

# Kentucky

## UNIFORM APPLICATION

FY 2021 Substance Abuse Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022  
(generated on 07/22/2021 4.14.11 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 7/1/2019

To 6/30/2020

#### Block Grant Expenditure Period

From 10/1/2017

To 9/30/2019

### IV. Date Submitted

Submission Date 12/1/2020 4:24:33 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 employment for Adults with SMI

**Strategies to attain the goal:**

- \* Each of the 14 CMHCs is required by contract to report employment status annually through the MIS system (Client and Event Data Set)
- \* Provide awareness opportunities and training regarding Recovery Principles and the importance of Supported Employment in the service delivery array. KY uses the Individual Placement and Support (IPS) Supported Employment Model.
- \* Provide training and technical assistance to ensure that CMHCs understand how to engage clients in Supported Employment and bill for this service.
- \* Provide training and technical assistance and fidelity monitoring to ensure most effective implementation of IPS Supported Employment services.
- \* Provide training for how to most effectively supervise the work of IPS Supported Employment specialists.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Adults with SMI who are employed  
**Baseline Measurement:** The SFY2019 percentage of Adults with SMI served by the 14 CMHCs who are employed. SFY2019: 18.22% = 7,979/43,765  
**First-year target/outcome measurement:** Increase by .25% the percentage of Adults with SMI served by the 14 CMHCs who are employed from SFY2019. This is a comparison across consecutive years. FROM SFY2019: 18.22% TO SFY2020: 18.47%  
**Second-year target/outcome measurement:** Increase by .25% the percentage of Adults with SMI served by the 14 CMHCs who are employed from SFY2019. This is a comparison across consecutive years. FROM SFY2019: 18.22% TO SFY2021: 18.72%

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

**Data Source:**

MIS Client/Event Data Set used by the Department and the 14 CMHCs.

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

**Description of Data:**

Data report to show per State Fiscal Year (SFY): Report ID: BG\_Adult\_1\_5\_State  
\* the total number of unduplicated Adults w SMI served by the 14 CMHCs,  
\* the total number of unduplicated Adults w SMI served by the 14 CMHCs who are employed,  
\* the percentage of Adults w SMI served by the 14 CMHCs who are employed.

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

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

The Department's MIS system expects the Employment Status field to be updated at least annually or at any time employment status changes and will report those employed at year end for the purposes of this measure.

**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:

Although progress was made towards target, the COVID pandemic may have impacted the employment rate of adults with SMI as it impacted businesses negatively across the country.  
The 2020 goal was to reach an employment rate among adults with SMI served to 18.74%. There was an increase of 18.22% in SFY 2019 to 18.25% in SFY 2020.

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

**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 (ESMI/FEP).

## Strategies to attain the goal:

Provide training and technical assistance to all outpatient sites funded to provide CSC to this population.  
Utilize consultation from national experts in the field.  
Convene biannual meetings with all key contacts from CMHCs regarding this population, to provide technical assistance/education regarding CSC and the ESMI/FEP population.

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Coordinated Specialty Care (CSC) as an evidence-based practice to individuals with ESMI/FEP.

**Baseline Measurement:** At the end of SFY 2019, three (3) outpatient iHOPE sites had fully implemented Coordinated Specialty Care to serve individuals with ESMI/FEP (CMHC Regions 4, 6, and 11).

**First-year target/outcome measurement:** By the end of SFY 2020, at least one (1) additional outpatient site will offer fully implemented CSC to individuals with ESMI/FEP.

**Second-year target/outcome measurement:** By the end of SFY 2021, at least one (1) additional outpatient sites offering fully implemented CSC to individuals with ESMI/First Episode of Psychosis.

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

### Data Source:

Department Periodic Report (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:

### DEFINITIONS:

The following implementation stage definitions are from:

"The Snapshot of State Plans for Using the Community Mental Health Block Grant 10 percent set-aside to address first episode psychosis" (August 2018, page 5)

The state's current level of program implementation, which is defined here as the highest level any CSC program has reached in the state. The five levels of implementation are:

1) The Exploration stage requires states to identify their communities' needs, assess organizational capacity, identify programs that meet community needs, and understand program fidelity and adaptation.

- 2) The Installation stage occurs once a program has been selected and the state begins making the changes necessary to implement the program. This includes training and community outreach and education activities.
- 3) Initial Implementation occurs when the program has first been implemented and practitioners begin to put into practice the techniques learned during the exploration and installation stages.
- 4) Full Implementation occurs once staffing is complete, caseloads are full, services are provided, and funding streams are in place.
- 5) Program Sustainability occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the program. For the purposes of this report, program sustainability also includes the expansion of existing services.

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

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

Coordinated Specialty Care was first implemented in Kentucky in SFY 2017. DPR form 113H was first required in SFY 2018.

Fully achieved, there should be five (5) fully implemented CSC programs by the end of SFY 2021.

**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):**

Fully implemented CSC iHOPE programs are in regions 4, 5, 10 and 11 at the end of SFY 2020.

