

Kentucky

UNIFORM APPLICATION

FY 2017 BEHAVIORAL HEALTH REPORT

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 09/01/2016 - Expires 12/01/2016
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Cabinet for Health and Family Services

Organizational Unit Department for Behavioral Health, Developmental and Intellectual Disabilities

Mailing Address 275 East Main Street 4 W-G

City Frankfort

Zip Code 40621

II. Contact Person for the Block Grant

First Name Michele

Last Name Blevins

Agency Name Cabinet for Health and Family Services

Mailing Address 275 East Main Street 4W-G

City Frankfort

Zip Code 40621

Telephone 502-782-6150

Fax 502-564-9010

Email Address michele.blevins@ky.gov

III. Expenditure Period

State Expenditure Period

From 7/1/2015

To 6/30/2016

Block Grant Expenditure Period

From 10/1/2013

To 9/30/2015

IV. Date Submitted

Submission Date 12/1/2016 5:38:02 PM

Revision Date 1/26/2017 2:58:09 PM

V. Contact Person Responsible for Report Submission

First Name michele

Last Name blevins

Telephone 502-782-6150

Fax 502-564-9010

Email Address michele.blevins@ky.gov

VI. Contact Person Responsible for Substance Abuse Data

First Name sara

Last Name barker

Telephone 502-782-6146

Email Address sara.barker@ky.gov

Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Adults with Serious Mental Illness (SMI)
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Increase access to evidence based practices for Adults with SMI

Strategies to attain the goal:

CMHCs are required by contract to employ Peer Support Specialists to serve Adults with SMI and to develop ACT teams. Peer Specialists are also required as designated members of ACT teams.
Each of the 14 CMHCs is required by contract to have at least one fully staffed ACT team.
Provide training and technical assistance to ensure that CMHCs understand how to provide and bill for ACT services.
Provide training and Technical Assistance and fidelity monitoring to ensure most effective implementation of ACT services.
Continue to provide awareness activities and training regarding Recovery Principles and the importance of including Peers in the service delivery array.
Provide training for how to most effectively supervise the work of Peer Specialists.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Peer Services for Adults with SMI who meet criteria for the service
Baseline Measurement: Total number of Adults with SMI who received Peer Services, from the 14 CMHCs, in SFY 2015.
First-year target/outcome measurement: Increase by 2.5% the total number of Adults with SMI who receive Peer Services, from the 14 CMHCs, from SFY 2015 to SFY 2016.
Second-year target/outcome measurement: Increase by 2.5% the total number of Adults with SMI who receive Peer Services, from the 14 CMHCs, from SFY 2016 to SFY 2017.

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

Data Source:

MIS data set used by the Department and the 14 CMHCs

New Data Source (*if needed*):

Description of Data:

Data report to show the total number of unduplicated Adults with SMI served by the 14 CMHCs, who receive the identified service of Peer Support, in SFY (July 1-June 30).

New Description of Data (*if needed*):

Data issues/caveats that affect outcome measures:

Department will also keep track of the number of Peer Specialists employed by the CMHCs to use for comparative analysis.

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):

SFY 2016: 1,824 adults with SMI (unduplicated) received a Peer Support service (count includes individual PS and not group PS) as compared to SFY 2015: 1,157 adults with SMI (unduplicated) received a Peer Support service(count includes individual PS and not group PS). Thus, the goal of 2.5% (or 29 adults with SMI) between 2015 and 2016 was exceeded.

Indicator #: 2

Indicator: Assertive Community Treatment (ACT) services for Adults with SMI who meet criteria for the service

Baseline Measurement: Total number of Adults with SMI who receive ACT services from the 14 CMHCs in SFY 2015

First-year target/outcome measurement: Increase by 2.5% the total number of Adults with SMI who receive ACT services from the 14 CMHCs from SFY 2015 to SFY 2016.

Second-year target/outcome measurement: Increase by 2.5% the total number of Adults with SMI who receive ACT services from the 14 CMHCs from SFY2016 to SFY 2017.

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

Data Source:

MIS data set used by the Department and the 14 CMHCs

New Data Source(if needed):

Description of Data:

Data report to show the total number of unduplicated Adults with SMI, served by the 14 CMHCs, who received the identified service of ACT in the SFY (July 1-June 30)

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Department will also track the number of ACT teams in operation through the CMHCs to use for comparative analysis

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):

For SFY 2015, 230 adults with SMI were served with ACT. In SFY 2016, 350 adults with SMI received an ACT service.

