

# Kentucky

## UNIFORM APPLICATION

FY 2020 Substance Abuse Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022  
(generated on 07/23/2021 3.21.23 PM)

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 7/1/2018

To 6/30/2019

#### Block Grant Expenditure Period

From 10/1/2016

To 9/30/2018

### IV. Date Submitted

Submission Date 11/26/2019 4:52:29 PM

Revision Date 8/24/2020 12:07:08 PM

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**Footnotes:**

## II: Annual Update

**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):**

Audited report shows the following numbers served with Peer Support Rpt ID: BG\_Adult\_2\_1  
SFY 2017 = 2,044  
SFY 2018 = 2,517  
SFY 2019 = 2,564

**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.

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

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

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

SFY 2018= 2,517  
SFY 2019=2,564 1.87% increase  
Increase reflect target achieved.

**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.

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

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

\_\_\_\_\_

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

Lifeskills, Centerstone and Mountain have fully implemented iHope Programs for addressing ESMI/FEP.

**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):**

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

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

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

After an audit of the MIS Client data, new figures show an increase from 2017-2019 in the Children with SED Served with Peer Support.  
SFY 2017: 158  
SFY 2018: 468  
SFY 2019: 795

**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):**

Year 1 Indicator: 2017 YRBS  
Year 2 Indicator: 2018 KIP

**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):**

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

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

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

The PI was noted incorrectly in the original Block Grant application. We are adjusting the PI to reflect the Kentucky specific KIP indicator as baseline and Year 2 outcome measure. 2017 YRBS is utilized for the Year 1 measure. The 2020 KIP will not be conducted until October



2020 and therefore the outcome measure is not available for use in this reporting period.

**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):**

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

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

The outcome measure for this indicator was extremely aggressive. Based on the low sample size of the NSDUH and the unstable trends noted, the measure was not realistic. The baseline measure represented the lowest level the measure had ever been and the projected decrease was 24% lower than the baseline.

**How second 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:**

### 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):**

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

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

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

2% for this indicator = 84  
KY served 88 additional PW/WDC with SUD from 2017-2019 -from 4200 to 4288.

**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

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

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

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

As reported by the KY Department for Public Health, there were 64 Syringe Exchange Programs in KY at the SFY 2019 end (June 30, 2019).

**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):**

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

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

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

Written Policies and Procedures were submitted by each of the 14 CMHCs during the Plan and Budget process in April 2019.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

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: 7/1/2018      Expenditure Period End Date: 6/30/2019

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$16,328,441		\$0	\$0	\$0	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$3,696,706						
b. All Other	\$12,631,735						
2. Substance Abuse Primary Prevention	\$4,255,135			\$1,512,088	\$582,758		
3. Tuberculosis Services							
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**							
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)	\$61,945				\$1,962,042		
<b>11. Total</b>	<b>\$20,645,521</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,512,088</b>	<b>\$2,544,800</b>	<b>\$0</b>	<b>\$0</b>

\*Prevention other than primary prevention

\*\*Only designated states as defined in 42 U.S.C. &sect; 300x-24(b)(2) and 45 CFR &sect; 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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

Table 2 reflects that the entire grant award for FFY2018 was fully expended. This includes the TA amount of \$265,000 since supplemental funding expenditures were to be reported as part of the total FY2018 allotment on the FFR which was due 12/29/19.

### III: Expenditure Reports

**Table 3A SABG – Syringe Services Program**

Expenditure Start Date: 07/01/2018 Expenditure End Date: 06/30/2019

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG funds used for SSP	SUD Treatment Provider	Number Of Locations (include mobile if any)	Narcan Provided
No Data Available					

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

No Substance Abuse Prevention and Treatment Block Grant (SABG) funds were allocated or expended for programs distributing sterile needles or syringes.

### III: Expenditure Reports

**Table 3B SABG – Syringe Services Program**

Expenditure Start Date: 07/01/2018 Expenditure End Date: 06/30/2019

*[Please enter total number of individuals served]*

Syringe Service Program Name	# of Unique Individuals Served		HIV Testing	Treatment for Substance Use Conditions	Treatment for Physical Health	STD Testing	Hep C
	0	ONSITE Testing	0	0	0	0	0
		Referral to testing	0	0	0	0	0

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**  
 No Substance Abuse Prevention and Treatment Block Grant (SABG) funds were allocated or expended for programs distributing sterile needles or syringes.