**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.  
 Provide training and technical assistance to ensure that CMHCs understand how to recruit, retain and support Youth and Family Peer Support Specialists in the workplace and how to appropriately document and bill for services.  
 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.  
 Provide training and technical assistance regarding the supervision of Peer Specialists.  
 Provide 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

<b>Indicator #:</b>	1
<b>Indicator:</b>	Peer Support services for children with SED.
<b>Baseline Measurement:</b>	Total number of children who received Peer Support services from the 14 CMHCs in SFY 2018=949
<b>First-year target/outcome measurement:</b>	Increase by .25% (of 949) the total number of children who receive Youth and Family Peer Support services, from the 14 CMHCs, during SFY 2020.
<b>Second-year target/outcome measurement:</b>	Increase by .25% (of 949) the total unduplicated number of children and youth with SED who receive Youth and Family Peer Support services from the 14 CMHCs during SFY 2021.

**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 children served by the 14 CMHCs who received Peer Support services in the SFY (including youth or family, individual or group Peer Support). Report form AMART using service codes 147-150. may be some duplication across services but unduplicated count of children within a service. Additional children to be served equals 24 in SFY 2020 and an 24 additional in SFY 2021.

**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):**

**Priority #:** 4  
**Priority Area:** Primary Substance Use Prevention  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

Increase the perception of harm of electronic cigarettes  
Reduce the incidence of Underage Drinking

**Strategies to attain the goal:**

- \* Educate youth, parents, educators about the harmful effects of electronic cigarette use
- \* Work to update current school and community smoke-free policies to address electronic cigarette use
- \* Conduct Reward/Remind type activities with retailers related to sale of electronic cigarettes to minors
- \* Improve early prevention screening and assessment of adolescents in school settings
  
- \* Educate parents about "host parties" and the negative psychological effects of alcohol consumption by adolescents
- \* Work to establish Social Host Ordinances
- \* Implement Strategies such as "I Won't be the One" to reduce underage use social access to alcohol
- \* Improve early prevention screening and assessment of adolescents in school settings

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Number of 10th graders who participate in the KIP survey who report perception of harm of electronic cigarettes.
<b>Baseline Measurement:</b>	2018 KIP Survey results indicate that 42.8% of 10th graders, who participate in the KIP survey reported that using electronic cigarettes on a regular basis had moderate to great

risk

**First-year target/outcome measurement:**

The first year measure is a process measure based on total number of activities that address electronic cigarette use among youth as measured by data entered into the Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total of 21 Kentucky residents, under the age of 19, received prevention services targeting tobacco use. First-year measure for the block grant will increase by 200 activities as a result of the emphasis placed on prevention of this substance.

**Second-year target/outcome measurement:**

Increase by .5% the percentage of 10th graders, who participate in the KIP survey, who report use of electronic cigarettes on a regular basis has "moderate" to "great risk" (43.5%)

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

**Data Source:**

Kentucky Incentives for Prevention (KIP) Survey 2018; Kentucky's Prevention Data System

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

**Description of Data:**

The KIP Survey provides information about student perceptions about the health dangers of electronic cigarettes and perceived accessibility of electronic cigarettes in the community. The 2018 survey included the addition of several new questions related to electronic cigarettes. 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, conducted every other year, 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 use. In 2018, over 128,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for those communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

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

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

Results of KIP survey conducted in 2020 are available in 2021

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

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

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

The first year measure is a process measure based on the total number of activities that address electronic cigarette use among youth as measured by data entered into the KY Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total of 21 Kentucky residents, under the age of 19, received prevention services targeting tobacco use. First-year measure for the block grant will increase by 200 activities as a result of the emphasis placed on prevention of this substance. For SFY 20 (July 1, 2019-June 30, 2020), 1,220 Kentucky residents, under the age of 19, received prevention services targeting e-cigarette use.

**Indicator #:**

2

**Indicator:**

Number of 10th graders, who participate in the KIP survey, who report past 30-day use of alcoholic beverages

**Baseline Measurement:**

2018 KIP Survey results indicate 16.8% of 10th graders answered that they consumed alcohol, on at least one occasion, in the past 30 days.

**First-year target/outcome measurement:**

The first year measure is a process measure based on the total number of activities that address underage drinking use among youth as measured by data entered into the Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total of 5,590 youth, under age 19, received prevention services targeting underage



drinking. First-year measure for the block grant will increase by 10% the number of (6,149) activities as a result of the emphasis placed on prevention of this substance.

**Second-year target/outcome measurement:** Decrease by 2% the number of 10th graders that report having consumed alcohol, on at least one occasion, in the past 30 days.

