0	\$0
119	KY750062		East	Kentucky River	115 Rockwood Lane	Hazard	KY	41701	\$741,356	\$497,199	\$90,494	\$244,157	\$0
213	X		Statewide (optional)	Ky Partnershp Fam & Children	207 Holmes St	Frankfort	KY	40601	\$14,999	\$14,999	\$0	\$0	\$0
31	KY901319		West	Lifeskills	822 Woodway Drive	Bowling Green	KY	42101	\$1,290,609	\$1,029,995	\$233,883	\$260,614	\$0
200	KY100698		North Central	Louisville Metro Health Dept	1448 South 15th Street	Louisville	KY	40210	\$500,000	\$500,000	\$0	\$0	\$0
110	KY900097		East	Mountain	104 South Front Avenue	Prestonsburg	KY	41653	\$742,177	\$551,244	\$63,172	\$190,933	\$0
220	X		Statewide (optional)	NAMI of Lexington	498 Georgetown St	Lexington	KY	40508	\$1,278	\$1,278	\$0	\$0	\$0
82	KY901012		North Central	NorthKey	513 Madison Avenue 1st Floor	Covington	KY	41011	\$1,401,927	\$1,165,737	\$630,729	\$236,190	\$0
103	KY900238		East	Pathways	201 22nd Street	Ashland	KY	41101	\$1,046,969	\$775,926	\$187,157	\$271,043	\$0
13	KY900170		West	Pennyroyal	607 Hammond Place	Hopkinsville	KY	42240	\$772,611	\$538,033	\$75,305	\$234,578	\$0

217	X		Statewide (optional)	People Advocating Recovery	1425 Story Ave	Louisville	KY	40204	\$92,400	\$92,400	\$0	\$0	\$0
209	X		North Central	REACH of Louisville	501 Park Ave	Louisville	KY	40208	\$363,878	\$0	\$0	\$363,878	\$0
70	KY100854		North Central	Seven Counties	101 W Muhammad Ali	Louisville	KY	40202	\$4,794,847	\$4,469,955	\$1,145,316	\$324,892	\$0
198	X		North Central	University of Kentucky	222 Waller Ste 480	Lexington	KY	40504	\$709,076	\$647,807	\$60,000	\$61,269	\$0
Total									\$20,508,322	\$16,174,532	\$3,584,404	\$4,333,790	\$0

\* Indicates the imported record has an error.

Footnotes:

### III: Expenditure Reports

Table 8a - 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)	<u>B1(2012) + B2(2013)</u> 2 (C)
SFY 2012 (1)	\$9,267,412	
SFY 2013 (2)	\$9,259,559	\$9,263,486
SFY 2014 (3)	\$9,263,553	

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

SFY 2012 Yes  No

SFY 2013 Yes  No

SFY 2014 Yes  No

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

**Footnotes:**  
 Kentucky's Maintenance of Effort is based on state substance abuse funds appropriated for substance abuse services by the Kentucky General Assembly. Three account codes have been summed to arrive at the total level of effort. These funds include substance abuse state general funds (TAAA), Alcohol Intoxication funds (TAAH) and community state general funds for Genesis (TAA1).

### III: Expenditure Reports

Table 8b - 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  (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment  (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)  (C)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE)  (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  (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment  (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)  (C)
SFY 2014 (3)	\$1,661,135	44.70%	\$742,527

**Footnotes:**

The "Total of All State Funds Spent on TB Services (A)" amount is actual. This amount is provided by the Kentucky Department for Public Health.

Percentage based on querying Medicaid data to determine how many of the TB patients had SA diagnosis during FY2014. All the Dx fields (not just Primary Diagnosis) were included in the query, and it was found that 21 of the 47 TB clients had at least one claim with an SA diagnosis.

### III: Expenditure Reports

Table 8c - 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 2014		\$0

**Footnotes:**

For the expenditure period July 1, 2013 through June 30, 2014, the Commonwealth of Kentucky was NOT an HIV-designated state, and is not required to complete this table.