### 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: 10/1/2016      Expenditure Period End Date: 9/30/2018

Expenditure Category	FY 2017 SA Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$15,693,208
2. Primary Prevention	\$4,519,057
3. Tuberculosis Services	\$0
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	\$0
5. Administration (excluding program/provider level)	\$166,347
<b>Total</b>	<b>\$20,378,612</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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**  
Actual Expenditures

### 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	\$8,171	\$6,046	\$1,078	\$0	\$0
Information Dissemination	Indicated	\$4,514	\$3,340	\$596	\$0	\$0
Information Dissemination	Universal	\$674,651	\$499,271	\$89,011	\$0	\$0
Information Dissemination	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Information Dissemination</b>	<b>Total</b>	<b>\$687,336</b>	<b>\$508,658</b>	<b>\$90,685</b>	<b>\$0</b>	<b>\$0</b>
Education	Selective	\$9,204	\$6,811	\$1,214	\$0	\$0
Education	Indicated	\$10,371	\$7,675	\$1,368	\$0	\$0
Education	Universal	\$425,406	\$314,819	\$56,127	\$0	\$0
Education	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Education</b>	<b>Total</b>	<b>\$444,980</b>	<b>\$329,305</b>	<b>\$58,709</b>	<b>\$0</b>	<b>\$0</b>
Alternatives	Selective	\$505	\$374	\$67	\$0	\$0
Alternatives	Indicated	\$0	\$0	\$0	\$0	\$0
Alternatives	Universal	\$181,873	\$134,594	\$23,996	\$0	\$0
Alternatives	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Alternatives</b>	<b>Total</b>	<b>\$182,378</b>	<b>\$134,968</b>	<b>\$24,062</b>	<b>\$0</b>	<b>\$0</b>
Problem Identification and Referral	Selective	\$3,550	\$2,627	\$468	\$0	\$0
Problem Identification and Referral	Indicated	\$741	\$548	\$98	\$0	\$0
Problem Identification and Referral	Universal	\$166,398	\$123,142	\$21,954	\$0	\$0
Problem Identification and Referral	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$170,689</b>	<b>\$126,317</b>	<b>\$22,520</b>	<b>\$0</b>	<b>\$0</b>
Community-Based Process	Selective	\$3,802	\$2,813	\$502	\$0	\$0

Community-Based Process	Indicated	\$ 670	\$ 496	\$ 88	\$ 0	\$ 0
Community-Based Process	Universal	\$ 1,265,574	\$ 936,580	\$ 166,976	\$ 0	\$ 0
Community-Based Process	Unspecified	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Community-Based Process</b>	<b>Total</b>	<b>\$ 1,270,046</b>	<b>\$ 939,889</b>	<b>\$ 167,566</b>	<b>\$ 0</b>	<b>\$ 0</b>
Environmental	Selective	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Environmental	Indicated	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Environmental	Universal	\$ 380,903	\$ 281,885	\$ 50,255	\$ 0	\$ 0
Environmental	Unspecified	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Environmental</b>	<b>Total</b>	<b>\$ 380,903</b>	<b>\$ 281,885</b>	<b>\$ 50,255</b>	<b>\$ 0</b>	<b>\$ 0</b>
Section 1926 Tobacco	Selective	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Section 1926 Tobacco	Indicated	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Section 1926 Tobacco	Universal	\$ 102,109	\$ 0	\$ 0	\$ 0	\$ 0
Section 1926 Tobacco	Unspecified	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$ 102,109</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
Other	Selective	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other	Indicated	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other	Universal	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other	Unspecified	\$ 1,280,617	\$ 947,712	\$ 168,960	\$ 0	\$ 0
<b>Other</b>	<b>Total</b>	<b>\$ 1,280,617</b>	<b>\$ 947,712</b>	<b>\$ 168,960</b>	<b>\$ 0</b>	<b>\$ 0</b>
	<b>Grand Total</b>	<b>\$ 4,519,057</b>	<b>\$ 3,268,732</b>	<b>\$ 582,758</b>	<b>\$ 0</b>	<b>\$ 0</b>

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**Footnotes:**

### III: Expenditure Reports

**Table 5b - SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories**

The state or jurisdiction must complete SABG Table 5b if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations).