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

**Data Source:**

Kentucky Incentives for Prevention (KIP) Survey 2018, Kentucky's Prevention Data System

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

**Description of Data:**

The KIP Survey provides information about student perceptions and use of alcohol, tobacco and other drugs. Once the survey data is 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. In 2018, over 128,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for those communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

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

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

Results of KIP survey conducted in 2020 are available in 2021

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

## Report of Progress Toward Goal Attainment

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

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

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

The first year measure is a process measure based on the total number of activities that address underage drinking use among youth as measured by data entered into the KY Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total of 5,590 youth, under age 19, received prevention services targeting underage drinking. First-year measure for the block grant will increase by 10% the number of (6,149) activities as a result of the emphasis placed on prevention of this substance. For SFY 20 (July 1, 2019-June 30, 2020, 8,178 Kentucky residents under the age of 19 received prevention services targeting underage drinking.

**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:**

Simultaneously protect infants who are affected by prenatal substance use and support mothers and families in their capacity to provide care for infants following birth/hospital discharge.

**Strategies to attain the goal:**

Identify services and supports that will be provided to the mother and infant, delineates who is responsible for ensuring that the mother is aware of, and does access, needed services and supports.

Recognize the important role of trauma and adverse childhood experiences in this population.

Stabilize the mother in the post-partum period and provide ongoing supports for positive parenting and a safe home environment for the infant. Create opportunities to reduce adverse childhood experiences for the infant, thereby improving long-term outcomes, and reducing the risks of repeating the cycle of substance use as they grow into their teenage years.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Plan of Safe Care (POSC) Implementation  
**Baseline Measurement:** Establishment of POSC sites to serve PWWDC with SUDs  
**First-year target/outcome measurement:** At the end of SFY2020, four (4) Community Mental Health Centers (CMHC) will become a fully established Plan of Safe Care site. (CMHC regions 6,11,14,15)  
**Second-year target/outcome measurement:** By the end of SFY2021, at least one (1) additional Plan of Safe Care site will be established at a CMHC.

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

**Data Source:**

Opioid STR Table B2 (KORE funding and CMHC contract Reporting Requirement)  
Annual Statement of Revenues and Expenditures

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

**Description of Data:**

By the end of 2021, there will be at least 5 POSC sites implemented.

**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):**

Fully implemented POSC sites include Regions 6, 11,14 and 15.

**Priority #:** 6  
**Priority Area:** Persons who inject drugs  
**Priority Type:** SAT  
**Population(s):** PWID

**Goal of the priority area:**

Reduce the outbreak of Hepatitis by increasing the availability and awareness of Syringe Exchange Programs (SEPs) statewide

**Strategies to attain the goal:**

Collaborate with the Office of Drug Control Policy, the Harm Reduction Coalition and the KY Department for Public Health to educate communities about the benefits of syringe exchange programs (SEPs). 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:** At the end of SFY2019, there are 62 SEPs across the Commonwealth.

**First-year target/outcome measurement:** Increase by 2, the total number of SEPs from SFY2019. This is a comparison across consecutive years.

**Second-year target/outcome measurement:** Increase by 2, the total number of SEPs from SFY2019. This is a comparison across consecutive years.

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

**Data Source:**

The Kentucky Department for Public Health Surveillance data, Kentucky Office of Drug Control Policy (ODCP), Kentucky Harm Reduction Coalition, the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID).  
<https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx>

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

**Description of Data:**

The Kentucky Department for Public Health monitors the number of SEPs statewide and also posts to their website the days/hours of operation for each program. 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. The 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. The SEPs in Kentucky also provide linkages to critical services and programs including substance use disorder treatment programs; overdose revention 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 turberculosis; 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):**

The 2020 goal was 64 SEPs. As of 6/30/202, there were 73 SEPs across the state.

**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 for TB
- \* Ensure that CMHCs are systematically screening for TB among individuals receiving services for SUDs
- \* Offer CMHCs technical assistance in updating and improving their policies and procedures regarding TB screening and referral.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Screen for TB persons who present for substance use services at the 14 CMHCs.

**Baseline Measurement:** During SFY2019, 12 of 14 CMHCs had written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders

**First-year target/outcome measurement:** Thirteen of 14 CMHCs will submit their written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders. This is a comparison across consecutive years. FROM SFY2019: 12 TO SFY2020: 13

**Second-year target/outcome measurement:** Fourteen of 14 CMHCs will submit their new or updated written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders. This is a comparison across consecutive years. FROM SFY2019: 12 TO SFY2020: 14

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

**Data Source:**

Submission of copies of TB-related policies and procedures, by 14 CMHCs, through the Plan and Budget process conducted in April

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

**Description of Data:**

Written policies and procedures 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):**

All 14 CMHCs have submitted TB screening Policy and Procedure.