Priority #: 2

Priority Area: Children and Youth with Severe Emotional Disabilities (SED)

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Increase access to evidence based practices for Children/Youth with SED

Strategies to attain the goal:

Recruit and train high fidelity wraparound facilitators and their supervisors
 Recruit and train youth peer specialists
 Ensure there is a formalized process in place to train, certify and track SED Targeted Case Managers and HFW facilitators
 Ensure there is a formalized process in place to train, certify and track Youth Peer Specialists

Annual Performance Indicators to measure goal success

Indicator #: 1
 Indicator: Increase in the total number of DBHDID Certified HFW facilitators/supervisors to serve children/youth with SED from SFY 2015 to SFY 2017
 Baseline Measurement: Total number of DBHDID Certified HFW facilitators/supervisors in SFY 2015 =0
 First-year target/outcome measurement: At least 50 unduplicated HFW facilitators/supervisors shall be trained and certified in SFY 2016
 Second-year target/outcome measurement: At least 50 additional, unduplicated, HFW facilitators/supervisors shall be trained and certified in SFY 2017

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

Data Source:

DBHDID Certification Data Base

New Data Source (if needed):

Description of Data:

Provider entities must obtain approval of training curricula or receive training through DBHDID. DBHDID is in the process of creating an on-line data base in SFY 2016 to track the training and certification of non-licensed service providers (TCM, PS, Community Support Associates)

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

All new tracking system

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

At the end of SFY 2016, there were 14 HFW Supervisors and 28 HFW Facilitators statewide.

Indicator #: 2
 Indicator: Increase in the total number of DBHDID Certified Youth Peer Specialists to serve children/youth with SED from SFY 2015 to SFY 2017
 Baseline Measurement: Total number of DBHDID Certified Youth Peer Specialists in SFY 2015 =8
 First-year target/outcome measurement: At least 10 Youth Peer Specialists shall be trained and certified in SFY 2016
 Second-year target/outcome measurement: At least 10 additional Youth Peer Specialists shall be trained and certified in SFY 2017
 New Second-year target/outcome measurement (if needed):

Data Source:

DBHDID Certification Data Base

MIS data set used by the Department and the 14 CMHCs and additional Data Analysis provided by the Center for Drug and Alcohol Research

New Data Source(*if needed*):

Description of Data:

Data reports show the unduplicated number of PWWDC served who meet the demographics for PWWDC and received case management services from the CMHCs in each SFY

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Using the CDAR Data: FY 2015 – 182 FY 2016 - 208

Priority #: 5

Priority Area: Intravenous Drug Users

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Distribute additional Narcan Rescue Kits in effort to reduce deaths of IV Drug Users.

Strategies to attain the goal:

Distribute NARCAN Kits to additional hospitals in other areas of the state and to first responders and others as funding allows
Educate IV Drug Users, their families and the general public about the availability and effectiveness of Naloxone in the event of an overdose.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Total number of Narcan (Naloxone) kits distributed to hospitals or elsewhere in the SFY

Baseline Measurement: Two thousand kits were distributed to three hospitals (UK,U of L and St. Elizabeth) in SFY 2015

First-year target/outcome measurement: At least 100 additional kits will be distributed in SFY 2016

Second-year target/outcome measurement: At least 100 additional kits will be distributed in SFY 2017

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

Data Source:

The Substance Abuse Treatment Advisory Committee (SATAC) who is charged with tracking distribution

New Data Source(*if needed*):

Description of Data:

DBHDID has access to the number of kits distributed through the KYKIDS Recovery project

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Kentucky distributed a total of 1,265 Naloxone kits during SFY 2016.

Priority #: 6

Priority Area: Individuals who receive SUD services and have or are at risk for TB

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Improve data collection of individuals with or at risk of TB who receive services for SUDs

Strategies to attain the goal:

Continue partnering with the KY Department for Public Health and the CMHCs to improve data collection definitions and screening protocol. Ensure that CMHCs are systematically screening for TB among individuals receiving services for SUDs.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Total number of individuals receiving services from the 14 CMHCs for SUDs who are screened for TB or are referred for a TB screen.

Baseline Measurement: Total number of individuals screened for TB by CMHCs in SFY 2015, who received services for SUDs.

First-year target/outcome measurement: Ensure at least 60% of the total number of individuals, who received services for SUDs, are screened for TB, by CMHCs in SFY 2016.

Second-year target/outcome measurement: Ensure at least 70% of the total number of individuals, who received services for SUDs, are screened for TB, by CMHCs in SFY 2017,

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

Data Source:

MIS data set used by the Department and the 14 CMHCs

New Data Source *(if needed)*:

Description of Data:

Client demographic field for TB

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Data sharing with Public Health will also be used for comparative analysis.

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):

Surveyed SA Treatment providers to ensure they screen all clients and refer as indicated for further assessment (e.g., chest x-ray) or treatment.