Expenditure Period Start Date: 10/1/2016      Expenditure Period End Date: 9/30/2018

Activity	SA Block Grant Award	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**

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2017 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2016      Expenditure Period End Date: 9/30/2018

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 checked="" 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 checked="" 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: 10/1/2016    Expenditure Period End Date: 9/30/2018

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. Education (Pre-Employment)		\$0.00		\$0.00	\$0.00	\$0.00
5. Program Development		\$0.00		\$0.00	\$0.00	\$0.00
6. Research and Evaluation		\$0.00		\$0.00	\$0.00	\$0.00
7. Information Systems		\$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: 10/1/2016 Expenditure Period End Date: 9/30/2018

Entity Number	I-BHS ID (formerly I-SATS)	i	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	Source of Funds SAPT Block Grant					
									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	X	East	Adanta	259 Parkers Mill Road	Somerset	KY	42503	\$508,409	\$208,393	\$25,734	\$300,016	\$0	\$0
70	KY100854	X	North Central	Centerstone	914 East Broadway	Louisville	KY	40202	\$3,568,807	\$3,128,815	\$1,369,043	\$439,992	\$0	\$0
45	KY900188	X	West	Communicare	1311 North Dixie Highway Building C	Elizabethtown	KY	42701	\$1,221,593	\$921,341	\$210,031	\$300,252	\$0	\$0
28503691	KY900832	X	East	Comprehend	611 Forest Avenue	Maysville	KY	41056	\$509,831	\$358,562	\$28,401	\$151,269	\$0	\$0
KY901228	KY901228	X	East	Cumberland River	American Greeting Road P.O. Box 568	Corbin	KY	40702	\$1,083,525	\$867,325	\$201,075	\$216,200	\$0	\$0
199	X	X	North Central	Eastern Kentucky University	Stratton Bldg	Richmond	KY	40475	\$487,856	\$350,833	\$0	\$137,023	\$0	\$0
5	KY902127	X	West	Four Rivers	425 Broadway Street	Paducah	KY	42001	\$859,413	\$685,973	\$86,648	\$173,440	\$0	\$0
206	X	X	North Central	Kentucky Housing Corporation	1231 Louisville Rd	Frankfort	KY	40601	\$16,666	\$16,666	\$0	\$0	\$0	\$0
468591119	KY750062	X	East	Kentucky River	115 Rockwood Lane	Hazard	KY	41701	\$739,729	\$489,173	\$117,583	\$250,556	\$0	\$0
200	200	X	Statewide (optional)	KY Council on Problem Gambling	P.O. Box 4595	Frankfort	KY	40604-4595	\$10,000	\$0	\$0	\$10,000	\$0	\$0
213	X	X	Statewide (optional)	Ky Partnership Fam & Children	207 Holmes St	Frankfort	KY	40601	\$0	\$0	\$0	\$0	\$0	\$0
31	KY901319	X	West	Lifeskills	822 Woodway Drive	Bowling Green	KY	42101	\$1,372,359	\$1,039,232	\$257,427	\$333,127	\$0	\$0
200	KY100698	X	North Central	Louisville Metro Health Dept	1448 South 15th Street	Louisville	KY	40210	\$625,001	\$625,001	\$0	\$0	\$0	\$0
110	KY900097	X	East	Mountain	104 South Front Avenue	Prestonsburg	KY	41653	\$798,746	\$610,652	\$74,182	\$188,094	\$0	\$0
170	KY103155	X	North Central	New Vista	P.O. Box 11428 1351 Newtown Pike	Lexington	KY	40575	\$2,416,066	\$1,868,823	\$384,170	\$547,243	\$0	\$0
82	KY901012	X	North Central	NorthKey	502 Farrell Drive	Covington	KY	41011	\$1,498,606	\$1,243,987	\$331,942	\$254,619	\$0	\$0
103	KY900238	X	East	Pathways	P.O. Box 790	Ashland	KY	41101-0790	\$1,107,784	\$895,847	\$110,915	\$211,937	\$0	\$0
13	KY900170	X	West	Pennyroyal	P.O. Box 614	Hopkinsville	KY	42241-0614	\$930,342	\$667,539	\$98,354	\$262,803	\$0	\$0
217	X	X	Statewide (optional)	People Advocating Recovery	1425 Story Ave	Louisville	KY	40204	\$115,600	\$115,600	\$0	\$0	\$0	\$0
209	X	X	Statewide (optional)	REACH of Louisville	501 Park Ave	Louisville	KY	40208	\$470,888	\$0	\$0	\$470,888	\$0	\$0
72689026	KY901566	X	West	River Valley Behavioral Health	c/o Karen Mayberry Cigar Factory Complex 1100 Walnut St	Owensboro	KY	42301	\$998,623	\$738,475	\$104,441	\$260,148	\$0	\$0