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**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 use disorder. For detailed instructions, refer to those in the Block Grant Application System (BGAS)

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Activity (See instructions for entering expenses in 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	\$16,553,690.00		\$0.00	\$112,834,228.00	\$6,728,100.00	\$0.00	\$0.00
a. Pregnant Women and Women with Dependent Children*	\$3,594,714.00		\$0.00	\$1,056,171.00	\$0.00	\$0.00	\$0.00
b. All Other	\$12,958,976.00		\$0.00	\$111,778,057.00	\$6,728,100.00	\$0.00	\$0.00
2. Substance Abuse Primary Prevention	\$3,972,381.00		\$0.00	\$0.00	\$598,873.00	\$0.00	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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)	\$184,258.00		\$0.00	\$0.00	\$1,963,247.00	\$0.00	\$0.00
<b>11. Total</b>	<b>\$20,710,329.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$112,834,228.00</b>	<b>\$9,290,220.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

\* Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

Actual     Estimated

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**Footnotes:**

### III: Expenditure Reports

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

Expenditure Start Date: 07/01/2019 Expenditure End Date: 06/30/2020

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

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**Footnotes:**

### III: Expenditure Reports

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

Expenditure Start Date: 07/01/2019 Expenditure End Date: 06/30/2020

*[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

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**Footnotes:**



### III: Expenditure Reports

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

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

Expenditure Period Start Date: 10/1/2017      Expenditure Period End Date: 9/30/2019

Expenditure Category	FY 2018 SA Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$16,089,027.00
2. Primary Prevention	\$4,285,310.00
3. Tuberculosis Services	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	\$0.00
5. Administration (excluding program/provider level)	\$271,183.00
<b>Total</b>	<b>\$20,645,520.00</b>

\*Prevention other than Primary Prevention

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

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**Footnotes:**

### III: Expenditure Reports

**Table 5a - SABG Primary Prevention Expenditures Checklist**

The State or jurisdiction must complete either SABG Table 5a and/or 5b. There are six primary prevention strategies typically funded by principal agencies administering the SABG. Expenditures within each of the six strategies or Institute of Medicine Model (IOM) should be directly associated with the cost of completing the activity or task. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state or jurisdiction employs strategies not covered by these six categories, please report them under "Other," each in a separate row.

Expenditure Period Start Date:

Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal	\$190,149.00				
Information Dissemination	Unspecified					
<b>Information Dissemination</b>	<b>Total</b>	<b>\$190,149.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective	\$47,537.00				
Education	Indicated					
Education	Universal	\$142,612.00				
Education	Unspecified					
<b>Education</b>	<b>Total</b>	<b>\$190,149.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective	\$9,507.00				
Alternatives	Indicated					
Alternatives	Universal	\$180,642.00				
Alternatives	Unspecified					
<b>Alternatives</b>	<b>Total</b>	<b>\$190,149.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$47,537.00				
Problem Identification and Referral	Indicated	\$123,597.00				
Problem Identification and Referral	Universal	\$19,015.00				
Problem Identification and Referral	Unspecified					
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$190,149.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Community-Based Process	Selective	\$427,834.00				
Community-Based Process	Indicated	\$285,223.00				
Community-Based Process	Universal	\$2,131,170.00				
Community-Based Process	Unspecified					
<b>Community-Based Process</b>	<b>Total</b>	<b>\$2,844,227.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal	\$190,149.00				
Environmental	Unspecified					
<b>Environmental</b>	<b>Total</b>	<b>\$190,149.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 Tobacco	Selective					
Section 1926 Tobacco	Indicated					
Section 1926 Tobacco	Universal	\$8,000.00				
Section 1926 Tobacco	Unspecified					
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$8,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Selective					
Other	Indicated					
Other	Universal					
Other	Unspecified					
<b>Other</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$3,802,972.00</b>				

Section 1926 – Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation “Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule” (45 CFR § 96.130), a state may not use the SABG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SABG funds\* that were allotted for Synar activities in the appropriate columns under 7 below.

\*Please list all sources, if possible (e.g., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

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**Footnotes:**

SFY 2020 Data

No SABG Funds were spent on Section 1926 - Tobacco/SYNAR other than the \$8,000 for Remind and Reward.



### 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: 10/1/2017      Expenditure Period End Date: 9/30/2019

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$2,861,737.00				
Universal Indirect					
Selective	\$532,415.00				
Indicated	\$408,820.00				
<b>Column Total</b>	<b>\$3,802,972.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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**Footnotes:**  
SFY 2020 Expenditures

### 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 2018 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: 10/1/2017      Expenditure Period End Date: 9/30/2019

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 checked="" 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: 10/1/2017      Expenditure Period End Date: 9/30/2019

Activity	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*
1. Information Systems	\$98,125.00	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$76,250.00	\$0.00	\$112,017.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$178,100.00	\$0.00	\$5,000.00	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$2,319.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$365,321.00	\$0.00
7. Training and Education	\$862.00	\$0.00	\$0.00	\$0.00
<b>8. Total</b>	<b>\$355,656.00</b>	<b>\$0.00</b>	<b>\$482,338.00</b>	<b>\$0.00</b>

\*SABG combined, showing amounts for non-direct services/system development when you cannot separate out the amounts devoted specifically to treatment or prevention. For the combined column, do not include any amounts listed in the prevention and treatment columns.

