

# Kentucky

## UNIFORM APPLICATION FY 2018 BEHAVIORAL HEALTH REPORT SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/07/2017 - Expires  
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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 502-564-4826

Email Address Michele.Blevins@ky.gov

### III. Expenditure Period

#### State Expenditure Period

From 7/1/2016

To 6/30/2017

#### Block Grant Expenditure Period

From 10/1/2014

To 9/30/2016

### IV. Date Submitted

Submission Date 12/1/2017 6:06:29 PM

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### V. Contact Person Responsible for Report Submission

First Name Michele

Last Name Blevins

Telephone 502-782-6150

Fax 502-564-4826

Email Address Michele.blevins@ky.gov

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

First Name Michele

Last Name Blevins

Telephone 502-782-6150

Email Address michele.blevins@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.

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

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

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

**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.

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

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

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

**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.

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

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

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

**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

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

**Description of Data:**

DBHDID Certification Data Base  
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):**

In SFY 2016, there were 33 Youth Peer Support Specialist ("Certified") as compared to 8 YPSS in SFY 2015.

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

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

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

**Priority #:** 3

**Priority Area:** Primary Prevention Substance Abuse

**Priority Type:** SAP

**Population(s):** PP

**Goal of the priority area:**

Reduce the incidence of Underage Drinking

**Strategies to attain the goal:**

Educate parents about 'host parties' and the negative physiological effects of alcohol consumption by adolescents. Work to establish Social Host Ordinances. Implement Strategies such as " I Won't be the One" to reduce underage use social access to alcohol. Improve early prevention screening and assessment of adolescents in school settings

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Numer of 10th graders who report drinking alcohol in the past 30 days

**Baseline Measurement:** 2014 Survey results indicate 21% of 10th graders that answered at least once they have had an alcoholic beverage in the past 30 days

**First-year target/outcome measurement:** N/A Survey is only conducted every two years

**Second-year target/outcome measurement:** Decrease by 2% the number of 10th graders that answered at least once they have had an alcoholic beverage in the past 30 days

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

**Data Source:**

Kentucky Incentives for Prevention (KIP) Survey 2016

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

**Description of Data:**

The KIP survey provides information about student self-reported use of substances (e.g., within the last 30 days, last year), student perceptions about substance use (e.g., level of risk, peer and parent disapproval), and perceived accessibility of substances in the community. The 2014 survey includes the addition of several new questions related to heroin use, bullying, dating violence, and suicidal ideation. Once the survey data are gathered and analyzed, each participating school district receives a report outlining district-specific results, and depicting comparisons to the region, state and (when available) the rest of country. The KIP survey is Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance abuse. In 2014, over 124,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for those communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

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

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

Results of KIP survey conducted in 2016 are available in 2017

**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):**

Used 2014 KIP Survey Results for this reporting period. The KIP survey is a biannual survey.

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

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

Tenth grade past 30 day UAD decreased from 21% in 2014 to 19.4% in 2016. Based on our projections we had anticipated a decrease of two full percentage points to 19%. We will continue to implement a comprehensive array of evidence-based under aged drinking strategies and fully expect to achieve and exceed this goal in 2018.

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

**Priority #:** 4

**Priority Area:** Pregnant Women/Women with Dependent Children (Adolescents and Adults) with Substance Use Disorders

**Priority Type:** SAT

**Population(s):** PWWDC



**Goal of the priority area:**

Increase access to treatment for Pregnant/Post Partum and Women with Dependent Children who have Substance Use Disorders (SUDs)

**Strategies to attain the goal:**

Outreach to referral sources for women with SUDs (e.g., primary care, pediatricians, OB/GYNs, emergency rooms, law enforcement, etc.)

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Increase by 10% the total number of unduplicated PWWDC who receive Case Management services from the 14 CMHCs from SFY 2015 to SFY 2017

**Baseline Measurement:** The total number of unduplicated PWWDC who received Case Management services from the 14 CMHCs in SFY 2015

**First-year target/outcome measurement:** Increase by 5% the total number of unduplicated PWWDC who received Case Management services from the 14 CMHCs from SFY 2015 to SFY 2016

**Second-year target/outcome measurement:** Increase by 5% the total number of unduplicated PWWDC who received Case Management 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 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

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

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

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

**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.

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

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

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

**Priority #:** 6

**Priority Area:** Individuals who recieve SUD services and have or are 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.

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

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

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

**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.

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

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

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

**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: 7/1/2016      Expenditure Period End Date: 6/30/2017

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$15,690,696		\$0	\$2,592,149	\$7,619,949	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$4,935,642		\$0	\$0	\$777,720	\$0	\$0
b. All Other	\$10,755,054		\$0	\$2,592,149	\$6,842,229	\$0	\$0
2. Substance Abuse Primary Prevention	\$4,682,011		\$0	\$1,023,649	\$447,512	\$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)	\$5,667		\$0	\$14,580	\$1,198,734	\$0	\$0
<b>11. SABG Total (Row 1, 2, 3, 4, 8, 9 and 10)</b>	<b>\$20,378,374</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,630,378</b>	<b>\$9,266,195</b>	<b>\$0</b>	<b>\$0</b>

\* 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:**

This table is not related to the other expenditure tables in the SABG Report. (The interrelated tables are Tables 4, 5a, 5b, 6, and 7.) per the Instructions.