	198	X		Statewide (optional)	University of Kentucky	222 Waller Ste 480	Lexington	KY	40504	\$860,971	\$860,971	\$62,495	\$0	\$0	\$0
Total										\$20,200,816	\$15,693,208	\$3,462,441	\$4,507,608	\$0	\$0

\* 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: 07/01/2018 Expenditure Period End Date: 06/30/2019

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2017) + B2(2018)</u> 2 (C)
SFY 2017 (1)	\$9,266,195	
SFY 2018 (2)	\$9,265,136	\$9,265,666
SFY 2019 (3)	\$9,313,631	

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

SFY 2017            Yes      X      No    \_\_\_\_\_  
 SFY 2018            Yes      X      No    \_\_\_\_\_  
 SFY 2019            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 or Jurisdiction submit an official request to SAMHSA 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:**

### III: Expenditure Reports

#### Table 8b - 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: 07/01/2018 Expenditure Period End Date: 06/30/2019

#### Base

Period	Total Women's Base (A)
SFY 1994	\$ 2,616,923.00

#### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2017		\$ 3,940,645.00	
SFY 2018		\$ 3,213,557.00	
SFY 2019		\$ 3,696,706.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2020 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): \$

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). A 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.

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**Footnotes:**

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act(42 U.S.C.? 300x29) about the primary prevention activities conducted by the entities listed on SABG Table 7.

Expenditure Period Start Date: 10/1/2016 Expenditure Period End Date: 9/30/2018

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
	2. Ongoing classroom and/or small group sessions	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
	3. Community drop-in centers	1
	4. Community service 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>	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	14
	2. Systematic planning	14
	3. Multi-agency coordination and collaboration/coalition	14

4. Community team-building	14
5. Accessing services and funding	14
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	14
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	14
3. Modifying alcohol and tobacco advertising practices	14
4. Product pricing strategies	14

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**Footnotes:**

## 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: 7/1/2018      Expenditure Period End Date: 6/30/2019

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					
2. Free-Standing Residential					
<b>REHABILITATION/RESIDENTIAL</b>					
3. Hospital Inpatient					
4. Short-term (up to 30 days)					
5. Long-term (over 30 days)					
<b>AMBULATORY (OUTPATIENT)</b>					
6. Outpatient					
7. Intensive Outpatient					
8. Detoxification					
<b>MEDICATION-ASSISTED TREATMENT</b>					
9. Medication-Assisted Treatment					

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**Footnotes:**

## IV: Population and Services Reports

**Table 11 - Unduplicated Count of Persons Served for Alcohol and Other Drug Use**

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

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

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	0																			
2. 18 - 24	0																			
3. 25 - 44	0																			
4. 45 - 64	0																			
5. 65 and Over	0																			
<b>6. Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
7. Pregnant Women	0																			
Number of persons served who were admitted in a period prior to the 12 month reporting period																				
Number of persons served outside of the levels of care described on Table 10																				

Are the values reported in this table generated from a client based system with unique client identifiers?  Yes  No

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**Footnotes:**



## 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: 7/1/2018      Expenditure Period End Date: 6/30/2019

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 currently or in the past three years.