Priority #: 7

Priority Area: Individuals in Recovery from Substance Use Disorders

Priority Type: SAT

Population(s): Other (Rural, Military Families, Homeless, Underserved Racial and Ethnic Minorities, Adult Men and Women in Recovery from SUDs)

Goal of the priority area:

Increase the number of Oxford Houses in Kentucky

Strategies to attain the goal:

Contract with Oxford House to employ Case Managers and with the KY Housing Corporation to secure revolving funds to support financing of the housing units.

DBHDID staff members will work with national partners to ensure successful operation of the houses.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Open at least two new Oxford Houses in Kentucky between SFY 2015 and SFY 2017.

Baseline Measurement: There were four Oxford Houses in KY at the end of SFY 2015.

First-year target/outcome measurement: Increase the total number of Oxford Houses in KY to 5 by the end of SFY 2016.

Second-year target/outcome measurement: Increase the total number of Oxford Houses in KY to 6 by the end of SFY 2017.

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

Data Source:

DBHDID tracking of Oxford Houses and occupancy rates

New Data Source (if needed):

Description of Data:

DBHDID will monitor and ensure tracking of the opening and successful operation of Oxford Houses in KY.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

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

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

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

The Commonwealth, in cooperation with the Oxford House, Inc. had a total of nine houses operational at the end of SFY 2016. This represents an increase of 7 since the benchmark year of 2015.

Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

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

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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	\$16,105,981		\$0	\$1,948,459	\$14,039,834	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$3,582,276		\$0	\$0	\$0	\$0	\$0
b. All Other	\$12,523,705		\$0	\$1,948,459	\$14,039,834	\$0	\$0
2. Substance Abuse Primary Prevention	\$3,875,757		\$0	\$1,020,474	\$616,805	\$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. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$265,547		\$0	\$11,585	\$1,382,984	\$0	\$0
11. Total	\$20,247,285	\$0	\$0	\$2,980,518	\$16,039,623	\$0	\$0

* Prevention other than primary prevention

** Only HIV designated states should enter information in this row

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: 7/1/2015 Expenditure Period End Date: 6/30/2016

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

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

Skill Building (social, daily living, cognitive);	
Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$
Substance Abuse Intensive Outpatient (IOP);	

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

Footnotes:

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

Category	FY 2014 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$16,174,163
2. Primary Prevention	\$4,053,170
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$6,808
6. Total	\$20,234,141

*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	\$7,498	\$1,513	\$675	\$	\$
Information Dissemination	Indicated	\$4,142	\$836	\$373	\$	\$
Information Dissemination	Universal	\$619,087	\$124,943	\$55,716	\$	\$
Information Dissemination	Unspecified	\$	\$	\$	\$	\$
Information Dissemination	Total	\$630,727	\$127,292	\$56,764	\$	\$
Education	Selective	\$8,446	\$1,704	\$760	\$	\$
Education	Indicated	\$9,517	\$1,921	\$856	\$	\$
Education	Universal	\$390,370	\$78,783	\$35,132	\$	\$
Education	Unspecified	\$	\$	\$	\$	\$
Education	Total	\$408,333	\$82,408	\$36,748	\$	\$
Alternatives	Selective	\$463	\$94	\$42	\$	\$
Alternatives	Indicated	\$	\$	\$	\$	\$
Alternatives	Universal	\$166,894	\$33,682	\$15,020	\$	\$
Alternatives	Unspecified	\$	\$	\$	\$	\$
Alternatives	Total	\$167,357	\$33,776	\$15,062	\$	\$
Problem Identification and Referral	Selective	\$3,257	\$657	\$293	\$	\$
Problem Identification and Referral	Indicated	\$680	\$137	\$61	\$	\$
Problem Identification and Referral	Universal	\$152,694	\$30,816	\$13,742	\$	\$
Problem Identification and Referral	Unspecified	\$	\$	\$	\$	\$
Problem Identification and Referral	Total	\$156,631	\$31,610	\$14,096	\$	\$
Community-Based Process	Selective	\$3,489	\$704	\$314	\$	\$