### III: Expenditure Reports

Table 8d - 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 2012		\$3,368,976
SFY 2013		\$3,539,055
SFY 2014		\$3,581,254
Enter the amount the State plans to expend in 2015 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 "Total Expenditures (B)" reported for the period SFY2014 are actual. Kentucky assigns these services (Pregnant Women and Women with Dependent Children) a unique identifier within our statewide accounting system in order to capture them separately.

The "base" for services to pregnant women and women with dependent children was determined by identifying those projects funded with FFY1992 Block Grant funds and state general funds during SFY1993 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 SAPT block grant funds, and \$140,038 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 SFY1993, and multiplying that figure by sixty-one percent. 61% represents the percentage of female clients served in the program during SFY1993 who were either pregnant or had dependent children.

# IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Pregnant women/teens	1. Information Dissemination	
	6. Speaking engagements	0
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	0
	9. materials development	0
	2. Education	
	1. Parenting and family management	0
	2. Ongoing classroom and/or small group sessions	0
	7. education programs for pregnant women	0
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	0
	4. Community team-building	0
	5. Accessing services and funding	0
	6. health fairs and other health promotions	0
	Violent and delinquent behavior	1. Information Dissemination
6. Speaking engagements		0
9. materials dissemination		0
2. Education		
1. Parenting and family management		0
6. Environmental		
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools		0
Economically disadvantaged	1. Information Dissemination	
	4. Brochures	0
	6. Speaking engagements	0
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	0
	9. technical assistance	0
	5. Community-Based Process	
	2. Systematic planning	0
	5. Accessing services and funding	0
	6. Environmental	

	5. materials dissemination	0
Already using substances	1. Information Dissemination	
	3. Media campaigns	0
	4. Brochures	0
	6. Speaking engagements	0
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	0
	2. Education	
	4. Education programs for youth groups	0
	3. Alternatives	
	1. Drug free dances and parties	0
	6. Recreation activities	0
	4. Problem Identification and Referral	
	4. Prevention Screening and Referral Services	0

Footnotes:

## IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

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)
<b>DETOXIFICATION (24-HOUR CARE)</b>					
1. Hospital Inpatient	0	0	\$0	\$0	\$0
2. Free-Standing Residential	6421	5050	\$0	\$0	\$0
<b>REHABILITATION/RESIDENTIAL</b>					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	773	767	\$0	\$0	\$0
5. Long-term (over 30 days)	213	211	\$0	\$0	\$0
<b>AMBULATORY (OUTPATIENT)</b>					
6. Outpatient	8673	8247	\$0	\$0	\$0
7. Intensive Outpatient	876	867	\$0	\$0	\$0
8. Detoxification	0	0	\$0	\$0	\$0
<b>OPIOID REPLACEMENT THERAPY</b>					
9. Opioid Replacement Therapy	0	0	\$0	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

Footnotes:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

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	255	146	65	24	4	0	0	0	0	1	0	5	2	7	1	174	70	9	2
2. 18 - 24	2671	1295	1108	106	67	1	0	0	3	0	2	9	20	42	18	1435	1205	18	13
3. 25 - 44	9247	4481	3707	533	259	5	4	1	4	7	9	24	25	132	56	5126	4026	57	38
4. 45 - 64	2539	1416	586	354	102	1	0	1	0	7	2	8	2	49	11	1814	696	22	7
5. 65 and Over	72	44	15	11	2	0	0	0	0	0	0	0	0	0	0	55	17	0	0
6. Total	14784	7382	5481	1028	434	7	4	2	7	15	13	46	49	230	86	8604	6014	106	60
7. Pregnant Women	402		353		34		0		0		0		6		9		398		4
Number of persons served who were admitted in a period prior to the 12 month reporting period		3136																	
Number of persons served outside of the levels of care described on Table 10																			

Footnotes:

## IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2013      Expenditure Period End Date: 6/30/2014

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:**

For the expenditure period July 1, 2013 through June 30, 2014, the Commonwealth of Kentucky was NOT an HIV-designated state, and is not required to complete this table.

## IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2013      Expenditure Period End Date: 6/30/2014

### 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.

#### Footnotes:

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.

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	418	415
Total number of clients with non-missing values on employment/student status [denominator]	3,340	3,340
Percent of clients employed or student (full-time and part-time)	12.5 %	12.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		735
Number of CY 2013 discharges submitted:		10,996
Number of CY 2013 discharges linked to an admission:		3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,357
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		3,340

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### 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]	52	60
Total number of clients with non-missing values on employment/student status [denominator]	1,167	1,167
Percent of clients employed or student (full-time and part-time)	4.5 %	5.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		215
Number of CY 2013 discharges submitted:		1,918
Number of CY 2013 discharges linked to an admission:		1,294

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,171
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	1,167

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### 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]	2,580	2,726
Total number of clients with non-missing values on employment/student status [denominator]	7,882	7,882
Percent of clients employed or student (full-time and part-time)	32.7 %	34.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		8,917
Number of CY 2013 discharges submitted:		22,180
Number of CY 2013 discharges linked to an admission:		8,505
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,904
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		7,882

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,516	1,522
Total number of clients with non-missing values on employment/student status [denominator]	4,463	4,463
Percent of clients employed or student (full-time and part-time)	34.0 %	34.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		920
Number of CY 2013 discharges submitted:		8,458
Number of CY 2013 discharges linked to an admission:		4,630

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,469
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	4,463

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

Footnotes:

## V: Performance Indicators and Accomplishments

Table 15 - 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]	2,950	2,958
Total number of clients with non-missing values on living arrangements [denominator]	3,356	3,356
Percent of clients in stable living situation	87.9 %	88.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		735
Number of CY 2013 discharges submitted:		10,996
Number of CY 2013 discharges linked to an admission:		3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,357
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		3,356

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### 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]	933	940
Total number of clients with non-missing values on living arrangements [denominator]	1,166	1,166
Percent of clients in stable living situation	80.0 %	80.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		215
Number of CY 2013 discharges submitted:		1,918
Number of CY 2013 discharges linked to an admission:		1,294

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,171
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	1,166

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### 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]	7,582	7,581
Total number of clients with non-missing values on living arrangements [denominator]	7,874	7,874
Percent of clients in stable living situation	96.3 %	96.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		8,917
Number of CY 2013 discharges submitted:		22,180
Number of CY 2013 discharges linked to an admission:		8,505
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,904
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		7,874

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### 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]	4,312	4,316
Total number of clients with non-missing values on living arrangements [denominator]	4,463	4,463
Percent of clients in stable living situation	96.6 %	96.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		920
Number of CY 2013 discharges submitted:		8,458
Number of CY 2013 discharges linked to an admission:		4,630

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,469
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	4,463

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,163	3,251
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,367	3,367
Percent of clients without arrests	93.9 %	96.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		735
Number of CY 2013 discharges submitted:		10,996
Number of CY 2013 discharges linked to an admission:		3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,367
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		3,367

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,169	1,170
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,184	1,184
Percent of clients without arrests	98.7 %	98.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		215
Number of CY 2013 discharges submitted:		1,918
Number of CY 2013 discharges linked to an admission:		1,294

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,184
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	1,184

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	7,685	7,753
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	7,965	7,965
Percent of clients without arrests	96.5 %	97.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		8,917
Number of CY 2013 discharges submitted:		22,180
Number of CY 2013 discharges linked to an admission:		8,505
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,973
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		7,965

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	4,411	4,435
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,476	4,476
Percent of clients without arrests	98.5 %	99.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		920
Number of CY 2013 discharges submitted:		8,458
Number of CY 2013 discharges linked to an admission:		4,630

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,481
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	4,476

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,152	2,199
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,365	3,365
Percent of clients abstinent from alcohol	64.0 %	65.3 %

#### 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]		50
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,213	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		4.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,149
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,152	
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 2013 admissions submitted:	735
Number of CY 2013 discharges submitted:	10,996
Number of CY 2013 discharges linked to an admission:	3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,367
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	3,365