## 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: 7/1/2018      Expenditure Period End Date: 6/30/2019

#### 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 the total number of referrals to other substance abuse providers ("alternative providers") necessitated by religious objection, as defined above, made during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

#### Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

No training was provided

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#### Footnotes:

## IV: Population and Services Reports

**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]	650	617
Total number of clients with non-missing values on employment/student status [denominator]	5,347	5,347
Percent of clients employed or student (full-time and part-time)	12.2 %	11.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		1,564
Number of CY 2018 discharges submitted:		12,444
Number of CY 2018 discharges linked to an admission:		5,811
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,357
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		5,347

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

### 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]	414	413
Total number of clients with non-missing values on employment/student status [denominator]	2,053	2,053
Percent of clients employed or student (full-time and part-time)	20.2 %	20.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		734
Number of CY 2018 discharges submitted:		5,084
Number of CY 2018 discharges linked to an admission:		2,281
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,066

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,053
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Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
 [Records received through 2/1/2020]

### 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]	13,007	12,992
Total number of clients with non-missing values on employment/student status [denominator]	43,057	43,057
Percent of clients employed or student (full-time and part-time)	30.2 %	30.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		13,377
Number of CY 2018 discharges submitted:		51,942
Number of CY 2018 discharges linked to an admission:		51,917
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		43,327
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		43,057

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
 [Records received through 2/1/2020]

### 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]	2,100	2,097
Total number of clients with non-missing values on employment/student status [denominator]	10,464	10,464
Percent of clients employed or student (full-time and part-time)	20.1 %	20.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		426
Number of CY 2018 discharges submitted:		12,305
Number of CY 2018 discharges linked to an admission:		12,305
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		10,506

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):

10,464

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## IV: Population and Services Reports

**Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)**

### Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	4,671	4,667
Total number of clients with non-missing values on living arrangements [denominator]	5,328	5,328
Percent of clients in stable living situation	87.7 %	87.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		1,564
Number of CY 2018 discharges submitted:		12,444
Number of CY 2018 discharges linked to an admission:		5,811
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,357
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		5,328

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

### Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	1,516	1,532
Total number of clients with non-missing values on living arrangements [denominator]	2,047	2,047
Percent of clients in stable living situation	74.1 %	74.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		734
Number of CY 2018 discharges submitted:		5,084
Number of CY 2018 discharges linked to an admission:		2,281
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,066
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		2,047

### Outpatient (OP)

#### Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	39,176	39,196
Total number of clients with non-missing values on living arrangements [denominator]	43,152	43,152
Percent of clients in stable living situation	90.8 %	90.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		13,377
Number of CY 2018 discharges submitted:		51,942
Number of CY 2018 discharges linked to an admission:		51,917
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		43,327
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		43,152

### Intensive Outpatient (IO)

#### Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	8,467	8,521
Total number of clients with non-missing values on living arrangements [denominator]	10,439	10,439
Percent of clients in stable living situation	81.1 %	81.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		426
Number of CY 2018 discharges submitted:		12,305
Number of CY 2018 discharges linked to an admission:		12,305
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		10,506
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		10,439

**Footnotes:**



## IV: Population and Services Reports

**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]	4,820	4,826
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	5,358	5,358
Percent of clients without arrests	90.0 %	90.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		1,564
Number of CY 2018 discharges submitted:		12,444
Number of CY 2018 discharges linked to an admission:		5,811
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,358
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		5,358

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,912	1,911
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,067	2,067
Percent of clients without arrests	92.5 %	92.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		734
Number of CY 2018 discharges submitted:		5,084
Number of CY 2018 discharges linked to an admission:		2,281
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,068

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,067
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Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
 [Records received through 2/1/2020]

## 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]	40,869	40,893
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	43,440	43,440
Percent of clients without arrests	94.1 %	94.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		13,377
Number of CY 2018 discharges submitted:		51,942
Number of CY 2018 discharges linked to an admission:		51,917
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		43,451
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		43,440

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
 [Records received through 2/1/2020]

## 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]	9,833	9,827
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	10,511	10,511
Percent of clients without arrests	93.5 %	93.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		426
Number of CY 2018 discharges submitted:		12,305
Number of CY 2018 discharges linked to an admission:		12,305
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		10,511

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):

10,511

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## IV: Population and Services Reports

**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]	4,349	4,199
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,358	5,358
Percent of clients abstinent from alcohol	81.2 %	78.4 %

#### 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]		35
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,009	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		4,164
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,349	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.7 %