Actual expenditures of State funds is aligned with MOE expenditures reported. KY SGF counted towards MOE were \$9,266,195 for SFY 2017. Column E. reflects this dollar amount.

Additional state funds that were contracted from another state agency for the SFY 17 taking the total to

\$18M+ but these are not stable funds and thus not counted towards MOE. (e.g., Pharmaceutical settlements).

There were significant cuts to state general funds across all agencies in KY and thus less available for expending. The cuts tot he SFY 2017 budget were issued very late in the SFY and again in the subsequent biennium.

### III: Expenditure Reports

**Table 3 - SAPT Block Grant Expenditure By Service**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

Service	Expenditures
<b>Healthcare Home/Physical Health</b>	<b>\$</b>
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;	
<b>Prevention (Including Promotion)</b>	<b>\$</b>
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;	
<b>Substance Abuse (Primary Prevention)</b>	<b>\$</b>
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);	
<b>Engagement Services</b>	<b>\$</b>
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
<b>Outpatient Services</b>	<b>\$</b>
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
<b>Medication Services</b>	<b>\$</b>
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
<b>Community Support (Rehabilitative)</b>	<b>\$</b>
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;	
<b>Recovery Supports</b>	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
<b>Other Supports (Habilitative)</b>	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
<b>Intensive Support Services</b>	\$
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	
Assertive Community Treatment;	

Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
<b>Out-of-Home Residential Services</b>	<b>\$</b>
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;	
<b>Acute Intensive Services</b>	<b>\$</b>
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
<b>Other (please list)</b>	<b>\$</b>
<b>Total</b>	<b>\$0</b>

**Footnotes:**

KY does not collect information in this manner and thus does not complete this optional table.

### III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2014      Expenditure Period End Date: 9/30/2016

Category	FY 2015 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$16,108,482
2. Primary Prevention	\$4,135,387
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$3,416
6. Total	\$20,247,285

\*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	\$7,539	\$2,721	\$1,123	\$	\$
Information Dissemination	Indicated	\$4,165	\$1,503	\$620	\$	\$
Information Dissemination	Universal	\$622,532	\$224,683	\$92,736	\$	\$
Information Dissemination	Unspecified	\$	\$	\$	\$	\$
<b>Information Dissemination</b>	<b>Total</b>	<b>\$634,236</b>	<b>\$228,907</b>	<b>\$94,479</b>	<b>\$</b>	<b>\$</b>
Education	Selective	\$8,493	\$3,065	\$1,265	\$	\$
Education	Indicated	\$9,570	\$3,454	\$1,426	\$	\$
Education	Universal	\$392,542	\$141,675	\$58,475	\$	\$
Education	Unspecified	\$	\$	\$	\$	\$
<b>Education</b>	<b>Total</b>	<b>\$410,605</b>	<b>\$148,194</b>	<b>\$61,166</b>	<b>\$</b>	<b>\$</b>
Alternatives	Selective	\$466	\$168	\$69	\$	\$
Alternatives	Indicated	\$	\$	\$	\$	\$
Alternatives	Universal	\$167,823	\$60,570	\$25,000	\$	\$
Alternatives	Unspecified	\$	\$	\$	\$	\$
<b>Alternatives</b>	<b>Total</b>	<b>\$168,289</b>	<b>\$60,738</b>	<b>\$25,069</b>	<b>\$</b>	<b>\$</b>
Problem Identification and Referral	Selective	\$3,275	\$1,182	\$488	\$	\$
Problem Identification and Referral	Indicated	\$684	\$247	\$102	\$	\$
Problem Identification and Referral	Universal	\$153,543	\$55,417	\$22,873	\$	\$
Problem Identification and Referral	Unspecified	\$	\$	\$	\$	\$
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$157,502</b>	<b>\$56,846</b>	<b>\$23,463</b>	<b>\$</b>	<b>\$</b>
Community-Based Process	Selective	\$3,508	\$1,266	\$523	\$	\$

Community-Based Process	Indicated	\$ 618	\$ 223	\$ 92	\$	\$
Community-Based Process	Universal	\$ 1,167,804	\$ 421,481	\$ 173,962	\$	\$
Community-Based Process	Unspecified	\$	\$	\$	\$	\$
<b>Community-Based Process</b>	<b>Total</b>	<b>\$1,171,930</b>	<b>\$422,970</b>	<b>\$174,577</b>	<b>\$</b>	<b>\$</b>
Environmental	Selective	\$	\$	\$	\$	\$
Environmental	Indicated	\$	\$	\$	\$	\$
Environmental	Universal	\$ 351,477	\$ 126,854	\$ 52,358	\$	\$
Environmental	Unspecified	\$	\$	\$	\$	\$
<b>Environmental</b>	<b>Total</b>	<b>\$351,477</b>	<b>\$126,854</b>	<b>\$52,358</b>	<b>\$</b>	<b>\$</b>
Section 1926 Tobacco	Selective	\$	\$	\$	\$	\$
Section 1926 Tobacco	Indicated	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$	\$	\$	\$	\$
Section 1926 Tobacco	Unspecified	\$ 65,000	\$	\$	\$	\$
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$65,000</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Other	Selective	\$	\$	\$	\$	\$
Other	Indicated	\$	\$	\$	\$	\$
Other	Universal	\$	\$	\$	\$	\$
Other	Unspecified	\$ 1,176,348	\$ 426,491	\$ 176,030	\$	\$
<b>Other</b>	<b>Total</b>	<b>\$1,176,348</b>	<b>\$426,491</b>	<b>\$176,030</b>	<b>\$</b>	<b>\$</b>
	<b>Grand Total</b>	<b>\$4,135,387</b>	<b>\$1,471,000</b>	<b>\$607,142</b>	<b>\$</b>	<b>\$</b>