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file

(Records received through 12/17/2014)

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]	942	950
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,183	1,183
Percent of clients abstinent from alcohol	79.6 %	80.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		9
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	241	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		941
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	942	
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 2013 admissions submitted:	215
Number of CY 2013 discharges submitted:	1,918
Number of CY 2013 discharges linked to an admission:	1,294
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,184
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	1,183

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

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]	6,433	6,552
All clients with non-missing values on at least one substance/frequency of use [denominator]	7,969	7,969
Percent of clients abstinent from alcohol	80.7 %	82.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		174
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,536	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		11.3 %

**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]		6,378
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,433	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.1 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	8,917
Number of CY 2013 discharges submitted:	22,180
Number of CY 2013 discharges linked to an admission:	8,505
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,973
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	7,969

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	3,426	3,449

All clients with non-missing values on at least one substance/frequency of use [denominator]	4,481	4,481
Percent of clients abstinent from alcohol	76.5 %	77.0 %

**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]		35
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,055	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,414
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	3,426	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.6 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	920
Number of CY 2013 discharges submitted:	8,458
Number of CY 2013 discharges linked to an admission:	4,630
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,481
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	4,481

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	973	1,091
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,365	3,365
Percent of clients abstinent from drugs	28.9 %	32.4 %

#### 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]		126
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,392	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		5.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		965
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	973	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		99.2 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	735
Number of CY 2013 discharges submitted:	10,996
Number of CY 2013 discharges linked to an admission:	3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,367
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	3,365

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file

(Records received through 12/17/2014)

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]	370	384
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,183	1,183
Percent of clients abstinent from drugs	31.3 %	32.5 %

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]		15
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	813	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		1.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		369
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	370	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		99.7 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	215
Number of CY 2013 discharges submitted:	1,918
Number of CY 2013 discharges linked to an admission:	1,294
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,184
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	1,183

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

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]	5,144	5,283
All clients with non-missing values on at least one substance/frequency of use [denominator]	7,969	7,969
Percent of clients abstinent from drugs	64.6 %	66.3 %

**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]		265
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,825	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.4 %

**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]		5,018
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,144	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		97.6 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	8,917
Number of CY 2013 discharges submitted:	22,180
Number of CY 2013 discharges linked to an admission:	8,505
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,973
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	7,969

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

**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]	1,732	1,797

All clients with non-missing values on at least one substance/frequency of use [denominator]	4,481	4,481
Percent of clients abstinent from drugs	38.7 %	40.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		70
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,749	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		2.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,727
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,732	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		99.7 %

Notes (for this level of care):

Number of CY 2013 admissions submitted:	920
Number of CY 2013 discharges submitted:	8,458
Number of CY 2013 discharges linked to an admission:	4,630
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,481
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	4,481

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

Social Support of Recovery – Clients 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]	586	746
Total number of clients with non-missing values on self-help attendance [denominator]	3,367	3,367
Percent of clients attending self-help programs	17.4 %	22.2 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	4.8 %	
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		735
Number of CY 2013 discharges submitted:		10,996
Number of CY 2013 discharges linked to an admission:		3,483
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,367
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):		3,367

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### 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]	523	544
Total number of clients with non-missing values on self-help attendance [denominator]	1,184	1,184
Percent of clients attending self-help programs	44.2 %	45.9 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	1.8 %	
<b>Notes (for this level of care):</b>		
Number of CY 2013 admissions submitted:		215
Number of CY 2013 discharges submitted:		1,918

Number of CY 2013 discharges linked to an admission:	1,294
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,184
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	1,184

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### 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]	1,865	1,950
Total number of clients with non-missing values on self-help attendance [denominator]	7,938	7,938
Percent of clients attending self-help programs	23.5 %	24.6 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	1.1 %	

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

Number of CY 2013 admissions submitted:	8,917
Number of CY 2013 discharges submitted:	22,180
Number of CY 2013 discharges linked to an admission:	8,505
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,973
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	7,938