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

Number of CY 2018 admissions submitted:	1,564
Number of CY 2018 discharges submitted:	12,444
Number of CY 2018 discharges linked to an admission:	5,811
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,358
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	5,358

## Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,613	1,605
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,068	2,068
Percent of clients abstinent from alcohol	78.0 %	77.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		24
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	455	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		5.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,581
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,613	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.0 %

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

Number of CY 2018 admissions submitted:	734
Number of CY 2018 discharges submitted:	5,084
Number of CY 2018 discharges linked to an admission:	2,281
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,068
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,068

**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]	36,669	35,085
All clients with non-missing values on at least one substance/frequency of use [denominator]	43,443	43,443
Percent of clients abstinent from alcohol	84.4 %	80.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		208
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,774	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		34,877
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	36,669	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.1 %

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

Number of CY 2018 admissions submitted:	13,377
Number of CY 2018 discharges submitted:	51,942
Number of CY 2018 discharges linked to an admission:	51,917
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	43,451
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	43,443

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	8,426	8,149
All clients with non-missing values on at least one substance/frequency of use [denominator]	10,511	10,511
Percent of clients abstinent from alcohol	80.2 %	77.5 %

### 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]		84
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,085	
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]		8,065
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	8,426	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.7 %

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

Number of CY 2018 admissions submitted:	426
Number of CY 2018 discharges submitted:	12,305
Number of CY 2018 discharges linked to an admission:	12,305
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	10,511
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	10,511

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

#### Footnotes:

## IV: Population and Services Reports

**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]	2,263	2,047
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,358	5,358
Percent of clients abstinent from drugs	42.2 %	38.2 %

#### 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]		263
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,095	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		8.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,784
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,263	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		78.8 %

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

Number of CY 2018 admissions submitted:	1,564
Number of CY 2018 discharges submitted:	12,444
Number of CY 2018 discharges linked to an admission:	5,811
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,358
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	5,358



**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]	729	781
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,068	2,068
Percent of clients abstinent from drugs	35.3 %	37.8 %

**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]		129
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,339	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.6 %

**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]		652
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	729	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		89.4 %

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

Number of CY 2018 admissions submitted:	734
Number of CY 2018 discharges submitted:	5,084
Number of CY 2018 discharges linked to an admission:	2,281
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,068
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,068

**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]	21,391	18,870
All clients with non-missing values on at least one substance/frequency of use [denominator]	43,443	43,443
Percent of clients abstinent from drugs	49.2 %	43.4 %

**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]		1,921
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	22,052	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		8.7 %

**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]		16,949
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	21,391	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.2 %

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

Number of CY 2018 admissions submitted:	13,377
Number of CY 2018 discharges submitted:	51,942
Number of CY 2018 discharges linked to an admission:	51,917
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	43,451
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	43,443

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	3,794	3,469
All clients with non-missing values on at least one substance/frequency of use [denominator]	10,511	10,511
Percent of clients abstinent from drugs	36.1 %	33.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		605
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,717	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,864
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,794	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		75.5 %

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

Number of CY 2018 admissions submitted:	426
Number of CY 2018 discharges submitted:	12,305
Number of CY 2018 discharges linked to an admission:	12,305
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	10,511
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	10,511

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

#### Footnotes:

## IV: Population and Services Reports

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

### Short-term Residential(SR)

#### Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,452	1,515
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	5,349	5,349
Percent of clients participating in self-help groups	27.1 %	28.3 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	1.2 %	
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		1,564
Number of CY 2018 discharges submitted:		12,444
Number of CY 2018 discharges linked to an admission:		5,811
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,358
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		5,349

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

### Long-term Residential(LR)

#### Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	979	1,065
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,067	2,067
Percent of clients participating in self-help groups	47.4 %	51.5 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	4.2 %	
<b>Notes (for this level of care):</b>		
Number of CY 2018 admissions submitted:		734
Number of CY 2018 discharges submitted:		5,084

Number of CY 2018 discharges linked to an admission:	2,281
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,068
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,067

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

### Outpatient (OP)

#### Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	13,492	13,684
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	43,362	43,362
Percent of clients participating in self-help groups	31.1 %	31.6 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.4 %	