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**Footnotes:**

Amount of SABG Primary Prevention funds (from Table 4, Row 2) used for SABG Prevention Resource Development Activities for SABG Prevention, Table 6, Column C = \$482,338.




### 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: 10/1/2017 Expenditure Period End Date: 9/30/2019

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	\$409,963.78	\$133,539.78	\$95,355.00	\$276,424.00	\$0.00	\$0.00
70	KY100854	X	North Central	Centerstone	914 East Broadway	Louisville	KY	40202	\$3,934,033.00	\$3,528,406.00	\$1,372,792.00	\$405,627.00	\$0.00	\$0.00
45	KY900188	X	West	Communicare	1311 North Dixie Highway Building C	Elizabethtown	KY	42701	\$1,194,727.68	\$927,325.68	\$197,220.00	\$267,402.00	\$0.00	\$0.00
28503691	KY900832	X	East	Comprehend	611 Forest Avenue	Maysville	KY	41056	\$440,979.27	\$316,510.27	\$32,031.00	\$124,469.00	\$0.00	\$0.00
KY901228	KY901228	X	East	Cumberland River	American Greeting Road P.O. Box 568	Corbin	KY	40702	\$1,004,150.23	\$823,848.23	\$221,834.00	\$180,302.00	\$0.00	\$0.00
199	X	X	North Central	Eastern Kentucky University	Stratton Bldg	Richmond	KY	40475	\$484,921.00	\$319,160.00	\$0.00	\$165,761.00	\$0.00	\$0.00
5	KY902127	X	West	Four Rivers	425 Broadway Street	Paducah	KY	42001	\$903,373.48	\$744,884.48	\$91,228.00	\$158,489.00	\$0.00	\$0.00
206	X	X	North Central	Kentucky Housing Corporation	1231 Louisville Rd	Frankfort	KY	40601	\$13,332.92	\$13,332.92	\$0.00	\$0.00	\$0.00	\$0.00
468591119	KY750062	X	East	Kentucky River	115 Rockwood Lane	Hazard	KY	41701	\$746,822.66	\$520,757.66	\$117,599.00	\$226,065.00	\$0.00	\$0.00
200	200	X	Statewide (optional)	KY Council on Problem Gambling	P.O. Box 4595	Frankfort	KY	40604-4595	\$10,000.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$0.00
213	X	X	Statewide (optional)	Ky Partnership Fam & Children	207 Holmes St	Frankfort	KY	40601	\$59,999.16	\$59,999.16	\$0.00	\$0.00	\$0.00	\$0.00
31	KY901319	X	West	Lifeskills	822 Woodway Drive	Bowling Green	KY	42101	\$1,399,446.40	\$1,004,137.40	\$239,702.00	\$395,309.00	\$0.00	\$0.00
200	KY100698	X	North Central	Louisville Metro Health Dept	4500 Churchman Avenue Suite 300	Louisville	KY	40215	\$280,000.00	\$280,000.00	\$0.00	\$0.00	\$0.00	\$0.00
110	KY900097	X	East	Mountain	104 South Front Avenue	Prestonsburg	KY	41653	\$776,057.90	\$609,847.90	\$74,182.00	\$166,210.00	\$0.00	\$0.00
170	KY103155	X	North Central	New Vista	P.O. Box 11428 1351 Newtown Pike	Lexington	KY	40575	\$2,647,318.00	\$2,090,433.00	\$520,015.00	\$556,885.00	\$0.00	\$0.00
82	KY901012	X	North Central	NorthKey	502 Farrell Drive	Covington	KY	41011	\$1,828,243.81	\$1,601,082.81	\$511,454.00	\$227,161.00	\$0.00	\$0.00
103	KY900238	X	East	Pathways	P.O. Box 790	Ashland	KY	41101	\$1,197,210.87	\$999,846.87	\$207,841.00	\$197,364.00	\$0.00	\$0.00
13	KY900170	X	West	Pennyroyal	P.O. Box 614	Hopkinsville	KY	42241	\$968,408.12	\$701,717.12	\$98,354.00	\$266,691.00	\$0.00	\$0.00
217	X	X	Statewide (optional)	People Advocating Recovery	1425 Story Ave	Louisville	KY	40204	\$96,250.00	\$96,250.00	\$0.00	\$0.00	\$0.00	\$0.00
209	X	X	Statewide (optional)	REACH of Louisville	501 Park Ave	Louisville	KY	40208	\$405,678.95	\$0.00	\$0.00	\$405,678.95	\$0.00	\$0.00
72689026	KY901566	X	West	River Valley Behavioral Health	c/o Karen Mayberry Cigar Factory Complex 1100 Walnut	Owensboro	KY	42301	\$881,174.10	\$661,065.10	\$104,441.00	\$220,109.00	\$0.00	\$0.00