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

### 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]	695	689
Total number of clients with non-missing values on self-help attendance [denominator]	4,470	4,470
Percent of clients attending self-help programs	15.5 %	15.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-0.1 %	

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

Number of CY 2013 admissions submitted:	920
Number of CY 2013 discharges submitted:	8,458
Number of CY 2013 discharges linked to an admission:	4,630
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,481
Number of CY 2013 linked discharges eligible for this calculation (non-missing values):	4,470

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

Footnotes:

## V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	11	2	4	7
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	9	2	3	7
5. Long-term (over 30 days)	27	2	5	27
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	83	16	43	99
7. Intensive Outpatient	17	4	7	16
8. Detoxification	0	0	0	0
<b>OPIOID REPLACEMENT THERAPY</b>				
9. Opioid Replacement Therapy	13	3	6	11
10. ORT Outpatient	138	22	63	169

Level of Care	2013 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	7020	2613
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	10996	3483
5. Long-term (over 30 days)	1918	1294
AMBULATORY (OUTPATIENT)		
6. Outpatient	22180	7995
7. Intensive Outpatient	8458	4630
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	258
10. ORT Outpatient	0	510

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file  
[Records received through 12/17/2014]

Footnotes:

## V: Performance Indicators and Accomplishments

Table 21 - 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 2011 - 2012	9.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	49.3	<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 2011 - 2012	10.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	35.1	<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 2011 - 2012	6.5	<input type="text"/>
	Age 18+ - CY 2011 - 2012	11.5	<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 2011 - 2012	5.6	<input type="text"/>
	Age 18+ - CY 2011 - 2012	5.5	<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 2011 - 2012	2.6	<input type="text"/>
	Age 18+ - CY 2011 - 2012	2.8	<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 22 - 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 2011 - 2012	78.5	<input type="text"/>
	Age 18+ - CY 2011 - 2012	76.4	<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 2011 - 2012	91.3	<input type="text"/>
	Age 18+ - CY 2011 - 2012	92.0	<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 2011 - 2012	75.4	<input type="text"/>
	Age 18+ - CY 2011 - 2012	67.9	<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 23 - 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 2011 - 2012	13.3	<input type="text"/>
	Age 18+ - CY 2011 - 2012	17.5	<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 2011 - 2012	13.3	<input type="text"/>
	Age 18+ - CY 2011 - 2012	15.4	<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 2011 - 2012	12.9	<input type="text"/>
	Age 18+ - CY 2011 - 2012	18.7	<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 2011 - 2012	14.3	<input type="text"/>
	Age 18+ - CY 2011 - 2012	17.9	<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 2011 - 2012	12.5	<input type="text"/>
	Age 18+ - CY 2011 - 2012	21.7	<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 24 - 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 2011 - 2012	88.0	<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 2011 - 2012	86.5	<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 2011 - 2012	82.0	<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 2011 - 2012	83.4	<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 2011 - 2012	87.4	<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 25 - 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 2011 - 2012	48.1	<input type="text"/>
	Age 12 - 17 - CY 2011 - 2012		<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 26 - 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.		
	School Year 2012	88.1	<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 27 - 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 2011 - 2012	25.6	<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 28 - 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 2012	25.0	<input type="text"/>

Footnotes:

## V: Performance Indicators and Accomplishments

Table 29 - 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 2011 - 2012	55.6	<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 2011 - 2012		<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 30 - 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 2011 - 2012	88.1	<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 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

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

Please indicate the reporting period (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 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2013	6/30/2014
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2013	6/30/2014
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	7/1/2013	6/30/2014
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	7/1/2013	6/30/2014
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2011	9/30/2013

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 were extracted from the Kentucky Prevention Dataset. The data is input monthly into the 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) Question 2 Response to Question . Kentucky has no specific protocol for identifying service population of mixed race. The service providers use their own judgement in recording this data. This generally occurs in one of two ways. 1) the service provider may use their own judgement, or 2 ) may ask a participant, or may query the entire group of participants as to their racial status. Answer to the second part of Question 2: The State added those participants to the number for each applicable racial category.