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

Number of CY 2018 admissions submitted:	13,377
Number of CY 2018 discharges submitted:	51,942
Number of CY 2018 discharges linked to an admission:	51,917
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	43,451
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	43,362

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

### Intensive Outpatient (IO)

#### Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	5,306	5,388
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	10,509	10,509
Percent of clients participating in self-help groups	50.5 %	51.3 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.8 %	

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

Number of CY 2018 admissions submitted:	426
---	-----

Number of CY 2018 discharges submitted:	12,305
Number of CY 2018 discharges linked to an admission:	12,305
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	10,511
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	10,509

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file  
[Records received through 2/1/2020]

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**Footnotes:**

## IV: Population and Services Reports

**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	12	2	4	6
2. Free-Standing Residential	3	1	1	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)	8	2	3	6
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	19	1	1	8
7. Intensive Outpatient	7	1	1	5
8. Detoxification	0	0	0	0
<b>MEDICATION-ASSISTED TREATMENT</b>				
9. Medication-Assisted Treatment				

Level of Care	2018 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	4103	1205
2. Free-Standing Residential	3679	33
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	12444	5811
5. Long-term (over 30 days)	5084	2281

<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	51942	43474
7. Intensive Outpatient	12305	12305
8. Detoxification	0	0
<b>MEDICATION-ASSISTED TREATMENT</b>		
9. Medication-Assisted Treatment		

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file

[Records received through 2/1/2020]

SAMHSA's Treatment Episode Data Set (TEDS) data are used to pre-populate the tables that comprise SAMHSA's National Outcome Measures (NOMs) and include Table 20 – Retention – Length of Stay (in Days) of Clients Completing Treatment. In FY 2020, SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" for Opioid Replacement Therapy/Medication-Assisted Treatment in Table 20.

In prior SABG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The LOC was changed to "Medication-Assisted Treatment" and the Treatment Service/Setting was changed to "Medication-Assisted Treatment." The change was made to better align with language that reflects not all medications used to treat opioid use disorder (OUD) are opioid-based and more importantly convey that medications do not merely substitute one drug for another.

The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 20 to the TEDS data submitted to CBHSQ via Eagle Technologies is not possible. In future SABG Reports, the LOC is "OUD Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "OUD Medication-Assisted Treatment Detoxification," Row 9 and "OUD Medication Assisted Treatment Outpatient," Row 10. OUD Medication Assisted Treatment Outpatient includes outpatient and intensive outpatient services/settings.

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**Footnotes:**



## V: Performance Indicators and Accomplishments

**TABLE 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE MEASURE: 30-DAY 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 2016 - 2017	21.0	
	Age 21+ - CY 2016 - 2017	41.6	
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 2016 - 2017	6.6	
	Age 18+ - CY 2016 - 2017	30.8	
3. 30-day Use of Other Tobacco Products	<p><b>Survey Item: NSDUH Questionnaire:</b> "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 2016 - 2017	9.0	
	Age 18+ - CY 2016 - 2017	12.1	
4. 30-day Use of Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "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 2016 - 2017	6.5	
	Age 18+ - CY 2016 - 2017	8.1	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "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 2016 - 2017	2.1	

	Age 18+ - CY 2016 - 2017	3.0	
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[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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**Footnotes:**

## V: Performance Indicators and Accomplishments

**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	<p><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.</p>		
	Age 12 - 20 - CY 2016 - 2017	76.5	
	Age 21+ - CY 2016 - 2017	80.1	
2. Perception of Risk From Cigarettes	<p><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.</p>		
	Age 12 - 17 - CY 2016 - 2017	88.8	
	Age 18+ - CY 2016 - 2017	90.4	
3. Perception of Risk From Marijuana	<p><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.</p>		
	Age 12 - 17 - CY 2016 - 2017	66.8	
	Age 18+ - CY 2016 - 2017	57.5	

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**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 2016 - 2017	14.8	
	Age 21+ - CY 2016 - 2017		
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 2016 - 2017	13.0	
	Age 18+ - CY 2016 - 2017	15.3	
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 2016 - 2017	13.3	
	Age 18+ - CY 2016 - 2017	18.7	
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 2016 - 2017	13.9	
	Age 18+ - CY 2016 - 2017	18.0	
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 2016 - 2017		
	Age 18+ - CY 2016 - 2017		
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 2016 - 2017		
Age 18+ - CY 2016 - 2017		