Community-Based Process	Indicated	\$ 615	\$ 124	\$ 55	\$	\$
Community-Based Process	Universal	\$ 1,111,342	\$ 234,379	\$ 104,516	\$	\$
Community-Based Process	Unspecified	\$	\$	\$	\$	\$
Community-Based Process	Total	\$ 1,115,446	\$ 235,207	\$ 104,885	\$	\$
Environmental	Selective	\$	\$	\$	\$	\$
Environmental	Indicated	\$	\$	\$	\$	\$
Environmental	Universal	\$ 349,532	\$ 70,542	\$ 31,457	\$	\$
Environmental	Unspecified	\$	\$	\$	\$	\$
Environmental	Total	\$ 349,532	\$ 70,542	\$ 31,457	\$	\$
Section 1926 Tobacco	Selective	\$	\$	\$	\$	\$
Section 1926 Tobacco	Indicated	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$	\$	\$	\$	\$
Section 1926 Tobacco	Unspecified	\$ 100,000	\$	\$	\$	\$
Section 1926 Tobacco	Total	\$ 100,000	\$	\$	\$	\$
Other	Selective	\$	\$	\$	\$	\$
Other	Indicated	\$	\$	\$	\$	\$
Other	Universal	\$	\$	\$	\$	\$
Other	Unspecified	\$ 1,125,144	\$ 237,165	\$ 105,758	\$	\$
Other	Total	\$ 1,125,144	\$ 237,165	\$ 105,758	\$	\$
	Grand Total	\$ 4,053,170	\$ 818,000	\$ 364,770	\$	\$

Footnotes:

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$23,152	\$4,673	\$2,084		
Universal Indirect	\$14,953	\$3,018	\$1,346		
Selective	\$2,889,919	\$573,145	\$255,582		
Indicated	\$1,125,146	\$237,164	\$105,758		
Column Total	\$4,053,170.00	\$818,000.00	\$364,770.00	\$0.00	\$0.00

Footnotes:

III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

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

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015



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:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

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	American Greeting Road P.O. Box 568	Corbin	KY	40702	\$865,089	\$619,566	\$117,882	\$245,523	\$0
170	KY103155		North Central	Bluegrass	Bluegrass Regional MH/MR Board P.O. Box 11428	Lexington	KY	40575	\$2,979,662	\$2,493,121	\$445,727	\$486,541	\$0
2	x		North Central	Boys & Girls Clubs	1519 Story Ave	Louisville	KY	40204	\$0	\$0	\$0	\$0	\$0
45	KY900188		West	Communicare	1311 North Dixie Highway Building C	Elizabethtown	KY	42701	\$1,157,561	\$886,709	\$188,746	\$270,852	\$0
91	KY900832		East	Comprehend	611 Forest Avenue	Maysville	KY	41056	\$263,332	\$138,717	\$15,010	\$124,615	\$0
150	KY901327		East	Cumberland River	259 parkers Mill Road	Somerset	KY	42503	\$974,379	\$763,173	\$178,790	\$211,206	\$0
199	x		North Central	Eastern Kentucky University	229 Maddox	Richmond	KY	40475	\$540,376	\$298,177	\$0	\$242,199	\$0
5	KY902127		West	Four Rivers	425 Broadway Street	Paducah	KY	42001	\$749,646	\$582,110	\$72,896	\$167,536	\$0
26	KY901566		West	Green River/River Valley	c/o Karen Mayberry Cigar Factory Complex 1100 Walnut St	Owensboro	KY	42301	\$813,159	\$572,395	\$79,297	\$240,764	\$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	\$568,141	\$361,402	\$87,606	\$206,739	\$0
213	x		Statewide (optional)	Ky Partnershp Fam & Children	207 Holmes St	Frankfort	KY	40601	\$15,000	\$15,000	\$0	\$0	\$0
31	KY901319		West	Lifeskills	822 Woodway Drive	Bowling Green	KY	42101	\$1,263,553	\$1,003,840	\$233,883	\$259,713	\$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	\$608,298	\$431,184	\$63,172	\$177,114	\$0
220	x		Statewide (optional)	NAMI of Lexington	498 Georgetown St	Lexington	KY	40508	\$0	\$0	\$0	\$0	\$0
82	KY901012		North Central	NorthKey	502 Farrell Drive	Covington	KY	41011	\$1,959,172	\$1,734,469	\$630,729	\$224,703	\$0
103	KY900238		East	Pathways	P.O. Box 790	Ashland	KY	41101-0790	\$1,048,762	\$784,705	\$195,123	\$264,057	\$0

	13	KY900170	X	West	Pennyroyal	P.O. Box 614	Hopkinsville	KY	42241-0614	\$846,352	\$604,666	\$75,305	\$241,686	\$0
	217	X	X	Statewide (optional)	People Advocating Recovery	1425 Story Ave	Louisville	KY	40204	\$96,300	\$96,300	\$0	\$0	\$0
	209	X	X	North Central	REACH of Louisville	501 Park Ave	Louisville	KY	40208	\$364,490	\$0	\$0	\$364,490	\$0
	70	KY100854	X	North Central	Seven Counties	101 West Muhammed Ali Boulevard	Louisville	KY	40202	\$3,974,529	\$3,649,597	\$1,145,316	\$324,932	\$0
	198	X	X	North Central	University of Kentucky	222 Waller Ste 480	Lexington	KY	40504	\$625,699	\$625,699	\$52,593	\$0	\$0
Total										\$20,226,833	\$16,174,163	\$3,582,075	\$4,052,670	\$0

* Indicates the imported record has an error.