					St									
198	X		Statewide (optional)	University of Kentucky	222 Waller Ste 480	Lexington	KY	40504	\$636,653.37	\$636,653.37	\$46,773.79	\$0.00	\$0.00	\$0.00
Total									\$20,318,744.70	\$16,068,797.75	\$3,930,821.79	\$4,249,946.95	\$0.00	\$0.00

\* 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 to include funds appropriated by the state legislature; revenue funds (e.g., alcohol, tobacco, and gambling taxes; asset seizures); state Medicaid match expenditures; and third-party reimbursement (e.g., insurance payments) for authorized activities to prevent and treat SUDs 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: 07/01/2019 Expenditure Period End Date: 06/30/2020

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2018) + B2(2019)</u> 2 (C)
SFY 2018 (1)	\$9,265,136.00	
SFY 2019 (2)	\$9,313,631.00	\$9,289,383.50
SFY 2020 (3)	\$9,290,220.00	

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

SFY 2018      Yes      X      No    \_\_\_\_\_  
 SFY 2019      Yes      X      No    \_\_\_\_\_  
 SFY 2020      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 Maintenance of Effort table provides a description of expenditures including SABG and state funds (e.g., state legislature appropriations; revenue funds; state Medicaid match funds; and third-party reimbursements) for specialized treatment and related services that meet the SABG requirements for pregnant women and women with dependent children 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: 07/01/2019 Expenditure Period End Date: 06/30/2020

#### 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 2018		\$ 3,213,557.00	
SFY 2019		\$ 3,696,706.00	
SFY 2020		\$ 3,594,714.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2021 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)): \$ 4050553.00

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). Annual allocations are designated for use for this population and based on formulas for each CMHC based on a formula of census, past service history and then actual expenditures are reported by the CMHC quarterly and totaled out at the end of the state fiscal year.

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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: 10/1/2017      Expenditure Period End Date: 9/30/2019

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	0
	<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	0
	3. Driving while under the influence/driving while intoxicated education programs	6
	<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: 7/1/2019 Expenditure Period End Date: 6/30/2020

Level of Care	Number of Admissions $\geq$ Number of Persons Served		Costs per Person (C, D & E)		
	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	539	343	\$0.00	\$0.00	\$0.00
2. Free-Standing Residential	4,844	3,089	\$0.00	\$0.00	\$0.00
<b>REHABILITATION/RESIDENTIAL</b>					
3. Hospital Inpatient			\$0.00	\$0.00	\$0.00
4. Short-term (up to 30 days)	8,618	1,697	\$0.00	\$0.00	\$0.00
5. Long-term (over 30 days)	6,738	1,042	\$0.00	\$0.00	\$0.00
<b>AMBULATORY (OUTPATIENT)</b>					
6. Outpatient	11,035	2,150	\$0.00	\$0.00	\$0.00
7. Intensive Outpatient	52,082	14,929	\$0.00	\$0.00	\$0.00
8. Detoxification			\$0.00	\$0.00	\$0.00
<b>OUD MEDICATION ASSISTED TREATMENT</b>					
9. OUD Medication-Assisted Detoxification			\$0.00	\$0.00	\$0.00
10. OUD Medication-Assisted Treatment Outpatient			\$0.00	\$0.00	\$0.00

In FY 2020 SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication-Assisted Treatment," respectively.

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 changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and 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 Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid 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.



**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 to and persons served in SABG-funded services.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN 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	233	132	67	18	4			2				7	3			167	78	12	4
2. 18 - 24	1713	892	632	86	50				1			25	27			1081	761	28	24
3. 25 - 44	11902	5745	5013	641	346			4	5			70	78			6929	5807	144	88
4. 45 - 64	4325	2263	1335	533	156			3	2			22	11			3001	1595	41	24
5. 65 and Over	183	107	40	33	2							1	0			148	45	0	1
<b>6. Total</b>	<b>18356</b>	<b>9139</b>	<b>7087</b>	<b>1311</b>	<b>558</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>125</b>	<b>119</b>	<b>0</b>	<b>0</b>	<b>11326</b>	<b>8286</b>	<b>225</b>	<b>141</b>
7. Pregnant Women	222		200		11								11				233		3
Number of persons served who were admitted in a period prior to the 12 month reporting period		19922																	
Number of persons served outside of the levels of care described on Table 10		10006																	

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: 7/1/2019      Expenditure Period End Date: 6/30/2020

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:**

Per CDC, 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: 7/1/2019 Expenditure Period End Date: 6/30/2020

#### 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:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	341	343
Total number of clients with non-missing values on employment/student status [denominator]	3,561	3,561
Percent of clients employed or student (full-time and part-time)	9.6 %	9.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		1,484
Number of CY 2019 discharges submitted:		9,901
Number of CY 2019 discharges linked to an admission:		3,987
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,578
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		3,561

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

### 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]	426	417
Total number of clients with non-missing values on employment/student status [denominator]	2,496	2,496
Percent of clients employed or student (full-time and part-time)	17.1 %	16.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		776
Number of CY 2019 discharges submitted:		6,030
Number of CY 2019 discharges linked to an admission:		2,670
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,513