**Footnotes:**

### III: Expenditure Reports

**Table 5b - Primary Prevention Expenditures by IOM Category**

Expenditure Period Start Date: 10/1/2014    Expenditure Period End Date: 9/30/2016

<b>Activity</b>	<b>SAPT Block Grant</b>	<b>Other Federal Funds</b>	<b>State Funds</b>	<b>Local Funds</b>	<b>Other</b>
Universal Direct	\$2,762,330	\$8,403	\$3,468		
Universal Indirect	\$1,303,532	\$5,427	\$2,240		
Selective	\$41,197	\$1,030,680	\$425,404		
Indicated	\$28,328	\$426,491	\$176,030		
<b>Column Total</b>	<b>\$4,135,387</b>	<b>\$1,471,001</b>	<b>\$607,142</b>	<b>\$0</b>	<b>\$0</b>

**Footnotes:**

### III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

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

**Footnotes:**



### III: Expenditure Reports

**Table 6 - Resource Development Expenditure Checklist**

Expenditure Period Start Date: 10/1/2014    Expenditure Period End Date: 9/30/2016










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
2. Quality Assurance						\$0.00
3. Training (Post-Employment)						\$0.00
4. Program Development						\$0.00
5. Research and Evaluation						\$0.00
6. Information Systems						\$0.00
7. Education (Pre-Employment)						\$0.00
<b>8. Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>



**Footnotes:**

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

Expenditure Period Start Date: 10/1/2014      Expenditure Period End Date: 9/30/2016

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
150	KY901327		East	Adanta	259 Parkers Mill Road	Somerset	KY	42503	\$804,331	\$567,679	\$117,882	\$236,652	\$0
170	KY103155		North Central	Bluegrass.org	1351 Newtown Pike	Lexington	KY	40575	\$2,779,305	\$2,305,779	\$445,727	\$473,526	\$0
45	KY900188		West	Communicare	107 Cranes Roost	Elizabethtown	KY	42701	\$1,054,884	\$792,382	\$188,746	\$262,502	\$0
28503691	KY900832		East	Comprehend	611 Forest Avenue	Maysville	KY	41056	\$396,080	\$285,036	\$15,010	\$111,044	\$0
KY901228	KY901228		East	Cumberland River Comp Care Center	American Greeting Road P.O. Box 568	Corbin	KY	40702	\$980,721	\$779,086	\$178,790	\$201,635	\$0
199	X		North Central	Eastern Kentucky University	229 Maddox	Richmond	KY	40475	\$343,145	\$238,797	\$0	\$104,348	\$0
5	KY902127		West	Four Rivers	425 Broadway Street	Paducah	KY	42001	\$755,354	\$599,992	\$72,896	\$155,362	\$0
72689026	KY901566		West	Green River/River Valley	c/o Karen Mayberry Cigar Factory Complex 1100 Walnut St	Owensboro	KY	42301	\$1,049,584	\$726,890	\$79,297	\$322,694	\$0
206	X		North Central	Kentucky Housing	1231 Louisville Rd	Frankfort	KY	40601	\$23,333	\$23,333	\$0	\$0	\$0
468591119	KY750062		East	Kentucky River	115 Rockwood Lane	Hazard	KY	41701	\$665,236	\$468,591	\$90,494	\$196,645	\$0
213	X		Statewide (optional)	Ky Partnership 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	\$1,440,587	\$1,135,422	\$231,364	\$305,165	\$0
200	KY100698		North Central	Louisville Metro Health Dept	1448 South 15th Street	Louisville	KY	40210	\$248,069	\$248,069	\$0	\$0	\$0
110	KY900097		East	Mountain	104 South Front Avenue	Prestonsburg	KY	41653	\$690,681	\$523,138	\$63,172	\$167,543	\$0
82	KY901012		North Central	NorthKey	502 Farrell Drive	Covington	KY	41011	\$1,699,979	\$1,544,564	\$630,729	\$155,415	\$0
103	KY900238		East	Pathways	P.O. Box 790	Ashland	KY	41101-0790	\$1,329,155	\$1,079,156	\$195,123	\$249,999	\$0
13	KY900170		West	Pennyroyal	P.O. Box 614	Hopkinsville	KY	42241-0614	\$905,237	\$676,721	\$75,305	\$228,516	\$0
217	X		Statewide (optional)	People Advocating Recovery	1425 Story Ave	Louisville	KY	40204	\$96,300	\$96,300	\$0	\$0	\$0
209	X		Statewide (optional)	REACH of Louisville	501 Park Ave	Louisville	KY	40208	\$362,514	\$0	\$0	\$362,514	\$0
					101 West								

	70	KY100854		North Central	Seven Counties	Muhammed Ali Boulevard	Louisville	KY	40202	\$3,716,452	\$3,376,754	\$1,145,316	\$339,698	\$0
	198	X		Statewide (optional)	University of Kentucky	222 Waller Ste 480	Lexington	KY	40504	\$625,795	\$625,795	\$52,425	\$0	\$0
Total										\$19,981,741	\$16,108,484	\$3,582,276	\$3,873,258	\$0

\* Indicates the imported record has an error.

**Footnotes:**

The Report for Table 7 is FFY 2015. KY does not expect the Column D. Total for Primary Prevention to match Line 2 on Table 4 of this same 2018 SABG BH Report. Table 7 is a report of the contracted entities and funding. Table 4 includes Primary Prevention funds used, at the state level, to train providers, collect data from other state agencies, and may be used for conference fees/travel for state Prevention staff attending Primary Prevention trainings or meetings.

### 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(2015) + B2(2016)</u> 2 (C)
SFY 2015 (1)	\$9,262,916	
SFY 2016 (2)	\$9,264,001	\$9,263,459
SFY 2017 (3)	\$9,266,195	

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

SFY 2015      Yes      X      No    \_\_\_\_\_  
 SFY 2016      Yes      X      No    \_\_\_\_\_  
 SFY 2017      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

All State General funds are allocated to DBHDID on a biennial basis (in even years) and a specific amount is reserved for substance abuse treatment and prevention. These are entered into a spreadsheet to track allocation and expenditures and are reviewed monthly by DBHDID. The awarded amounts are split between Prevention and Treatment and the majority are contracted to local providers of prevention and treatment services. The methodology for calculations follows that set out by SAMHSA and the amounts are displayed in the attachment to this section of the report.

**Footnotes:**

**Maintenance of Effort Target 9,263,458.85**

**ACTUAL EXPENDITURE FOR SFY 2017 as of FINAL**

	729	721	TOTAL
TAAA	8,807,295.57	96,070.84	8,903,366.41
TAA1	150,000.00		150,000.00
TAAH	212,829.00		212,829.00
	<u>9,170,124.57</u>	<u>96,070.84</u>	<u>9,266,195.41</u>

MOE Target	9,263,458.85
- Total Expenditures	9,266,195.41
MOE needed to meet target	<b>(2,736.56)</b>

	Contracted	SPENT	Remaining on contract	Estimated Expenses	TAAA CONTRACTED TO CMHCs
TAAA Remaining in contracts	5,659,730.00	5,529,889.92	129,840.08		1 244,273.00
TAAH Remaining in contracts	212,829.00	212,829.00	-		2 240,002.00
TAA1 Remaining in contracts	150,000.00	150,000.00	-	5,892,718.92	3 243,683.00
			129,840.08		4 297,659.00
Msc contracts TAAA					5 266,098.00
Boys & Girls Club	187,000.00	187,000.00	-	187,000.00	6 1,009,624.00
Healing Place	450,000.00	450,000.00	-	450,000.00	7 394,021.00
ABC	65,000.00	27,524.12	37,475.88	27,524.12	8 205,316.00
Corrections	164,000.00	164,000.00	-	164,000.00	10 289,004.00
Women's Renaissance Center-Shelbyville	275,800.00	223,774.06	52,025.94	223,774.06	11 264,047.00
Serenity House	322,500.00	389,945.57	(67,445.57)	389,945.57	12 190,182.00
Oxford House	220,000.00	220,000.00	-	220,000.00	13 305,426.00
KY Housing	100,000.00	100,000.00	-	100,000.00	14 211,906.00
Young People in Recovery	101,500.00	101,499.00	1.00	101,499.00	15 1,498,489.00
Louisville Metro MORE		311,000.00	-	311,000.00	
		2,174,742.75	22,057.25	2,174,742.75	

729 ADMN (Est.)	1,250,000.00	1,102,662.90	147,337.10	1,102,662.90
721 ADMN (Est.)	120,000.00	96,070.84	23,929.16	96,070.84
		1,198,733.74	171,266.26	1,198,733.74

**OBLIGATED 9,278,359.00**

9,266,195.41 projected expenditures  
**9,263,458.85 MOE Target**  
 (2,736.56) OVER TARGET IF NEGATIVE

OBLIGATED	9,278,359.00
NEEDED FOR MOE	9,263,458.85
	<u>(14,900.15)</u>

NOTES:  
 Genesis funding added \$150,000  
 WRC-Shelbyville increased by \$115,800  
 Oxford House increased by \$40,000  
 CMHC TAAA funding increased by \$149,800  
 Young People in Recovery funding added \$101,500 - contract start date 3/31/17  
 Ky Housing funding added \$100,000

### III: Expenditure Reports

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

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

<b>Maintenance</b>		
<b>Period</b>	<b>Total Women's Base (A)</b>	<b>Total Expenditures (B)</b>
SFY 2015		\$3,582,075
SFY 2016		\$3,587,315
SFY 2017		\$3,940,645
Enter the amount the State plans to expend in 2018 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>3600000.00</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). The state determines what amount of funding must be set aside to meet the requirement and then allocates funds accordingly. Funds are provided to entities that serve pregnant women and women with dependent children and the federal requirements attached to the expenditure of these funds is explicitly covered in their contracts.

**Footnotes:**  
 The \$3,940,645 in funding for PPW are a mixture of SAPT Block Grant and State General funds as well as a small portion of Tobacco Settlement funds (KY calls these "agency funds" and thus they are state (not federal) funds but they are not allocated with regularity or with any certainty year to year- not counted towards MOE and are not always allocated to the Dept. at the start of the SFY. There are no Medicaid match dollars included.

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

Expenditure Period Start Date: 10/1/2014      Expenditure Period End Date: 9/30/2016

Column A (Risks)	Column B (Strategies)	Column C (Providers)
<b>No Risk Assigned</b>	<b>1. Information Dissemination</b>	
	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
	<b>2. Education</b>	
	1. Parenting and family management	14
	3. Peer leader/helper programs	14
	4. Education programs for youth groups	14
	5. Mentors	14
	<b>3. Alternatives</b>	
	1. Drug free dances and parties	14
	2. Youth/adult leadership activities	14
	<b>4. Problem Identification and Referral</b>	
	1. Employee Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	14
	<b>5. Community-Based Process</b>	
	2. Systematic planning	14
	3. Multi-agency coordination and collaboration/coalition	14
	4. Community team-building	14
	5. Accessing services and funding	14
	<b>6. Environmental</b>	
	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: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

Level of Care	Number of Admissions $\geq$ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>					
1. Hospital Inpatient	525	487	\$0	\$0	\$0
2. Free-Standing Residential	6035	5680	\$0	\$0	\$0
<b>REHABILITATION/RESIDENTIAL</b>					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	2903	2104	\$0	\$0	\$0
5. Long-term (over 30 days)	263	255	\$0	\$0	\$0
<b>AMBULATORY (OUTPATIENT)</b>					
6. Outpatient	17402	17402	\$0	\$0	\$0
7. Intensive Outpatient	3019	2905	\$0	\$0	\$0
8. Detoxification	20	18	\$0	\$0	\$0
<b>OPIOID REPLACEMENT THERAPY</b>					
9. Opioid Replacement Therapy	2618	2456	\$0	\$0	\$0
10. ORT Outpatient	130	130	\$0	\$0	\$0

**Footnotes:**

Table 10# of persons Served from CMHC Utilization Report

If someone is admitted to outpatient (includes OTR, IOP), then they have essentially received at least one service so are counted as served and data is entered to meet definition of client.

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

#### IV: Population and Services Reports

**Table 11 - Unduplicated Count of Persons**

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

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	521	294	119	54				3	2	0	0	29	20	0	0	356	144	12	9
2. 18 - 24	2106	1033	832	124	50	0	0	4	0	0	0	21	42	0	0	1148	956	0	2
3. 25 - 44	17065	10858	5158	570	248	1	1	8	6	11	10	100	94	0	0	11585	5092	275	113
4. 45 - 64	5601	3302	1866	246	93	0	0	4	3	8	2	58	19	0	0	4100	1421	56	20
5. 65 and Over	102	60	31	5	6	0	0	0	0	0	0	0	0	0	0	67	35	0	0
<b>6. Total</b>	<b>25395</b>	<b>15547</b>	<b>8006</b>	<b>999</b>	<b>397</b>	<b>1</b>	<b>1</b>	<b>19</b>	<b>11</b>	<b>19</b>	<b>12</b>	<b>208</b>	<b>175</b>	<b>0</b>	<b>0</b>	<b>17256</b>	<b>7648</b>	<b>343</b>	<b>144</b>
7. Pregnant Women	466		233		211		17		0		0		5		0		461		5
Number of persons served who were admitted in a period prior to the 12 month reporting period		3152																	
Number of persons served outside of the levels of care described on Table 10																			

**Footnotes:**

The number of "More than one Race" served increased significantly since SFY 2015. This is likely due to the implementation of EHRs by service providers. The state began collecting this race category in 2006 and has seen a slow increase yet none as significant as between SFY 2015 and 2016. Implementation of EHRs is attributed to the reduction in the use of "Unknown" in age and race categories. Unable to accurately respond to request for # of persons served outside of the levels of care described in Table 10. From the time of original submission to the revision, a thorough review of methodology used in previous years was studied and this revision reflects a method used in the two previous years (SFY 2014 and SFY 2015).

## IV: Population and Services Reports

**Table 12 - HIV Designated States Early Intervention Services**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

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

**Footnotes:**

KY is not an HIV Designated State

## IV: Population and Services Reports

**Table 13 - Charitable Choice**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

**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 KY. No SAPT funds were dispersed to faith-based entities.

## 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]	584	577
Total number of clients with non-missing values on employment/student status [denominator]	4,046	4,046
Percent of clients employed or student (full-time and part-time)	14.4 %	14.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		1,547
Number of CY 2016 discharges submitted:		9,138
Number of CY 2016 discharges linked to an admission:		4,468
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,065
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		4,046

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### 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]	411	408
Total number of clients with non-missing values on employment/student status [denominator]	1,094	1,094
Percent of clients employed or student (full-time and part-time)	37.6 %	37.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		219
Number of CY 2016 discharges submitted:		1,708
Number of CY 2016 discharges linked to an admission:		1,112
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,096

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,094
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
 [Records received through 2/1/2018]

### 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]	4,641	4,716
Total number of clients with non-missing values on employment/student status [denominator]	12,375	12,375
Percent of clients employed or student (full-time and part-time)	37.5 %	38.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		11,611
Number of CY 2016 discharges submitted:		32,506
Number of CY 2016 discharges linked to an admission:		14,177
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		12,489
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		12,375

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
 [Records received through 2/1/2018]

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,146	1,146
Total number of clients with non-missing values on employment/student status [denominator]	3,954	3,954
Percent of clients employed or student (full-time and part-time)	29.0 %	29.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		864
Number of CY 2016 discharges submitted:		10,117
Number of CY 2016 discharges linked to an admission:		4,534
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,976

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):

3,954

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**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]	3,492	3,488
Total number of clients with non-missing values on living arrangements [denominator]	4,026	4,026
Percent of clients in stable living situation	86.7 %	86.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		1,547
Number of CY 2016 discharges submitted:		9,138
Number of CY 2016 discharges linked to an admission:		4,468
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,065
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		4,026

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### 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]	788	787
Total number of clients with non-missing values on living arrangements [denominator]	1,089	1,089
Percent of clients in stable living situation	72.4 %	72.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		219
Number of CY 2016 discharges submitted:		1,708
Number of CY 2016 discharges linked to an admission:		1,112
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,096



Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,089
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
 [Records received through 2/1/2018]

## 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]	12,053	12,075
Total number of clients with non-missing values on living arrangements [denominator]	12,424	12,424
Percent of clients in stable living situation	97.0 %	97.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		11,611
Number of CY 2016 discharges submitted:		32,506
Number of CY 2016 discharges linked to an admission:		14,177
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		12,489
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		12,424

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
 [Records received through 2/1/2018]

## 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]	3,806	3,805
Total number of clients with non-missing values on living arrangements [denominator]	3,935	3,935
Percent of clients in stable living situation	96.7 %	96.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		864
Number of CY 2016 discharges submitted:		10,117
Number of CY 2016 discharges linked to an admission:		4,534
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,976

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):

3,935

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**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]	3,750	3,796
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,061	4,061
Percent of clients without arrests	92.3 %	93.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		1,547
Number of CY 2016 discharges submitted:		9,138
Number of CY 2016 discharges linked to an admission:		4,468
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,067
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		4,061

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### 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]	982	982
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,097	1,097
Percent of clients without arrests	89.5 %	89.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		219
Number of CY 2016 discharges submitted:		1,708
Number of CY 2016 discharges linked to an admission:		1,112
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,097

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,097
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
 [Records received through 2/1/2018]

### 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]	12,140	12,144
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	12,602	12,602
Percent of clients without arrests	96.3 %	96.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		11,611
Number of CY 2016 discharges submitted:		32,506
Number of CY 2016 discharges linked to an admission:		14,177
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		12,637
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		12,602

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
 [Records received through 2/1/2018]

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,905	3,910
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,014	4,014
Percent of clients without arrests	97.3 %	97.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		864
Number of CY 2016 discharges submitted:		10,117
Number of CY 2016 discharges linked to an admission:		4,534
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,015

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):

4,014

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**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]	2,928	2,856
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,067	4,067
Percent of clients abstinent from alcohol	72.0 %	70.2 %

#### 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]		30
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,139	
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]		2,826
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,928	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.5 %

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

Number of CY 2016 admissions submitted:	1,547
Number of CY 2016 discharges submitted:	9,138
Number of CY 2016 discharges linked to an admission:	4,468
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,067
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	4,067

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

## 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]	1,001	849
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,097	1,097
Percent of clients abstinent from alcohol	91.2 %	77.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		8
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	96	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		8.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		841
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,001	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		84.0 %

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

Number of CY 2016 admissions submitted:	219
Number of CY 2016 discharges submitted:	1,708
Number of CY 2016 discharges linked to an admission:	1,112
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,097
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,097

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

## 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)
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Number of clients abstinent from alcohol [numerator]	10,735	10,140
All clients with non-missing values on at least one substance/frequency of use [denominator]	12,620	12,620
Percent of clients abstinent from alcohol	85.1 %	80.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		129
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,885	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		6.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		10,011
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	10,735	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.3 %

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

Number of CY 2016 admissions submitted:	11,611
Number of CY 2016 discharges submitted:	32,506
Number of CY 2016 discharges linked to an admission:	14,177
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	12,637
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	12,620

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	3,454	3,299
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,013	4,013



Percent of clients abstinent from alcohol	86.1 %	82.2 %
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**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]		57
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	559	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		10.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,242
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	3,454	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.9 %

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

Number of CY 2016 admissions submitted:	864
Number of CY 2016 discharges submitted:	10,117
Number of CY 2016 discharges linked to an admission:	4,534
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,015
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	4,013

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**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]	1,300	1,316
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,067	4,067
Percent of clients abstinent from drugs	32.0 %	32.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		304
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,767	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [ $\#T2 / \#T1 \times 100$ ]		11.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,012
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,300	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [ $\#T2 / \#T1 \times 100$ ]		77.8 %

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

Number of CY 2016 admissions submitted:	1,547
Number of CY 2016 discharges submitted:	9,138
Number of CY 2016 discharges linked to an admission:	4,468
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,067
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	4,067

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

## 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]	680	585
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,097	1,097
Percent of clients abstinent from drugs	62.0 %	53.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		54
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	417	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [ $\#T2 / \#T1 \times 100$ ]		12.9 %

### 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]		531
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	680	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [ $\#T2 / \#T1 \times 100$ ]		78.1 %

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

Number of CY 2016 admissions submitted:	219
Number of CY 2016 discharges submitted:	1,708
Number of CY 2016 discharges linked to an admission:	1,112
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,097
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,097

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

## 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)
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Number of clients abstinent from drugs [numerator]	7,485	6,435
All clients with non-missing values on at least one substance/frequency of use [denominator]	12,620	12,620
Percent of clients abstinent from drugs	59.3 %	51.0 %

**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]		460
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,135	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.0 %

**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]		5,975
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7,485	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.8 %

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

Number of CY 2016 admissions submitted:	11,611
Number of CY 2016 discharges submitted:	32,506
Number of CY 2016 discharges linked to an admission:	14,177
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	12,637
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	12,620

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**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]	1,879	1,741
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,013	4,013

Percent of clients abstinent from drugs	46.8 %	43.4 %
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**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]		297
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	2,134	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		13.9 %

**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]		1,444
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,879	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.8 %

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

Number of CY 2016 admissions submitted:	864
Number of CY 2016 discharges submitted:	10,117
Number of CY 2016 discharges linked to an admission:	4,534
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,015
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	4,013

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
 [Records received through 2/1/2018]

**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]	1,451	1,702
Total number of clients with non-missing values on self-help attendance [denominator]	4,065	4,065
Percent of clients attending self-help programs	35.7 %	41.9 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	6.2 %	
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		1,547
Number of CY 2016 discharges submitted:		9,138
Number of CY 2016 discharges linked to an admission:		4,468
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,067
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		4,065

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### 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]	654	675
Total number of clients with non-missing values on self-help attendance [denominator]	1,097	1,097
Percent of clients attending self-help programs	59.6 %	61.5 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	1.9 %	
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		219
Number of CY 2016 discharges submitted:		1,708

Number of CY 2016 discharges linked to an admission:	1,112
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,097
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,097

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

## 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]	3,157	3,279
Total number of clients with non-missing values on self-help attendance [denominator]	12,582	12,582
Percent of clients attending self-help programs	25.1 %	26.1 %
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 2016 admissions submitted:	11,611
Number of CY 2016 discharges submitted:	32,506
Number of CY 2016 discharges linked to an admission:	14,177
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	12,637
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	12,582

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

## 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]	1,241	1,267
Total number of clients with non-missing values on self-help attendance [denominator]	4,013	4,013
Percent of clients attending self-help programs	30.9 %	31.6 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.6 %	

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

Number of CY 2016 admissions submitted:	864
Number of CY 2016 discharges submitted:	10,117
Number of CY 2016 discharges linked to an admission:	4,534
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,015
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	4,013

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Footnotes:**



## V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	9	3	4	6
2. Free-Standing Residential	3	1	2	4
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	7	2	2	6
5. Long-term (over 30 days)	13	3	5	13
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	53	8	22	65
7. Intensive Outpatient	20	4	8	20
8. Detoxification	0	0	0	0
<b>OPIOID REPLACEMENT THERAPY</b>				
9. Opioid Replacement Therapy	13	3	6	7
10. ORT Outpatient	66	15	34	78

Level of Care	2016 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	1721	1151
2. Free-Standing Residential	4033	26
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	9138	4468
5. Long-term (over 30 days)	1708	1112
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	32506	12646
7. Intensive Outpatient	10117	4534
8. Detoxification	0	0
<b>OPIOID REPLACEMENT THERAPY</b>		
9. Opioid Replacement Therapy	0	396
10. ORT Outpatient	0	1531

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Footnotes:**

KY is not able to completely reconcile this data pulled from TEDS reporting and the utilization data used by the Dept for overall data collection of clients served. DBHDID staff will study the two tables further and try to make them align more completely in subsequent reporting periods. KY recently requested permission to redefine the criteria for identifying someone as a TEDS client and thus the numbers will likely continue to be inconsistent.