Footnotes:

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SAPT

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2014) + B2(2015)</u> 2 (C)
SFY 2014 (1)	\$9,263,553	
SFY 2015 (2)	\$9,262,916	\$9,263,235
SFY 2016 (3)	\$9,264,001	

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

SFY 2014 Yes X No _____
 SFY 2015 Yes X No _____
 SFY 2016 Yes X No _____

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

Yes _____ No X

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

If yes, SFY: _____

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

Yes _____ No _____

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

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

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

Kentucky's Substance Abuse Maintenance of Effort is based on state substance abuse funds appropriated for substance abuse services by the Kentucky General Assembly. Actual expenditures are determined by summing assigned, exclusive codes for SA expenditures within the Commonwealth's budget and accounting software.

Footnotes:

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 2016 (3)	\$1,116,095	21.00%	\$234,380

Please provide a description of the amounts and methods used to calculate the base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. §300x-24(d)

20,376 Individuals received Screening Services in KY's Treatment Provider Network at an average cost of cost \$5 per individual = \$ 101,880.

Additionally, the KY Dept. for Public Health Reports SFY 2016

TB Expenditures = \$1,065,155.25/67 individuals or \$15,897.84 per individual

Eight individuals were indicated with TB in Services = \$127,183 + 101,880= \$229,063

Footnotes:

KY changed its methodology for this report item for the current planning cycle (2016-17).

III: Expenditure Reports

Table 8c - Base and Maintenance of Effort for Expenditures for HIV Early Intervention Services

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 2016		\$0

Please provide a description of the amounts and methods used to calculate (for designated states only) the base and MOE for HIV early intervention services as required by 42 U.S.C. §300x-24(d) (See 45 C.F.R. §96.122(f)(5)(ii)(A)(B)(C))

Footnotes:
Kentucky is not an HIV-designated state, and as such, is not required to meet a maintenance of effort for HIV expenditures, or complete table 8C.

III: Expenditure Reports

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

Base		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$2,616,923	

Maintenance		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 2014		\$3,581,254
SFY 2015		\$3,582,075
SFY 2016		\$3,587,315
Enter the amount the State plans to expend in 2017 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>4025664.00</u>		

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). A report was queried using the Commonwealth of Kentucky's budget, accounting, and procurement system called eMARS. Women's set-aside from the SAPT block grant are tracked with a unique code. Expenditures are actual, and originate from the SAPT Block Grant

Footnotes:

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

Column A (Risks)	Column B (Strategies)	Column C (Providers)
GENERAL POPULATION	1. Information Dissemination	
	3. Media campaigns	14
	4. Brochures	14
	5. Radio and TV public service announcements	14
	6. Speaking engagements	14
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	14
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	14
	4. Education programs for youth groups	14
	5. Mentors	1
	3. Alternatives	
	2. Youth/adult leadership activities	14
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
	2. Systematic planning	14
	3. Multi-agency coordination and collaboration/coalition	14
	4. Community team-building	14
	5. Accessing services and funding	14
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	14
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	14

	3. Modifying alcohol and tobacco advertising practices	14
	4. Product pricing strategies	14

Footnotes:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

Level of Care	Number of Admissions \geq Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	812	0	\$0	\$0	\$0
2. Free-Standing Residential	5429	0	\$0	\$0	\$0
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	1184	0	\$0	\$0	\$0
5. Long-term (over 30 days)	270	0	\$0	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	10589	0	\$0	\$0	\$0
7. Intensive Outpatient	732	0	\$0	\$0	\$0
8. Detoxification	0	0	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	1414	0	\$0	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

Footnotes:

Table 10 Number of Admissions based on CY2015 TEDS.

Number of Persons Served cannot be determined at this time.

Costs per Person (Mean Cost of Services, Median Cost of Services, and Standard Deviation of Cost) is not reported by the Commonwealth of Kentucky and cannot be reported.