[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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**Footnotes:**

## V: Performance Indicators and Accomplishments

**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]  <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2016 - 2017	91.5	
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]  <b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2016 - 2017	90.5	
3. Disapproval of Using Marijuana Experimentally	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]  <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2016 - 2017	81.3	
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]  <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2016 - 2017	83.5	
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]  <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2016 - 2017		

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**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 2016 - 2017		
	Age 18+ - CY 2016 - 2017	43.0	

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**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 2016	90.1	

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**Footnotes:**



## V: Performance Indicators and Accomplishments

**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	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2017	27.2	

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## V: Performance Indicators and Accomplishments

**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 2017	18.9	

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**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 2016 - 2017	51.6	
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 2016 - 2017	92.0	

[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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**Footnotes:**

## V: Performance Indicators and Accomplishments

**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 2016 - 2017	84.6	

[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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**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35**

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

Please indicate the reporting period for each of the following NOMS.

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2017	12/31/2017
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies? Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2017	12/31/2017
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2017	12/31/2017
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2017	12/31/2017
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	10/1/2016	9/30/2018

### General Questions Regarding Prevention NOMS Reporting

**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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#### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>47426</b>
0-4	84
5-11	116
12-14	3998
15-17	6880
18-20	856
21-24	1508
25-44	5632
45-64	2428
65 and over	100
Age Not Known	25824
<b>B. Gender</b>	<b>47426</b>
Male	14722
Female	6238
Gender Not Known	26466
<b>C. Race</b>	<b>47426</b>
White	17498
Black or African American	1528
Native Hawaiian/Other Pacific Islander	0
Asian	46
American Indian/Alaska Native	2
More Than One Race (not OMB required)	338

Race Not Known or Other (not OMB required)	28014
<b>D. Ethnicity</b>	<b>47426</b>
Hispanic or Latino	542
Not Hispanic or Latino	18564
Ethnicity Unknown	28320

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies?Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>689184</b>
0-4	686
5-11	8732
12-14	14816
15-17	25878
18-20	28554
21-24	72976
25-44	154786
45-64	137914
65 and over	59122
Age Not Known	185720
<b>B. Gender</b>	<b>689184</b>
Male	255462
Female	233740
Gender Not Known	199982
<b>C. Race</b>	<b>689184</b>
White	425430
Black or African American	44860
Native Hawaiian/Other Pacific Islander	376
Asian	2528
American Indian/Alaska Native	796
More Than One Race (not OMB required)	7684



Race Not Known or Other (not OMB required)	207510
<b>D. Ethnicity</b>	<b>689184</b>
Hispanic or Latino	14864
Not Hispanic or Latino	466138
Ethnicity Unknown	208182

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - 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	45956	N/A
2. Universal Indirect	N/A	689184
3. Selective	711	N/A
4. Indicated	759	N/A
<b>5. Total</b>	<b>47426</b>	<b>689184</b>

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type 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.</b> <b>Universal</b> <b>Direct</b>	<b>B.</b> <b>Universal</b> <b>Indirect</b>	<b>C.</b> <b>Universal</b> <b>Total</b>	<b>D.</b> <b>Selective</b>	<b>E.</b> <b>Indicated</b>	<b>F.</b> <b>Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	6123	1796	7919	146	272	8337
2. Total number of Programs and Strategies Funded	10205	2993	13198	243	453	13894
3. Percent of Evidence-Based Programs and Strategies	60.00 %	60.01 %	60.00 %	60.08 %	60.04 %	60.00 %

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION 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 # 6123	\$ 1672051.00
Universal Indirect	Total # 1796	\$ 497096.00
Selective	Total # 146	\$ 45191.00
Indicated	Total # 272	\$ 90381.00
Unspecified	Total # 8337	\$ 2214338.00
	Total EBPs: 16674	Total Dollars Spent: \$4519057.00

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**Footnotes:**

## V: Performance Indicators and Accomplishments

### Prevention Attachments

#### Submission Uploads

FFY 2020 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2020 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2020 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2020 Prevention Attachment Category D:		
File	Version	Date Added

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**