## 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	<p><b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 17 - CY 2015	6.9	
	Age 18+ - CY 2015	45.2	
2. 30-day Cigarette Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2015	7.7	
	Age 18+ - CY 2015	33.1	
3. 30-day Use of Other Tobacco Products	<p><b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]<sup>[1]</sup>?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
4. 30-day Use of Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2015	5.8	
	Age 18+ - CY 2015	7.7	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]<sup>[2]</sup></p> <p><b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors'orders).</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

[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	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

**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	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of alcohol.</p>		
	Age 12 - 17 - CY 2015	13.2	
	Age 18+ - CY 2015	17.6	
2. Age at First Use of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2015	12.4	
	Age 18+ - CY 2015	15.5	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]<sup>[1]</sup>?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
4. Age at First Use of Marijuana or Hashish	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2015	13.7	
	Age 18+ - CY 2015	18.9	
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs]<sup>[2]</sup>?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of other illegal drugs.</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

[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	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	92.0	
2. Perception of Peer Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2015	87.5	
3. Disapproval of Using Marijuana Experimentally	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	83.5	
4. Disapproval of Using Marijuana Regularly	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	83.7	
5. Disapproval of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	89.3	

**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	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]"</p> <p><b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 18+ - CY 2015		
	Age 12 - 17 - CY 2015		

**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	<p><b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a>.</p> <p><b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2015	91.8	

**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	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2015	28.9	

0930-0168 Approved: 06/07/2017 Expires:

**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	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2015	20.5	

0930-0168 Approved: 06/07/2017 Expires:

**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)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No]"</p> <p><b>Outcome Reported:</b> Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2015	51.3	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?<sup>[1]</sup>[Response options: 0 times, 1 to 2 times, a few times, many times]"</p> <p><b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2015	93.6	

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

**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	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ? <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2015	81.9	

[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	1/1/2015	12/31/2015
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2015	12/31/2015
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2015	12/31/2015
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2015	12/31/2015
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2014	9/30/2016

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

The data in the following tables were extracted from the Kentucky Prevention Dataset. the data is input into the system monthly by our service providers, the Regional Prevention centers and monitored by the Prevention Branch Data Manager.

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

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

Data are collected regarding programs and strategies by the Prevention Specialist or other responsible party ( E.g. school teachers who present a 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. Or, may ask a participant, or may query the whole group. Members of mixed race are added to the More than One Race Category.

**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
<b>Age</b>	
0-4	3015
5-11	3554
12-14	5220
15-17	5402
18-20	2984
21-24	11154
25-44	28919
45-64	25612
65 and over	10502
Age Not Known	39396
<b>Gender</b>	
Male	46668
Female	49590
Gender Unknown	39500
<b>Race</b>	
White	59709
Black or African American	27717
Native Hawaiian/Other Pacific Islander	47
Asian	908
American Indian/Alaska Native	292
More Than One Race (not OMB required)	6345

Race Not Known or Other (not OMB required)	40740
<b>Ethnicity</b>	
Hispanic or Latino	1838
Not Hispanic or Latino	93244
Ethnicity Unknown	40676

**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 our service providers, the Regional Prevention Center staff and is monitored for accuracy and timeliness by our Data Prevention 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 Service Provider - Prevention Specialist or other responsible party (E.g. school teacher who presents the curriculum. Kentucky has no specific protocol for identifying service population of mixed race. The service providers use their own judgment in recording this data or they may ask a participant or may query the entire group 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
<b>Age</b>	
0-4	591
5-11	14365
12-14	18253
15-17	30401
18-20	11782
21-24	15858
25-44	45314
45-64	34934
65 and over	7531
Age Not Known	
<b>Gender</b>	
Male	73299
Female	105730
Gender Unknown	
<b>Race</b>	
White	163427
Black or African American	13277
Native Hawaiian/Other Pacific Islander	218
Asian	710
American Indian/Alaska Native	1397
More Than One Race (not OMB required)	

Race Not Known or Other (not OMB required)	
<b>Ethnicity</b>	
Hispanic or Latino	4336
Not Hispanic or Latino	174693
Ethnicity Unknown	

**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
<b>5. Total</b>	<b>0</b>	<b>0</b>

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention**

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

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

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

The state is in the process of training all of its service provider agency staff on the SAPST, which included these guidelines in the implementation section. Furthermore, as the Prevention Data System is being retooled we are working with our Evidence-Based Workgroup, using the criteria above, to clarify and recodify the criteria for what constitutes Evidence-Based program and strategies so that the reporting of is more uniform among our the Regional Prevention Center staff, service providers.

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

These data are entered into the Prevention Data System on a monthly basis by our service providers. (Regional Prevention Center staff)

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

	<b>A.</b> <b>Universal</b> <b>Direct</b>	<b>B.</b> <b>Universal</b> <b>Indirect</b>	<b>C.</b> <b>Universal</b> <b>Total</b>	<b>D.</b> <b>Selective</b>	<b>E.</b> <b>Indicated</b>	<b>F.</b> <b>Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	1667	575	2242	88	60	2390
2. Total number of Programs and Strategies Funded	8335	2300	10635	88	60	10783
3. Percent of Evidence-Based Programs and Strategies	20.00 %	25.00 %	21.08 %	100.00 %	100.00 %	22.16 %

**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 # 1183	\$ 1166573.00
Universal Indirect	Total # 408	\$ 550222.00
Selective	Total # 106	\$ 75084.00
Indicated	Total # 112	\$ 79026.00
	Total EBPs: 1809	Total Dollars Spent: \$1870905.00

**Footnotes:**

# V: Performance Indicators and Accomplishments

## Prevention Attachments

### Submission Uploads

FFY 2016 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category D:		
File	Version	Date Added

**Footnotes:**