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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	51218	22773	17251	3691	2270	24	17	69	46	45	30	1356	987	1595	1064	28415	20899	1138	766	
2. 18 - 24	15900	5825	6916	829	889	3	5	30	11	11	16	183	259	442	481	7210	8400	113	177	
3. 25 - 44	46646	16727	22240	1984	2313	19	20	43	73	39	55	345	516	1148	1124	20029	25934	286	407	
4. 45 - 64	35372	12222	17484	1472	1831	5	14	29	59	40	60	254	353	756	793	14631	20370	147	224	
5. 65 and Over	5779	1608	3076	117	221	0	4	7	11	1	5	21	47	268	393	1990	3720	22	37	
6. Total	154915	59155	66967	8093	7524	51	60	178	200	136	166	2159	2162	4209	3855	72275	79323	1706	1611	
7. Pregnant Women	571		467		76								15		13		557		14	
Number of persons served who were admitted in a period prior to the 12 month reporting period																				
Number of persons served outside of the levels of care described on Table 10																				

Footnotes:
 KY collects race and ethnicity as separate fields resulting in this table capturing the total in Columns A-H and then separately (totals again) in Columns I-J.

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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:		
<p>Footnotes: Kentucky is not an HIV-designated state.</p>		

IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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.
- 0 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]	463	468
Total number of clients with non-missing values on employment/student status [denominator]	3,715	3,715
Percent of clients employed or student (full-time and part-time)	12.5 %	12.6 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,184
Number of CY 2015 discharges submitted:		8,820
Number of CY 2015 discharges linked to an admission:		3,965
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,758
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		3,715

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	230	232
Total number of clients with non-missing values on employment/student status [denominator]	1,338	1,338
Percent of clients employed or student (full-time and part-time)	17.2 %	17.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		270
Number of CY 2015 discharges submitted:		2,799
Number of CY 2015 discharges linked to an admission:		1,442

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,343
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,338

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	4,056	4,154
Total number of clients with non-missing values on employment/student status [denominator]	11,024	11,024
Percent of clients employed or student (full-time and part-time)	36.8 %	37.7 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		10,589
Number of CY 2015 discharges submitted:		31,733
Number of CY 2015 discharges linked to an admission:		11,990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,127
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		11,024

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	580	587
Total number of clients with non-missing values on employment/student status [denominator]	2,032	2,032
Percent of clients employed or student (full-time and part-time)	28.5 %	28.9 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		732
Number of CY 2015 discharges submitted:		7,538
Number of CY 2015 discharges linked to an admission:		2,226

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,040
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,032

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	3,356	3,354
Total number of clients with non-missing values on living arrangements [denominator]	3,710	3,710
Percent of clients in stable living situation	90.5 %	90.4 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,184
Number of CY 2015 discharges submitted:		8,820
Number of CY 2015 discharges linked to an admission:		3,965
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,758
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		3,710

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	861	853
Total number of clients with non-missing values on living arrangements [denominator]	1,337	1,337
Percent of clients in stable living situation	64.4 %	63.8 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		270
Number of CY 2015 discharges submitted:		2,799
Number of CY 2015 discharges linked to an admission:		1,442

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,343
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,337

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	10,732	10,731
Total number of clients with non-missing values on living arrangements [denominator]	11,021	11,021
Percent of clients in stable living situation	97.4 %	97.4 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		10,589
Number of CY 2015 discharges submitted:		31,733
Number of CY 2015 discharges linked to an admission:		11,990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,127
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		11,021

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	1,940	1,948
Total number of clients with non-missing values on living arrangements [denominator]	2,022	2,022
Percent of clients in stable living situation	95.9 %	96.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		732
Number of CY 2015 discharges submitted:		7,538
Number of CY 2015 discharges linked to an admission:		2,226

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,040
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,022

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	3,338	3,399
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,752	3,752
Percent of clients without arrests	89.0 %	90.6 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,184
Number of CY 2015 discharges submitted:		8,820
Number of CY 2015 discharges linked to an admission:		3,965
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,762
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		3,752

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	1,328	1,335
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,355	1,355
Percent of clients without arrests	98.0 %	98.5 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		270
Number of CY 2015 discharges submitted:		2,799
Number of CY 2015 discharges linked to an admission:		1,442

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,355
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,355

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	10,856	10,863
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	11,225	11,225
Percent of clients without arrests	96.7 %	96.8 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		10,589
Number of CY 2015 discharges submitted:		31,733
Number of CY 2015 discharges linked to an admission:		11,990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,236
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		11,225

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	2,019	2,020
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,062	2,062
Percent of clients without arrests	97.9 %	98.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		732
Number of CY 2015 discharges submitted:		7,538
Number of CY 2015 discharges linked to an admission:		2,226

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,063
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,062

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	2,605	2,621
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,750	3,750
Percent of clients abstinent from alcohol	69.5 %	69.9 %

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]		30
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,145	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		2.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,591
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,605	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.5 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,184
Number of CY 2015 discharges submitted:	8,820
Number of CY 2015 discharges linked to an admission:	3,965
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,762
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	3,750

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file

Records received through 2/2/2017

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,186	1,195
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,355	1,355
Percent of clients abstinent from alcohol	87.5 %	88.2 %

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]		10
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	169	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		5.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,185
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,186	
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 2015 admissions submitted:	270
Number of CY 2015 discharges submitted:	2,799
Number of CY 2015 discharges linked to an admission:	1,442
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,355
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,355

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file [Records received through 2/2/2017]

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]	9,356	9,453
All clients with non-missing values on at least one substance/frequency of use [denominator]	11,232	11,232
Percent of clients abstinent from alcohol	83.3 %	84.2 %

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]		144
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,876	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		7.7 %

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]		9,309
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	9,356	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.5 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	10,589
Number of CY 2015 discharges submitted:	31,733
Number of CY 2015 discharges linked to an admission:	11,990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,236
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	11,232

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,793	1,811

All clients with non-missing values on at least one substance/frequency of use [denominator]	2,063	2,063
Percent of clients abstinent from alcohol	86.9 %	87.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		20
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	270	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		7.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,791
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,793	
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 2015 admissions submitted:	732
Number of CY 2015 discharges submitted:	7,538
Number of CY 2015 discharges linked to an admission:	2,226
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,063
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,063

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	1,215	1,271
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,750	3,750
Percent of clients abstinent from drugs	32.4 %	33.9 %

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]		72
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,535	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		2.8 %

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]		1,199
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,215	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.7 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,184
Number of CY 2015 discharges submitted:	8,820
Number of CY 2015 discharges linked to an admission:	3,965
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,762
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	3,750

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file

Records received through 2/2/2017

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]	849	873
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,355	1,355
Percent of clients abstinent from drugs	62.7 %	64.4 %

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]		26
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	506	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		5.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		847
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	849	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		99.8 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	270
Number of CY 2015 discharges submitted:	2,799
Number of CY 2015 discharges linked to an admission:	1,442
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,355
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,355

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	6,971	7,081
All clients with non-missing values on at least one substance/frequency of use [denominator]	11,232	11,232
Percent of clients abstinent from drugs	62.1 %	63.0 %

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]		192
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,261	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		4.5 %

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]		6,889
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,971	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.8 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	10,589
Number of CY 2015 discharges submitted:	31,733
Number of CY 2015 discharges linked to an admission:	11,990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,236
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	11,232

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	1,099	1,116

All clients with non-missing values on at least one substance/frequency of use [denominator]	2,063	2,063
Percent of clients abstinent from drugs	53.3 %	54.1 %

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]		29
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	964	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		3.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,087
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,099	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.9 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	732
Number of CY 2015 discharges submitted:	7,538
Number of CY 2015 discharges linked to an admission:	2,226
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,063
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,063

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	1,339	1,482
Total number of clients with non-missing values on self-help attendance [denominator]	3,758	3,758
Percent of clients attending self-help programs	35.6 %	39.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	3.8 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,184
Number of CY 2015 discharges submitted:		8,820
Number of CY 2015 discharges linked to an admission:		3,965
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,762
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		3,758

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	927	941
Total number of clients with non-missing values on self-help attendance [denominator]	1,355	1,355
Percent of clients attending self-help programs	68.4 %	69.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	1.0 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		270
Number of CY 2015 discharges submitted:		2,799

Number of CY 2015 discharges linked to an admission:	1,442
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,355
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,355

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	2,794	2,854
Total number of clients with non-missing values on self-help attendance [denominator]	11,215	11,215
Percent of clients attending self-help programs	24.9 %	25.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.5 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	10,589
Number of CY 2015 discharges submitted:	31,733
Number of CY 2015 discharges linked to an admission:	11,990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,236
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	11,215

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	724	732
Total number of clients with non-missing values on self-help attendance [denominator]	2,063	2,063
Percent of clients attending self-help programs	35.1 %	35.5 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.4 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	732
Number of CY 2015 discharges submitted:	7,538
Number of CY 2015 discharges linked to an admission:	2,226
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,063
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,063

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

Footnotes:

V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	9	3	4	6
2. Free-Standing Residential	9	2	4	7
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	8	1	2	6
5. Long-term (over 30 days)	13	3	5	13
AMBULATORY (OUTPATIENT)				
6. Outpatient	35	7	15	43
7. Intensive Outpatient	23	4	9	29
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	9	3	4	6
10. ORT Outpatient	51	13	31	70

Level of Care	2015 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	904	634
2. Free-Standing Residential	5796	1322
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	8820	3965
5. Long-term (over 30 days)	2799	1442
AMBULATORY (OUTPATIENT)		
6. Outpatient	7538	11254
7. Intensive Outpatient	31733	2226
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	300
10. ORT Outpatient	0	736

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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 2014	6.8	
	Age 18+ - CY 2014	45.3	
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 2014	7.6	
	Age 18+ - CY 2014	31.8	
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] ^[1] ?[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 2014	5.3	
	Age 18+ - CY 2014	10.3	
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 2014	4.4	
	Age 18+ - CY 2014	7.4	
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] ^[2] ? 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 2014	1.4	
	Age 18+ - CY 2014	3.4	

[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 2014	79.4	
	Age 18+ - CY 2014	78.8	
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 2014	90.8	
	Age 18+ - CY 2014	90.5	
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 2014	72.5	
	Age 18+ - CY 2014	63.6	

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 2014	13.2	
	Age 18+ - CY 2014	17.5	
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 2014	12.7	
	Age 18+ - CY 2014	15.7	
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] ^[1] ?[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 2014	12.7	
	Age 18+ - CY 2014	18.8	
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 2014	13.9	
	Age 18+ - CY 2014	18.6	
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] ^[2] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2014	12.1	
	Age 18+ - CY 2014	20.9	

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

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

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 2014	91.6	
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 2014	88.8	
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 2014	86.4	
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 2014	85.7	
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 2014	91.2	

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 2014	46.8	
	Age 12 - 17 - CY 2014		

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 http://nces.ed.gov/ccd/stfis.asp . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2014	90.3	

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 2014	29.2	

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 2014	23.4	

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 2014	53.2	
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 2014	87.5	

[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] ^[1] ?" Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2014	83.9	

[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	1/1/2014	12/31/2014
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2014	12/31/2014
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2014	12/31/2014
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2014	12/31/2014
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2013	9/30/2015

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) 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.

Footnotes:

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	4917
5-11	20245
12-14	26790
15-17	32107
18-20	18266
21-24	26384
25-44	93857
45-64	83024
65 and over	33990
Age Not Known	151953
Gender	
Male	151069
Female	182267
Gender Unknown	158197
Race	
White	286484
Black or African American	27777
Native Hawaiian/Other Pacific Islander	334
Asian	4309
American Indian/Alaska Native	833
More Than One Race (not OMB required)	4626

Race Not Known or Other (not OMB required)	167170
Ethnicity	
Hispanic or Latino	8962
Not Hispanic or Latino	304663
Ethnicity Unknown	177908

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) 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.

Footnotes:

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
Age	
0-4	32
5-11	2878
12-14	7123
15-17	7267
18-20	731
21-24	16206
25-44	66181
45-64	54357
65 and over	16276
Age Not Known	357347
Gender	
Male	79319
Female	91621
Gender Unknown	357458
Race	
White	141186
Black or African American	20594
Native Hawaiian/Other Pacific Islander	237
Asian	2064
American Indian/Alaska Native	398
More Than One Race (not OMB required)	4192

Race Not Known or Other (not OMB required)	359727
Ethnicity	
Hispanic or Latino	7143
Not Hispanic or Latino	163203
Ethnicity Unknown	358052

Footnotes:

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		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		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	1182	205	1387	256	107	1750
2. Total number of Programs and Strategies Funded	6474	1225	7699	256	107	8062
3. Percent of Evidence-Based Programs and Strategies	18.26 %	16.73 %	18.02 %	100.00 %	100.00 %	21.71 %

Footnotes:

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 # 848	\$ 2311424.00
Universal Indirect	Total # 202	\$ 550599.00
Selective	Total # 278	\$ 757755.00
Indicated	Total # 159	\$ 433392.00
	Total EBPs: 1487	Total Dollars Spent: \$4053170.00

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2014 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes:

Kentucky Behavioral Health Planning & Advisory Council

Gayla Lockhart, Chair

Mary Singleton, Vice Chair

Lee Ann Kelly, Secretary

275 E. Main Street, 4WG, Frankfort, Kentucky 40621

November 17, 2016

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road Room 7-1109
Rockville, Maryland 20857

Dear Ms. Simmons:

In accordance with the *CMHS and SAPT Block Grant Report*, I am writing on behalf of Kentucky's Behavioral Health Planning & Advisory Council to confirm that our Council members have reviewed the 2017 Behavioral Health Report. Our Council dedicated time at today's quarterly council meeting to review a draft copy to solicit comments before the December 1st due date.

Thank you for the continued support of mental health and substance use treatment and prevention block grant funds. Our Council membership is honored to serve as advisors for planning in Kentucky.

Sincerely,



Gayla Lockhart

Chair, Kentucky Behavioral Health Planning & Advisory Council

Cc: Michele Blevins