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	2,496
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Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
 [Records received through 2/1/2021]

## 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]	11,476	11,489
Total number of clients with non-missing values on employment/student status [denominator]	39,790	39,790
Percent of clients employed or student (full-time and part-time)	28.8 %	28.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		14,216
Number of CY 2019 discharges submitted:		48,404
Number of CY 2019 discharges linked to an admission:		48,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		39,893
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		39,790

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
 [Records received through 2/1/2021]

## Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,810	1,809
Total number of clients with non-missing values on employment/student status [denominator]	9,345	9,345
Percent of clients employed or student (full-time and part-time)	19.4 %	19.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		562
Number of CY 2019 discharges submitted:		10,799
Number of CY 2019 discharges linked to an admission:		10,799
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,392

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):

9,345

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

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**Footnotes:**

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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]	2,953	2,947
Total number of clients with non-missing values on living arrangements [denominator]	3,565	3,565
Percent of clients in stable living situation	82.8 %	82.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		1,484
Number of CY 2019 discharges submitted:		9,901
Number of CY 2019 discharges linked to an admission:		3,987
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,578
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		3,565

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

### 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]	1,559	1,565
Total number of clients with non-missing values on living arrangements [denominator]	2,467	2,467
Percent of clients in stable living situation	63.2 %	63.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		776
Number of CY 2019 discharges submitted:		6,030
Number of CY 2019 discharges linked to an admission:		2,670
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,513
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		2,467



### 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]	35,807	35,877
Total number of clients with non-missing values on living arrangements [denominator]	39,716	39,716
Percent of clients in stable living situation	90.2 %	90.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		14,216
Number of CY 2019 discharges submitted:		48,404
Number of CY 2019 discharges linked to an admission:		48,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		39,893
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		39,716

### 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]	7,013	7,061
Total number of clients with non-missing values on living arrangements [denominator]	9,344	9,344
Percent of clients in stable living situation	75.1 %	75.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		562
Number of CY 2019 discharges submitted:		10,799
Number of CY 2019 discharges linked to an admission:		10,799
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,392
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		9,344

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,189	3,178
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,568	3,568
Percent of clients without arrests	89.4 %	89.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		1,484
Number of CY 2019 discharges submitted:		9,901
Number of CY 2019 discharges linked to an admission:		3,987
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,578
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		3,568

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

### 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]	2,383	2,389
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,511	2,511
Percent of clients without arrests	94.9 %	95.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		776
Number of CY 2019 discharges submitted:		6,030
Number of CY 2019 discharges linked to an admission:		2,670
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,513

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	2,511
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Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
 [Records received through 2/1/2021]

### 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]	37,600	37,641
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	39,923	39,923
Percent of clients without arrests	94.2 %	94.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		14,216
Number of CY 2019 discharges submitted:		48,404
Number of CY 2019 discharges linked to an admission:		48,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		40,034
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		39,923

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
 [Records received through 2/1/2021]

### 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]	8,896	8,907
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	9,399	9,399
Percent of clients without arrests	94.6 %	94.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		562
Number of CY 2019 discharges submitted:		10,799
Number of CY 2019 discharges linked to an admission:		10,799
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,399

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):

9,399

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

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**Footnotes:**

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,925	2,836
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,578	3,578
Percent of clients abstinent from alcohol	81.7 %	79.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		7
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	653	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		1.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,829
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,925	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.7 %

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

Number of CY 2019 admissions submitted:	1,484
Number of CY 2019 discharges submitted:	9,901
Number of CY 2019 discharges linked to an admission:	3,987
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,578
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	3,578

**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]	1,976	1,942
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,513	2,513
Percent of clients abstinent from alcohol	78.6 %	77.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		45
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	537	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		8.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,897
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,976	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.0 %

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

Number of CY 2019 admissions submitted:	776
Number of CY 2019 discharges submitted:	6,030
Number of CY 2019 discharges linked to an admission:	2,670
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,513
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	2,513

**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]	33,656	32,368
All clients with non-missing values on at least one substance/frequency of use [denominator]	40,021	40,021
Percent of clients abstinent from alcohol	84.1 %	80.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		288
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,365	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		4.5 %

**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]		32,080
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	33,656	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.3 %

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

Number of CY 2019 admissions submitted:	14,216
Number of CY 2019 discharges submitted:	48,404
Number of CY 2019 discharges linked to an admission:	48,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	40,034
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	40,021

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

**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]	7,371	7,157
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,399	9,399
Percent of clients abstinent from alcohol	78.4 %	76.1 %

### 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]		41
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,028	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		2.0 %

### 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]		7,116
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7,371	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.5 %

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

Number of CY 2019 admissions submitted:	562
Number of CY 2019 discharges submitted:	10,799
Number of CY 2019 discharges linked to an admission:	10,799
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,399
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	9,399