### Footnotes:

The Kentucky Prevention Data System is not currently designed to generate reports for tables 33-37 on the calendar year. Our Data manager will have to reprogram some reporting features in order to allow for this.

## V: Performance Indicators and Accomplishments

Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	286
5-11	21981
12-14	31595
15-17	46195
18-20	26776
21-24	32053
25-44	118394
45-64	86567
65 and over	57363
Age Not Known	0
Gender	
Male	197292
Female	223918
Gender Unknown	0
Race	
White	346771
Black or African American	45305
Native Hawaiian/Other Pacific Islander	1206
Asian	6400
American Indian/Alaska Native	1034
More Than One Race (not OMB required)	5830

Race Not Known or Other (not OMB required)	14664
Ethnicity	
Hispanic or Latino	14664
Not Hispanic or Latino	406546

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 were extracted from the Kentucky Prevention Dataset. The data is input monthly into the 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) Question 2 Kentucky has no specific protocol for identifying service population of mixed race. The service providers use their own judgment in recording this data. This generally occurs in one of two ways. 1) the service provider may use their own judgment, or 2) may ask a participant, or may query the entire group of participants as to their racial status. The State added those participants to the number for each applicable racial category.

**Footnotes:**

The Kentucky Prevention Data System is not currently designed to generate reports for tables 31-35 on the calendar year. Division staff are working with our data manager to reprogram the reporting features in order to allow for this.

Regarding the Revision to Table 31, Number of Native Hawaiian/Pacific Islanders Served. The number reported (1,206) is correct.

## V: Performance Indicators and Accomplishments

Table 32 - 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	8020
5-11	29841
12-14	33801711
15-17	33871297
18-20	15074792
21-24	7650150
25-44	7838792
45-64	7686467
65 and over	7767064
Age Not Known	0
<b>Gender</b>	
Male	56851938
Female	56876196
Gender Unknown	0
<b>Race</b>	
White	102169010
Black or African American	8070261
Native Hawaiian/Other Pacific Islander	1708
Asian	628740
American Indian/Alaska Native	1863
More Than One Race (not OMB required)	1132403

Race Not Known or Other (not OMB required)	1724149
Ethnicity	
Hispanic or Latino	1724149
Not Hispanic or Latino	112003985

**Footnotes:**

The Kentucky Prevention Data System is not currently designed to generate reports for tables 31-35 on the calendar year. Division staff are working with our data manager to reprogram the reporting features in order to allow for this.

## V: Performance Indicators and Accomplishments

Table 33 - 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	0	N/A
2. Universal Indirect	N/A	0
3. Selective	0	N/A
4. Indicated	0	N/A
5. Total	0	0

Footnotes:

## V: Performance Indicators and Accomplishments

Table 34 - 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.

The state began implementing these guidelines during the course of the SPF Grant. Training on CSAP's Selecting and Identifying Evidence-Based Programs and Strategies was integrated into our SPF Master Training Content. The document has been distributed to all Regional Prevention Center Staff.

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.

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

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	44	171	215	10	5	230
2. Total number of Programs and Strategies Funded	141	185	326	27	8	361
3. Percent of Evidence-Based Programs and Strategies	31.21 %	92.43 %	65.95 %	37.04 %	62.50 %	63.71 %

**Footnotes:**

The Kentucky Prevention Data System is not currently designed to generate reports for tables 31-35 on the calendar year. Division staff are working with our data manager to reprogram the reporting features in order to allow for this.

## V: Performance Indicators and Accomplishments

Table 35 - 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 # 44	\$ 3010585.00
Universal Indirect	Total # 171	\$ 1255766.00
Selective	Total # 10	\$ 24544.00
Indicated	Total # 5	\$ 15852.00
	Total EBPs: 230	Total Dollars Spent: \$4306747.00

Footnotes:

# V: Performance Indicators and Accomplishments

## Prevention Attachments

### Submission Uploads

FFY 2013 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2013 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2013 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2013 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes: