

# Kentucky

## UNIFORM APPLICATION FY 2019 BEHAVIORAL HEALTH REPORT SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020  
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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

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### III. Expenditure Period

#### State Expenditure Period

From 7/1/2017

To 6/30/2018

#### Block Grant Expenditure Period

From 10/1/2015

To 9/30/2017

### IV. Date Submitted

Submission Date 12/3/2018 4:18:05 PM

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**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 Adult Peer Support Specialists to serve Adults with SMI.  
Continue to provide training and technical assistance to ensure that CMHCs understand how to recruit, retain and support peer support specialists in the workplace and how to appropriately document and bill for services.  
Continue to provide awareness activities and training regarding Recovery principles and guidance on the process of fully including peer specialists in the service delivery array.  
Continue to provide training and technical assistance regarding the supervision of peer specialists.  
Technical assistance to CMHCs regarding accurate coding procedures for reporting peer support services in client/event data set.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Peer Support Services for Adults with SMI  
**Baseline Measurement:** Total unduplicated number of Adults with SMI who received peer support services, from the 14 CMHCs in SFY 2017.  
**First-year target/outcome measurement:** Increase by .50% the total unduplicated number of Adults with SMI who receive peer support services, from the 14 CMHCs, during SFY 2018.  
**Second-year target/outcome measurement:** Increase by .50% the total unduplicated number of Adults with SMI who receive peer support services, from the 14 CMHCs, during SFY 2019.

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

**Data Source:**

MIS Client/Event Data Set used by DBHDID 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 peer support services during the SFY (July 1 - June 30).

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

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

During SFY 2017, peer support as a service was captured in the data system as one code, regardless of age of recipient. For SFY 2018, peer support as a service will be captured by separate codes for Adult Peer Support and Youth Peer Support. Also, it should be noted that peer support as a service can be provided in Kentucky to anyone with a mental health diagnosis, not only individuals with SMI. But this indicator will focus only on measuring Adults with SMI who receive that service.

**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 2018, 2,934 adults with SMI (unduplicated) received a Peer Support service from a CMHC as compared to SFY 2017, when there were 2,604 adults with SMI (unduplicated) who received a Peer Support service from a CMHC. Thus, the goal of .5% was exceeded.

**Priority #:** 2

**Priority Area:** Early Serious Mental Illness/First Episode of Psychosis

**Priority Type:** MHS

**Population(s):** ESMI

## Goal of the priority area:

Increase access to evidence based practices for individuals with early serious mental illness/first episode of psychosis.

## Strategies to attain the goal:

Provide training and technical assistance to all outpatient sites funded to provide CSC to this population.  
Continue to have consultation from national experts in the field.  
Continue biannual meetings with all key contacts from CMHCs regarding this population, to further education on this evidence based practice and this population.

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Coordinated Specialty Care (CSC) as an evidence based practice to individuals with ESMI/First Episode of Psychosis.

**Baseline Measurement:** Total number of outpatient sites that have fully implemented Coordinated Specialty Care to serve individuals with ESMI/First Episode of Psychosis.

**First-year target/outcome measurement:** By the end of SFY 2018, will have at least one (1) outpatient site offering fully implemented CSC to individuals with ESMI/First Episode of Psychosis.

**Second-year target/outcome measurement:** By the end of SFY 2019, will have a total of at least three (3) outpatient sites offering fully implemented CSC to individuals with ESMI/First Episode of Psychosis.

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

### Data Source:

DPR Form 113H/CMHC Contract Reporting Requirement  
MIS Client/Event Data Set used by DBHDID and 14 CMHCs.

### New Data Source(if needed):

### Description of Data:

Form 113H requires quarterly reporting on the status of the core components of Coordinated Specialty Care (CSC) including:

1. Must list the FTE status of each CSC team member, including service role on the team for each core service component (e.g. team leader/outreach; case manager; peer support; supported employment/education; medication management; and therapy.
2. Initial contact with all referrals to CSC program must occur within 48 hours.
3. Access to a prescriber is required within one week of admission into CSC program.
4. Staff to client ratio of 1:10 or less (e.g. if 3.0 FTE on CSC team, then can only serve 30 clients or less)

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

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

Coordinated Specialty Care is a new service for Kentucky. Implementation is in its infancy. Form 113H is a new reporting form that began in SFY 2018.

**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):**

One CMHC has fully implemented CSC: Lifeskills  
Seven CMHCs have programs that are working towards Full implementation: Four Rivers, Communicare, Centerstone, Pathways, Mountain, Cumberland River and Bluegrass.

**Priority #:** 3  
**Priority Area:** Children with Severe Emotional Disturbance (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:**

CMHCs with Transition Age Youth specialized programming are required by contract to have peer support services available to children and youth being served.  
Continue to provide training and technical assistance to ensure that CMHCs understand how to recruit, retain and support Youth Peer Support Specialists in the workplace and how to appropriately document and bill for services.  
Continue to provide awareness activities and training regarding resiliency and recovery principles and guidance in the process of fully including peer specialists in the service delivery array.  
Continue to provide training and technical assistance regarding the supervision of peer specialists.  
Technical assistance to CMHCs regarding accurate coding procedures for reporting peer support services in client/event data set.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Peer Support Services for Children and Youth with SED.  
**Baseline Measurement:** Total unduplicated number of Children and Youth with SED who received peer support services, from the 14 CMHCs, in SFY 2017.  
**First-year target/outcome measurement:** Increase by .50% the total unduplicated number of Children and Youth with SED who receive peer support services, from the 14 CMHCs, during SFY 2018.  
**Second-year target/outcome measurement:** Increase by .50% the total unduplicated number of Children and Youth with SED who receive peer support services, from the 14 CMHCs, during SFY 2019.

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

**Data Source:**

MIS client/event data set used by DBHDID and the 14 CMHCs.

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

**Description of Data:**

Data report to show the total number of unduplicated Children and Youth with SED served by the 14 CMHCs, who received peer support services in the SFY.

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

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

During SFY 2017, peer support as a service was captured in the data system as one code. For SFY 2018, peer support as a service will be captured by separate codes for Adult Peer Support and Youth Peer Support.  
Also, it should be noted that peer support as a service can be provided in Kentucky to anyone with a mental health diagnosis, not only children with SED. But this indicator will focus only on measuring Children and Youth with SED who receive that service.

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

**Report of Progress Toward Goal Attainment**

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

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

The data indicate that there has not been an increase but rather a decrease in these services.  
SFY 2018: 318  
SFY 2017: 679  
KY has requested input from providers to try to determine the cause for the decline. It is important to learn if it is a possible data collection issue, a services issues, or if there is some other explanation. DBH has heard from at least one provider (region 10) that there is a data collection issue for this service for youth.

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

**Priority #:** 4  
**Priority Area:** Primary Substance Use Prevention  
**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 minors (children/youth under age 21). Work to establish additional Social Host Ordinances across the Commonwealth. Implement strategies such as "I Won't Be the One" to reduce underage social access to alcohol by minors. Improve early prevention screening and assessment of children/youth in school settings.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of high school students (grades 9-12) who report having consumed an alcoholic beverage in the last 30 days.  
**Baseline Measurement:** 23.5% as measured by the 2016 KIP Survey.  
**First-year target/outcome measurement:** 22.5% as measured by the 2018 KIP Survey  
**Second-year target/outcome measurement:** 21.5% as measured by the KIP 2020 Survey

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

**Data Source:**

Kentucky Incentives for Prevention (KIP) Survey 2018  
YRBS 2017

**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 the 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.

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

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

The KIP survey is only provided every two years in even numbered years. YRBS is offered in odd numbered years. The sample size for YRBS is only 1,990 students whereas the number of students surveyed through KIP in 2016 was 110,387. Past 30 day consumption of alcoholic beverages as measured by YRBS is significantly higher (10 percentage points) than the number reported through KIP. YRBS has a two stage random sample design. The first step is to weight all of the public schools based on their enrollment numbers and then select a sample of schools (e.g. larger schools are more likely to be selected due to their size). Then, they randomly select classes within the school, for example selecting from all English classes or all from second period classes. KIP, on the other hand, is not a random sample. KIP reports data from all 6th,8th 10, and 12th graders in every school that participates.

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

## Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:** 2  
**Indicator:** Past 30 day use of alcohol among youth aged 12-17.  
**Baseline Measurement:** 8.24%  
**First-year target/outcome measurement:** 7.24%  
**Second-year target/outcome measurement:** 6.24%

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

**Data Source:**

National Survey on Drug Use and Health

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

**Description of Data:**

The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency in the U.S. Department of Health and Human Services (DHHS). The National Survey on Drug Use and Health (NSDUH), is implemented annually among randomly selected youth aged 12 and older.

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

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

The most recent NSDUH data available is from 2014-2015. Therefore the baseline is not current. Also, the 2014 NSDUH data for the age group 12-17 is significantly lower than our state KIP data for that same age group. This may be because NSDUH uses a much smaller sample size.

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



# Report of Progress Toward Goal Attainment

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

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

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

**Priority #:** 5  
**Priority Area:** Pregnant Women/Women with Dependent Children who have Substance Use Disorders (SUDs)  
**Priority Type:** SAT  
**Population(s):** PWWDC

**Goal of the priority area:**

Increase access to treatment for Pregnant/Postpartum Women and Women with Dependent Children with 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, clinicians, etc.)

## Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Increase by 2% the total number of unduplicated PWWDC who receive specialized case management services from the 14 CMHCs from SFY 2017 to SFY 2019.  
**Baseline Measurement:** The total number of unduplicated PWWDC who received specialized case management services from the 14 CMHCs in SFY 2017.  
**First-year target/outcome measurement:** Increase by 1% the total number of unduplicated PWWDC who receive specialized case management services from the 14 CMHCs during SFY 2018.  
**Second-year target/outcome measurement:** Increase by 1% the total number of unduplicated PWWDC who receive specialized case management services from the 14 CMHCs during SFY 2019.

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

**Data Source:**

MIS client/event data set used by DBHDID and the 14 CMHCs.  
Additional data reporting 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 specialized case management services from the 14 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):**

**Priority #:** 6  
**Priority Area:** Persons who inject drugs  
**Priority Type:** SAT

**Population(s):**

**Goal of the priority area:**

Reduce the outbreak of Hepatitis by increasing the availability and awareness of syringe exchange programs statewide.

**Strategies to attain the goal:**

Collaborate with the Office of Drug Control Policy, the Harm Reduction Coalition and the Department for Public Health to monitor educate communities and encourage the increase of local ordinances to create local syringe exchange programs.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** The number of syringe exchange programs (SEPs) in place across the Commonwealth  
**Baseline Measurement:** There are currently 30 SEPs statewide in KY  
**First-year target/outcome measurement:** Increase the number of SEPs from 30 to 32 by the end of state fiscal year 2018  
**Second-year target/outcome measurement:** Increase the number of SEPs from 30 to 35 by the end of state fiscal year 2019

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

**Data Source:**

KY Department for Public Health Surveillance data, KY Office of Drug Control Policy, KY Harm Reduction Coalition, and DBHDID

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

**Description of Data:**

The KY Department of Public Health monitors the number of SEPs statewide and also posts to their web site the days/hours of operation for each. The ODCP and the KY Harm Reduction Coalition and the KY DBHDID work to educate individuals and communities about the cost, benefits, myths and best practice guidelines for initiating and maintaining SEPs.

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

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

Syringe exchange programs (SEPs) have existed and been studied extensively in the United States since 1988. SEPs are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes and offer safer injection education. SEPs in Kentucky also provide linkages to critical services and programs, including substance use disorder treatment programs; overdose prevention education; screening, care and treatment for HIV and viral hepatitis; prevention of mother-to-child transmission; hepatitis A and hepatitis B vaccination; screening for other sexually transmitted diseases and tuberculosis; partner services; and other medical, social and mental health services.

In direct response to Senate Bill 192 enacted during the 2015 regular legislative session, the Kentucky Department for Public Health has published guidelines for local health departments implementing harm reduction and syringe exchange programs.  
NO SABG FUNDS WILL BE USED TO SUPPORT THE SEPs.

**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):**

There are currently 46 SEPs across KY

**Priority #:** 7

**Priority Area:** Individuals who receive Substance Use Disorder (SUD) services and have or are at risk for Tuberculosis (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:** Screen persons who present for substance use services, at the fourteen CMHCs, for TB.

**Baseline Measurement:** All fourteen CMHCs have written policy and procedure regarding the screening for TB for all individuals seeking services for substance use disorders.

**First-year target/outcome measurement:** Ten of fourteen CMHCs will submit their written policies and procedure regarding the screening for TB for all individuals seeking services for substance use disorders.

**Second-year target/outcome measurement:** Twelve of fourteen CMHCs will submit their written policies and procedure regarding the screening for TB for all individuals seeking services for substance use disorders.

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

**Data Source:**

CMHC to submit through the Plan and Budget process requested P&P for TB screening.

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

**Description of Data:**

Written P&P submitted by CMHCs

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

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

N/A

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

**Report of Progress Toward Goal Attainment**

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

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

**How first 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). **Include ONLY funds expended by the executive branch agency administering the SABG.**

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

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	\$15,854,573		\$0	\$7,738,194	\$16,560,308	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$3,213,557			\$7,738,194	\$16,560,308		
b. All Other	\$12,641,016						
2. Substance Abuse Primary Prevention	\$4,511,984			\$2,449,944	\$528,914		
3. Tuberculosis Services							
4. HIV Early Intervention Services**							
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)	\$12,055			\$27,185	\$1,639,757		
<b>11. Total</b>	<b>\$20,378,612</b>	<b>\$0</b>	<b>\$0</b>	<b>\$10,215,323</b>	<b>\$18,728,979</b>	<b>\$0</b>	<b>\$0</b>

\*Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

Actual       Estimated

**Footnotes:**

### III: Expenditure Reports

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

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

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

Category	FY 2016 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$15,690,695
2. Primary Prevention	\$4,685,177
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$2,501
<b>Total</b>	<b>\$20,378,373</b>

\*Prevention other than Primary Prevention

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

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**Footnotes:**

### 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	\$8,091	\$2,935	\$675	\$0	\$0
Information Dissemination	Indicated	\$4,470	\$1,621	\$373	\$0	\$0
Information Dissemination	Universal	\$668,074	\$242,364	\$55,716	\$0	\$0
Information Dissemination	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Information Dissemination</b>	<b>Total</b>	<b>\$680,635</b>	<b>\$246,920</b>	<b>\$56,764</b>	<b>\$0</b>	<b>\$0</b>
Education	Selective	\$9,114	\$3,306	\$760	\$0	\$0
Education	Indicated	\$10,270	\$3,726	\$856	\$0	\$0
Education	Universal	\$421,259	\$152,824	\$35,132	\$0	\$0
Education	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Education</b>	<b>Total</b>	<b>\$440,643</b>	<b>\$159,856</b>	<b>\$36,748</b>	<b>\$0</b>	<b>\$0</b>
Alternatives	Selective	\$500	\$181	\$42	\$0	\$0
Alternatives	Indicated	\$0	\$0	\$0	\$0	\$0
Alternatives	Universal	\$180,100	\$65,337	\$15,020	\$0	\$0
Alternatives	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Alternatives</b>	<b>Total</b>	<b>\$180,600</b>	<b>\$65,518</b>	<b>\$15,062</b>	<b>\$0</b>	<b>\$0</b>
Problem Identification and Referral	Selective	\$3,515	\$1,275	\$293	\$0	\$0
Problem Identification and Referral	Indicated	\$734	\$266	\$61	\$0	\$0
Problem Identification and Referral	Universal	\$164,776	\$59,778	\$13,742	\$0	\$0
Problem Identification and Referral	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$169,025</b>	<b>\$61,319</b>	<b>\$14,096</b>	<b>\$0</b>	<b>\$0</b>
Community-Based Process	Selective	\$3,765	\$1,366	\$314	\$	\$



Community-Based Process	Indicated	\$ 663	\$ 241	\$ 55	\$	\$
Community-Based Process	Universal	\$ 1,253,236	\$ 454,650	\$ 104,516	\$	\$
Community-Based Process	Unspecified	\$	\$	\$	\$	\$
<b>Community-Based Process</b>	<b>Total</b>	<b>\$1,257,664</b>	<b>\$456,257</b>	<b>\$104,885</b>	<b>\$</b>	<b>\$</b>
Environmental	Selective	\$	\$	\$	\$	\$
Environmental	Indicated	\$	\$	\$	\$	\$
Environmental	Universal	\$ 377,190	\$ 136,837	\$ 31,457	\$	\$
Environmental	Unspecified	\$	\$	\$	\$	\$
<b>Environmental</b>	<b>Total</b>	<b>\$377,190</b>	<b>\$136,837</b>	<b>\$31,457</b>	<b>\$</b>	<b>\$</b>
Section 1926 Tobacco	Selective	\$	\$	\$	\$	\$
Section 1926 Tobacco	Indicated	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$ 100,000	\$	\$	\$	\$
Section 1926 Tobacco	Unspecified	\$	\$	\$	\$	\$
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$100,000</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Other	Selective	\$	\$	\$	\$	\$
Other	Indicated	\$	\$	\$	\$	\$
Other	Universal	\$	\$	\$	\$	\$
Other	Unspecified	\$ 1,479,420	\$ 460,054	\$ 105,759	\$	\$
<b>Other</b>	<b>Total</b>	<b>\$1,479,420</b>	<b>\$460,054</b>	<b>\$105,759</b>	<b>\$</b>	<b>\$</b>
	<b>Grand Total</b>	<b>\$4,685,177</b>	<b>\$1,586,761</b>	<b>\$364,771</b>	<b>\$0</b>	<b>\$0</b>

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**Footnotes:**

### III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2015    Expenditure Period End Date: 9/30/2017

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct					
Universal Indirect					
Selective					
Indicated					
<b>Column Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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**Footnotes:**

### III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2015    Expenditure Period End Date: 9/30/2017

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

**Footnotes:**

### III: Expenditure Reports

**Table 6 - Resource Development Expenditure Checklist**

Expenditure Period Start Date: 10/1/2015    Expenditure Period End Date: 9/30/2017

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

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**Footnotes:**

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

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

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

										Source of Funds SAPT Block Grant					
Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	
150	KY901327		East	Adanta	259 Parkers Mill Road	Somerset	KY	42503	\$479,167	\$160,867	\$158,367	\$318,300	\$0		
170	KY103155		North Central	Bluegrass.org	P.O. Box 11428 1351 Newtown Pike	Lexington	KY	40575	\$2,800,018	\$2,200,299	\$650,020	\$599,719	\$0		
70	KY100854		North Central	Centerstone	914 East Broadway	Louisville	KY	40202	\$3,907,336	\$3,449,152	\$1,670,252	\$458,184	\$0		
45	KY900188		West	Communicare	107 Cranes Roost	Elizabethtown	KY	42701	\$1,160,828	\$858,658	\$235,933	\$302,170	\$0		
28503691	KY900832		East	Comprehend	611 Forest Avenue	Maysville	KY	41056	\$462,649	\$311,256	\$21,888	\$151,393	\$0		
KY901228	KY901228		East	Cumberland River	American Greeting Road P.O. Box 568	Corbin	KY	40702	\$1,021,790	\$791,215	\$233,487	\$230,575	\$0		
199	X		North Central	Eastern Kentucky University	229 Maddox	Richmond	KY	40475	\$365,449	\$261,142	\$0	\$104,308	\$0		
5	KY902127		West	Four Rivers	425 Broadway Street	Paducah	KY	42001	\$826,127	\$648,491	\$91,121	\$177,636	\$0		
206	X		North Central	Kentucky Housing Corporation	1231 Louisville Rd	Frankfort	KY	40601	\$13,333	\$13,333	\$0	\$0	\$0		
468591119	KY750062		East	Kentucky River	115 Rockwood Lane	Hazard	KY	41701	\$777,633	\$514,582	\$131,971	\$263,051	\$0		
200	200		Statewide (optional)	KY Council on Problem Gambling	P.O. Box 4595	Frankfort	KY	40604-4595	\$10,000	\$0	\$0	\$10,000	\$0		
213	X		Statewide (optional)	Ky Partnershp Fam & Children	207 Holmes St	Frankfort	KY	40601	\$30,000	\$30,000	\$0	\$0	\$0		
31	KY901319		West	Lifeskills	822 Woodway Drive	Bowling Green	KY	42101	\$1,387,399	\$1,045,595	\$292,353	\$341,804	\$0		
200	KY100698		North Central	Louisville Metro Health Dept	1448 South 15th Street	Louisville	KY	40210	\$189,000	\$189,000	\$0	\$0	\$0		
110	KY900097		East	Mountain	104 South Front Avenue	Prestonsburg	KY	41653	\$716,773	\$525,722	\$78,964	\$191,051	\$0		
82	KY901012		North Central	NorthKey	502 Farrell Drive	Covington	KY	41011	\$2,045,373	\$1,782,107	\$919,813	\$263,266	\$0		
103	KY900238		East	Pathways	P.O. Box 790	Ashland	KY	41101-0790	\$1,196,061	\$920,470	\$243,903	\$275,591	\$0		
13	KY900170		West	Pennyroyal	P.O. Box 614	Hopkinsville	KY	42241-0614	\$944,474	\$614,433	\$109,820	\$330,041	\$0		
217	X		Statewide (optional)	People Advocating Recovery	1425 Story Ave	Louisville	KY	40204	\$118,800	\$118,800	\$0	\$0	\$0		
209	X		Statewide (optional)	REACH of Louisville	501 Park Ave	Louisville	KY	40208	\$383,703	\$0	\$0	\$383,703	\$0		
72689026	KY901566		West	River Valley Behavioral Health	c/o Karen Mayberry Cigar Factory Complex 1100 Walnut St	Owensboro	KY	42301	\$813,687	\$532,468	\$115,640	\$281,219	\$0		
198	X		Statewide (optional)	University of Kentucky	222 Waller Ste 480	Lexington	KY	40504	\$723,106	\$723,106	\$67,853	\$0	\$0		

Total										\$20,372,706	\$15,690,695	\$5,021,385	\$4,682,011	\$0	
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\* Indicates the imported record has an error.

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**Footnotes:**

Administrative costs for primary prevention are not included in this total.

### III: Expenditure Reports

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

This Maintenance of Effort table provides a description of non-federal expenditures for authorized activities to prevent and treat substance abuse flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2017 Expenditure Period End Date: 06/30/2018

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2016) + B2(2017)</u> 2 (C)
SFY 2016 (1)	\$9,264,001	
SFY 2017 (2)	\$9,266,195	\$9,265,098
SFY 2018 (3)	\$9,265,136	

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

SFY 2016 Yes  X  No       
 SFY 2017 Yes  X  No       
 SFY 2018 Yes  X  No    

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

Yes      No  X

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

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

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

Yes      No    

When did the State 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

A comprehensive spreadsheet is maintained throughout the year and all allocations and expenditures are recorded to ensure the state is on target for meeting MOE and required set asides. The entire spreadsheet shows all activities and vendors.

All State General funds are allocated to DBHDID on a biennial basic (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.

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**Footnotes:**

The expenditures in Table 8a are not equal to the expenditures reported in Table 2, column #, row 9 because the amount in Table 2, column E, row 9 includes expenditures from tobacco funds as well as expenditures from Restricted Agency funds.

### III: Expenditure Reports

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

This table provides a report of all statewide, non-federal funds expended on specialized treatment and related services which meet the SABG requirements for pregnant women and women with dependent children during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2017 Expenditure Period End Date: 06/30/2018

#### Base

Period	Total Women's Base (A)
SFY 1994	2616923.00

#### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2016		3587315.00	
SFY 2017		3940645.00	
SFY 2018		\$ 3213557.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

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).

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A comprehensive spreadsheet is maintained throughout the year and all allocations and expenditures are recorded to ensure the state is on target for meeting MOE and required set asides. The entire spreadsheet shows all activities and vendors.



**Footnotes:**

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

Expenditure Period Start Date: 10/1/2015      Expenditure Period End Date: 9/30/2017

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

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**Footnotes:**

New data system used for reporting this year and it is anticipated to take a few years to ensure data accuracy.

## IV: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

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

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

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	1343	1256			
2. Free-Standing Residential	4110	2994			
<b>REHABILITATION/RESIDENTIAL</b>					
3. Hospital Inpatient	0	0			
4. Short-term (up to 30 days)	1453	1423			
5. Long-term (over 30 days)	221	218			
<b>AMBULATORY (OUTPATIENT)</b>					
6. Outpatient	10705	10240			
7. Intensive Outpatient	856	849			
8. Detoxification	0	0			
<b>OPIOID REPLACEMENT THERAPY</b>					
9. Opioid Replacement Therapy	0	0			
10. ORT Outpatient	0	0			

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**Footnotes:**

We believe that the reduced numbers of Opioid Replacement Therapy and ORT Outpatient may be among several slow-to-reveal impact of a regulation change in 2014 which allowed non-CMHC providers to be reimbursed for providing behavioral health treatment. Prior to this change, the CMHCs were, by regulation, the only behavioral health providers covered by Kentucky Medicaid. The amended regulation included additional SUD services to those which Kentucky Medicaid could reimburse. The regulation change coupled with our state's recent opioid epidemic, has certainly increased competition for business of behavioral health services in our state. For example, the CMHCs are unable to provide Medicated Assisted Treatment due to the requirement of a psychiatrist involvement with the prescriptive portion of this bundled service. Thus, persons in our state are likely seeking MAT from non-CMHC providers who are able to provide the all aspects of the service (therapy and medication). Lastly, the decline in TEDS admissions is further evidence of the above-mentioned issues that our state Department and our funded providers are experiencing.

One main difference between Table 10 and 20 is the reporting period. Table 10 reports on State Fiscal Year (July 1 – June 30) while Table 20 reports on Calendar Year. The Calendar Year is used on Table 20 because this table is directly populated with TEDS data; the source of Table

20 is "SAMHSA/CBHSQ TEDS CY2017 admission file and CY2017 linked discharge file". At the time of the completion of Table 10, we did not yet have a completed Table 20 thus were unaware of Table 20's content. When comparing the two tables, the zero number of admissions and number of persons served reported on Table 10 accurately reflects the zero number of ORT admissions on Table 20. The difference is that Table 20 shows discharges while zero persons served was reported on Table 10 for ORT LOC. We are currently unable to attain confirmation on the TEDS data for Table 20 since it is prepopulated by SAMHSA CBHSQ; assuming Table 20 is correct, then persons would have been served thus the zero on Table 10 is inaccurate. We are currently unable to confirm or attain the zero number served on Table 10 but are making a suggested change of practice for the future to better tie together data reported on Table 10 and 20. In the future, we will seek out possible pre-population of Table 10 with TEDS data, as is currently done with Table 20, rather than relying our internal tracking of TEDS data.

#### IV: Population and Services Reports

**Table 11 - Unduplicated Count of Persons**

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SABG.

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

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	534	291	135	59	8	0	0	1	1	0	0	19	5	12	3	369	146	13	6	
2. 18 - 24	2356	1046	1000	123	67	0	0	2	1	2	1	21	26	41	26	1215	1091	20	30	
3. 25 - 44	10407	4651	4454	503	262	5	1	8	3	11	11	57	69	236	136	5375	4848	96	88	
4. 45 - 64	2911	1468	797	347	134	0	0	2	0	5	4	29	12	75	38	1895	973	31	12	
5. 65 and Over	85	42	20	16	3	0	0	0	1	0	0	1	0	1	1	59	25	1	0	
<b>6. Total</b>	<b>16293</b>	<b>7498</b>	<b>6406</b>	<b>1048</b>	<b>474</b>	<b>5</b>	<b>1</b>	<b>13</b>	<b>6</b>	<b>18</b>	<b>16</b>	<b>127</b>	<b>112</b>	<b>365</b>	<b>204</b>	<b>8913</b>	<b>7083</b>	<b>161</b>	<b>136</b>	
7. Pregnant Women	274		246		17		0		0		0		4		7		268		6	
Number of persons served who were admitted in a period prior to the 12 month reporting period		3316																		
Number of persons served outside of the levels of care described on Table 10																				

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**Footnotes:**

Not noted previously but H. Unknown includes "Unknown/Not Reported" and "Other"

## IV: Population and Services Reports

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

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

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

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**Footnotes:**

Kentucky is not an HIV designated state.



## IV: Population and Services Reports

### Table 13 - Charitable Choice

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

Expenditure Period Start Date: 7/1/2017      Expenditure Period End Date: 6/30/2018

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

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

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

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

0 Enter 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.

No training was provided.

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#### Footnotes:

This Table is not applicable to Kentucky as no SAPT Block Grant or other funds were allocated to any faith based organization during the reporting period.

## 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]	517	524
Total number of clients with non-missing values on employment/student status [denominator]	4,429	4,429
Percent of clients employed or student (full-time and part-time)	11.7 %	11.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		1,440
Number of CY 2017 discharges submitted:		10,106
Number of CY 2017 discharges linked to an admission:		4,949
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,436
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		4,429

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

### 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]	280	279
Total number of clients with non-missing values on employment/student status [denominator]	970	970
Percent of clients employed or student (full-time and part-time)	28.9 %	28.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		125
Number of CY 2017 discharges submitted:		1,701
Number of CY 2017 discharges linked to an admission:		981
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		973

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	970
---	-----

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
 [Records received through 12/1/2018]

**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]	9,411	9,547
Total number of clients with non-missing values on employment/student status [denominator]	30,244	30,244
Percent of clients employed or student (full-time and part-time)	31.1 %	31.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		12,458
Number of CY 2017 discharges submitted:		37,076
Number of CY 2017 discharges linked to an admission:		37,045
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		30,351
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		30,244

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
 [Records received through 12/1/2018]

**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]	2,694	2,726
Total number of clients with non-missing values on employment/student status [denominator]	11,389	11,389
Percent of clients employed or student (full-time and part-time)	23.7 %	23.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		730
Number of CY 2017 discharges submitted:		13,155
Number of CY 2017 discharges linked to an admission:		13,155
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,441
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		11,389

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**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]	3,935	3,948
Total number of clients with non-missing values on living arrangements [denominator]	4,400	4,400
Percent of clients in stable living situation	89.4 %	89.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		1,440
Number of CY 2017 discharges submitted:		10,106
Number of CY 2017 discharges linked to an admission:		4,949
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,436
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		4,400

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

### 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]	868	868
Total number of clients with non-missing values on living arrangements [denominator]	965	965
Percent of clients in stable living situation	89.9 %	89.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		125
Number of CY 2017 discharges submitted:		1,701
Number of CY 2017 discharges linked to an admission:		981
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		973

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	965
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
 [Records received through 12/1/2018]

**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]	28,874	28,874
Total number of clients with non-missing values on living arrangements [denominator]	30,266	30,266
Percent of clients in stable living situation	95.4 %	95.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		12,458
Number of CY 2017 discharges submitted:		37,076
Number of CY 2017 discharges linked to an admission:		37,045
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		30,351
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		30,266

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
 [Records received through 12/1/2018]

**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]	10,605	10,638
Total number of clients with non-missing values on living arrangements [denominator]	11,361	11,361
Percent of clients in stable living situation	93.3 %	93.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		730
Number of CY 2017 discharges submitted:		13,155
Number of CY 2017 discharges linked to an admission:		13,155
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,441
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		11,361

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**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]	4,205	4,216
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,429	4,429
Percent of clients without arrests	94.9 %	95.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		1,440
Number of CY 2017 discharges submitted:		10,106
Number of CY 2017 discharges linked to an admission:		4,949
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,437
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		4,429

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

### 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]	842	843
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	974	974
Percent of clients without arrests	86.4 %	86.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		125
Number of CY 2017 discharges submitted:		1,701
Number of CY 2017 discharges linked to an admission:		981
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		974



Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	974
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
 [Records received through 12/1/2018]

### 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]	29,014	29,027
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	30,494	30,494
Percent of clients without arrests	95.1 %	95.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		12,458
Number of CY 2017 discharges submitted:		37,076
Number of CY 2017 discharges linked to an admission:		37,045
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		30,506
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		30,494

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
 [Records received through 12/1/2018]

### 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]	11,051	11,044
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	11,453	11,453
Percent of clients without arrests	96.5 %	96.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		730
Number of CY 2017 discharges submitted:		13,155
Number of CY 2017 discharges linked to an admission:		13,155
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,453
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		11,453

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**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]	3,394	3,303
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,434	4,434
Percent of clients abstinent from alcohol	76.5 %	74.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		37
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,040	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.6 %

#### 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]		3,266
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,394	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.2 %

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

Number of CY 2017 admissions submitted:	1,440
Number of CY 2017 discharges submitted:	10,106
Number of CY 2017 discharges linked to an admission:	4,949
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,437
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	4,434

## 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]	825	803
All clients with non-missing values on at least one substance/frequency of use [denominator]	974	974
Percent of clients abstinent from alcohol	84.7 %	82.4 %

### 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]		6
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	149	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		4.0 %

### 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]		797
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	825	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.6 %

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

Number of CY 2017 admissions submitted:	125
Number of CY 2017 discharges submitted:	1,701
Number of CY 2017 discharges linked to an admission:	981
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	974
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	974

## Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	25,645	24,359
All clients with non-missing values on at least one substance/frequency of use [denominator]	30,493	30,493
Percent of clients abstinent from alcohol	84.1 %	79.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		186
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,848	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.8 %

**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]		24,173
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	25,645	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.3 %

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

Number of CY 2017 admissions submitted:	12,458
Number of CY 2017 discharges submitted:	37,076
Number of CY 2017 discharges linked to an admission:	37,045
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	30,506
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	30,493

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

**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)
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Number of clients abstinent from alcohol [numerator]	9,696	9,219
All clients with non-missing values on at least one substance/frequency of use [denominator]	11,453	11,453
Percent of clients abstinent from alcohol	84.7 %	80.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		59
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,757	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		9,160
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	9,696	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.5 %

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

Number of CY 2017 admissions submitted:	730
Number of CY 2017 discharges submitted:	13,155
Number of CY 2017 discharges linked to an admission:	13,155
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,453
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	11,453

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
 [Records received through 12/1/2018]

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**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]	1,504	1,545
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,434	4,434
Percent of clients abstinent from drugs	33.9 %	34.8 %

#### 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]		306
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,930	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		10.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,239
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,504	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		82.4 %

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

Number of CY 2017 admissions submitted:	1,440
Number of CY 2017 discharges submitted:	10,106
Number of CY 2017 discharges linked to an admission:	4,949
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,437
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	4,434

**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]	698	666
All clients with non-missing values on at least one substance/frequency of use [denominator]	974	974
Percent of clients abstinent from drugs	71.7 %	68.4 %

**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]		33
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	276	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		12.0 %

**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]		633
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	698	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		90.7 %

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

Number of CY 2017 admissions submitted:	125
Number of CY 2017 discharges submitted:	1,701
Number of CY 2017 discharges linked to an admission:	981
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	974
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	974

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file

**Outpatient (OP)**



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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	16,240	14,203
All clients with non-missing values on at least one substance/frequency of use [denominator]	30,493	30,493
Percent of clients abstinent from drugs	53.3 %	46.6 %

**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]		1,259
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	14,253	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		8.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		12,944
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	16,240	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.7 %

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

Number of CY 2017 admissions submitted:	12,458
Number of CY 2017 discharges submitted:	37,076
Number of CY 2017 discharges linked to an admission:	37,045
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	30,506
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	30,493

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]**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)
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Number of clients abstinent from drugs [numerator]	4,648	4,083
All clients with non-missing values on at least one substance/frequency of use [denominator]	11,453	11,453
Percent of clients abstinent from drugs	40.6 %	35.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		658
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,805	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		3,425
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,648	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		73.7 %

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

Number of CY 2017 admissions submitted:	730
Number of CY 2017 discharges submitted:	13,155
Number of CY 2017 discharges linked to an admission:	13,155
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,453
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	11,453

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
 [Records received through 12/1/2018]

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**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]	1,424	1,607
Total number of clients with non-missing values on self-help attendance [denominator]	4,437	4,437
Percent of clients attending self-help programs	32.1 %	36.2 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	4.1 %	
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:	1,440	
Number of CY 2017 discharges submitted:	10,106	
Number of CY 2017 discharges linked to an admission:	4,949	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,437	
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	4,437	

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

### 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]	682	707
Total number of clients with non-missing values on self-help attendance [denominator]	974	974
Percent of clients attending self-help programs	70.0 %	72.6 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	2.6 %	
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:	125	
Number of CY 2017 discharges submitted:	1,701	

Number of CY 2017 discharges linked to an admission:	981
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	974
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	974

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## 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]	9,213	9,351
Total number of clients with non-missing values on self-help attendance [denominator]	30,423	30,423
Percent of clients attending self-help programs	30.3 %	30.7 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.5 %	
<b>Notes (for this level of care):</b>		
Number of CY 2017 admissions submitted:		12,458
Number of CY 2017 discharges submitted:		37,076
Number of CY 2017 discharges linked to an admission:		37,045
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		30,506
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		30,423

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
[Records received through 12/1/2018]

## 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]	4,787	4,766
Total number of clients with non-missing values on self-help attendance [denominator]	11,452	11,452
Percent of clients attending self-help programs	41.8 %	41.6 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-0.2 %	
<b>Notes (for this level of care):</b>		

Number of CY 2017 admissions submitted:	730
Number of CY 2017 discharges submitted:	13,155
Number of CY 2017 discharges linked to an admission:	13,155
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,453
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	11,452

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
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**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	13	4	5	7
2. Free-Standing Residential	3	1	2	3
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	6	1	2	5
5. Long-term (over 30 days)	10	2	3	8
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	25	1	1	17
7. Intensive Outpatient	7	1	1	6
8. Detoxification	0	0	0	0
<b>OPIOID REPLACEMENT THERAPY</b>				
9. Opioid Replacement Therapy	17	4	6	7
10. ORT Outpatient	30	1	1	25

Level of Care	2017 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	2437	1813
2. Free-Standing Residential	3791	32
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	10106	4949

5. Long-term (over 30 days)	1701	981
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	37076	30519
7. Intensive Outpatient	13155	13155
8. Detoxification	0	0
<b>OPIOID REPLACEMENT THERAPY</b>		
9. Opioid Replacement Therapy	0	412
10. ORT Outpatient	0	6526

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file  
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## V: Performance Indicators and Accomplishments

**Table 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2015 - 2016	20.9	
	Age 21+ - CY 2015 - 2016	42.5	
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 - 2016	6.9	
	Age 18+ - CY 2015 - 2016	32.6	
3. 30-day Use of Other Tobacco Products	<p><b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]<sup>[1]</sup>?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2015 - 2016	6.7	
	Age 18+ - CY 2015 - 2016	11.5	
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 - 2016	6.6	
	Age 18+ - CY 2015 - 2016	7.2	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]<sup>[2]</sup></p> <p><b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2015 - 2016	1.9	



	Age 18+ - CY 2015 - 2016	3.6	
--	--------------------------	-----	--

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

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

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
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 - 20 - CY 2015 - 2016	74.7	
	Age 21+ - CY 2015 - 2016	80.4	
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 - 2016	84.9	
	Age 18+ - CY 2015 - 2016	90.7	
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 - 2016	68.5	
	Age 18+ - CY 2015 - 2016	58.7	

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2015 - 2016	14.7	
	Age 21+ - CY 2015 - 2016		
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 - 2016	12.8	
	Age 18+ - CY 2015 - 2016	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 - 2016	13.3	
	Age 18+ - CY 2015 - 2016	19.2	
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 - 2016	14.2	
	Age 18+ - CY 2015 - 2016	18.6	
5. Age at First Use Heroin	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of heroin.</p>		
	Age 12 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever]<sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		

	Age 12 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016		

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

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

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**Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015 - 2016	92.6	
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 - 2016	88.8	
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 - 2016	84.1	
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 - 2016	85.6	
5. Disapproval of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2015 - 2016		

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]"</p> <p><b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016	44.9	

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<p><b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a>.</p> <p><b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2015	89.7	

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	<p><b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p><b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>		
	CY 2016	25.9	

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
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 2016	19.1	

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No]"</p> <p><b>Outcome Reported:</b> Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2015 - 2016	52.8	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?<sup>[1]</sup>[Response options: 0 times, 1 to 2 times, a few times, many times]"</p> <p><b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2015 - 2016	92.4	

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

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	<p><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>?"</p> <p><b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.</p>		
	Age 12 - 17 - CY 2015 - 2016	84.3	

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

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

Please indicate the reporting period (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	1/1/2016	12/31/2016
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2016	12/31/2016
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2016	12/31/2016
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2016	12/31/2016
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2015	9/30/2017

**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.

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**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	22
5-11	1376
12-14	4141
15-17	5788
18-20	4772
21-24	5138
25-44	4031
45-64	1989
65 and over	129
Age Not Known	34597
<b>Gender</b>	
Male	20596
Female	14939
Gender Unknown	26448
<b>Race</b>	
White	19716
Black or African American	1158
Native Hawaiian/Other Pacific Islander	8
Asian	87
American Indian/Alaska Native	5
More Than One Race (not OMB required)	4402

Race Not Known or Other (not OMB required)	36607
<b>Ethnicity</b>	
Hispanic or Latino	345
Not Hispanic or Latino	24129
Ethnicity Unknown	37509

**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 Data System. The data is entered monthly by Regional Prevention Center staff and monitored by the Prevention Data Manager at DBH. Program and strategy data are recorded by the Prevention Specialist or other responsible party at the local/regional level (e.g., school teachers who present an evidence-based prevention curriculum).

**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.

Kentucky has no specific protocol for identifying service population of mixed race. The service providers use their own judgment in recording this data. This generally occurs in one of two ways. 1) the service provider may use their own judgment, or 2) may ask a participant, or may query the entire group of participants as to their racial status (e.g., on a sign in sheet). The State did not add those participants to the number for each applicable racial category. This is the first year that this is "not added" because there is a new Prevention Data System.

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**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	382
5-11	4958
12-14	18098
15-17	24231
18-20	20289
21-24	30033
25-44	73559
45-64	69640
65 and over	24630
Age Not Known	66322
<b>Gender</b>	
Male	129079
Female	118703
Gender Unknown	84360
<b>Race</b>	
White	202562
Black or African American	24477
Native Hawaiian/Other Pacific Islander	516
Asian	1379
American Indian/Alaska Native	541
More Than One Race (not OMB required)	13794

Race Not Known or Other (not OMB required)	88873
<b>Ethnicity</b>	
Hispanic or Latino	24234
Not Hispanic or Latino	218336
Ethnicity Unknown	89572

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## 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>

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## 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.

Kentucky began implementing these guidelines in 2006 at the time of SPF grant. Training and ongoing technical assistance regarding the "Selecting and Identifying EB Programs and Strategies is integrated into the SPF Master Training Curriculum and information is distributed to all Regional Prevention Center staff.

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

Regional Staff enter information into the Prevention Data System.

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

	<b>A. Universal Direct</b>	<b>B. Universal Indirect</b>	<b>C. Universal Total</b>	<b>D. Selective</b>	<b>E. Indicated</b>	<b>F. Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	2165	451	2616	104	118	2838
2. Total number of Programs and Strategies Funded	3718	953	4671	136	124	4931
3. Percent of Evidence-Based Programs and Strategies	58.23 %	47.32 %	56.01 %	76.47 %	95.16 %	57.55 %

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

**Footnotes:**  
The data reported above is for Calendar Year 2016.

## 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 # 2165	\$ 2898872.00
Universal Indirect	Total # 451	\$ 603876.00
Selective	Total # 104	\$ 139253.00
Indicated	Total # 118	\$ 157999.00
	Total EBPs: 2838	Total Dollars Spent: \$3800000.00

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

**Footnotes:**

# V: Performance Indicators and Accomplishments

## Prevention Attachments

### Submission Uploads

FFY 2017 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2017 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2017 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2017 Prevention Attachment Category D:		
File	Version	Date Added

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

**Footnotes:**

# Kentucky Behavioral Health Planning & Advisory Council

Gayla Lockhart, Chair      Maggie Krueger, Vice Chair      Lee Ann Kelly, Secretary  
275 East Main Street, 4W-G, Frankfort, Kentucky 40601

November 15, 2018

Grants Management Officer  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fisher Lane, Rm 17E20  
Rockville, MD 20857

To Whom It May Concern:

I am writing on behalf of Kentucky's Behavioral Health Planning and Advisory Council to confirm that Council members have reviewed Kentucky's FY 2019 SAPT and CMHS Block Grant Behavioral Health Report, which reports on the federal funds expended during state fiscal year 2018 and prior. Time was allocated at today's Council meeting to discuss the report, including the data tables required for submission on December 1, 2018. The Department for Behavioral Health, Developmental and Intellectual Disabilities welcomes recommendations and comments prior to and after submission of the year end Behavioral Health Report.

Thank you for the continued support of community-based services for adults and youth with behavioral health disorders. Our Council membership is honored to serve as advisors for planning in Kentucky.

Sincerely,



Gayla Lockhart  
Chair, Kentucky Behavioral Health Planning and Advisory Council

Cc: Michele Blevins, Assistant Director, Division of Behavioral Health