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

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#### Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,069	1,158
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,578	3,578
Percent of clients abstinent from drugs	29.9 %	32.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		241
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,509	
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]		917
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,069	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		85.8 %

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

Number of CY 2019 admissions submitted:	1,484
Number of CY 2019 discharges submitted:	9,901
Number of CY 2019 discharges linked to an admission:	3,987
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,578
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	3,578

**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]	671	575
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,513	2,513
Percent of clients abstinent from drugs	26.7 %	22.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		193
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,842	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		10.5 %

**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]		382
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	671	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		56.9 %

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

Number of CY 2019 admissions submitted:	776
Number of CY 2019 discharges submitted:	6,030
Number of CY 2019 discharges linked to an admission:	2,670
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,513
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	2,513

**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]	18,328	16,252
All clients with non-missing values on at least one substance/frequency of use [denominator]	40,021	40,021
Percent of clients abstinent from drugs	45.8 %	40.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		2,029
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	21,693	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		14,223
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	18,328	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		77.6 %

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

Number of CY 2019 admissions submitted:	14,216
Number of CY 2019 discharges submitted:	48,404
Number of CY 2019 discharges linked to an admission:	48,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	40,034
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	40,021

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

**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]	2,935	2,812
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,399	9,399
Percent of clients abstinent from drugs	31.2 %	29.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		638
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,464	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,174
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,935	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		74.1 %

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

Number of CY 2019 admissions submitted:	562
Number of CY 2019 discharges submitted:	10,799
Number of CY 2019 discharges linked to an admission:	10,799
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,399
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	9,399

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

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#### Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

#### Social Support of Recovery - Clients 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]	991	1,010
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,568	3,568
Percent of clients participating in self-help groups	27.8 %	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]	0.5 %	
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		1,484
Number of CY 2019 discharges submitted:		9,901
Number of CY 2019 discharges linked to an admission:		3,987
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,578
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		3,568

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

### 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]	852	891
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,511	2,511
Percent of clients participating in self-help groups	33.9 %	35.5 %
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]	1.6 %	
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		776
Number of CY 2019 discharges submitted:		6,030

Number of CY 2019 discharges linked to an admission:	2,670
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,513
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	2,511

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

## 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]	12,626	12,943
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	39,838	39,838
Percent of clients participating in self-help groups	31.7 %	32.5 %
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]	0.8 %	

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

Number of CY 2019 admissions submitted:	14,216
Number of CY 2019 discharges submitted:	48,404
Number of CY 2019 discharges linked to an admission:	48,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	40,034
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	39,838

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

## 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]	3,374	3,436
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	9,399	9,399
Percent of clients participating in self-help groups	35.9 %	36.6 %
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]	0.7 %	

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

Number of CY 2019 admissions submitted:	562
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Number of CY 2019 discharges submitted:	10,799
Number of CY 2019 discharges linked to an admission:	10,799
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,399
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	9,399

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 2/1/2021]

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**Footnotes:**



## V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	4	2	3	4
2. Free-Standing Residential	2	1	1	1
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	8	1	3	9
5. Long-term (over 30 days)	6	2	3	5
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	17	1	1	8
7. Intensive Outpatient	6	1	1	3
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification	5	2	3	4
10. OUD Medication-Assisted Treatment Outpatient	29	1	1	14

Level of Care	2019 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	1012	321
2. Free-Standing Residential	4560	17
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	9901	3987

5. Long-term (over 30 days)	6030	2670
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	48404	40044
7. Intensive Outpatient	10799	9400
8. Detoxification	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification	0	37
10. OUD Medication-Assisted Treatment Outpatient	0	9710

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file

[Records received through 2/1/2021]

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 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 the current and 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 Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid 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.

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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 2017 - 2018	17.4	
	Age 21+ - CY 2017 - 2018	43.7	
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 2017 - 2018	6.1	
	Age 18+ - CY 2017 - 2018	29.5	
3. 30-day Use of Other Tobacco Products	<p><b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]<sup>[1]</sup>?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2017 - 2018	7.9	
	Age 18+ - CY 2017 - 2018	10.5	
4. 30-day Use of Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2017 - 2018	6.2	
	Age 18+ - CY 2017 - 2018	8.7	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]<sup>[2]</sup></p> <p><b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2017 - 2018	1.9	

	Age 18+ - CY 2017 - 2018	3.8	
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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	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2017 - 2018	76.8	
	Age 21+ - CY 2017 - 2018	79.2	
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2017 - 2018	88.4	
	Age 18+ - CY 2017 - 2018	88.8	
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2017 - 2018	63.0	
	Age 18+ - CY 2017 - 2018	54.5	

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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 2017 - 2018		
	Age 21+ - CY 2017 - 2018		
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 2017 - 2018	12.9	
	Age 18+ - CY 2017 - 2018	15.7	
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 2017 - 2018	13.0	
	Age 18+ - CY 2017 - 2018	18.2	
4. Age at First Use of Marijuana or Hashish	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2017 - 2018	13.6	
	Age 18+ - CY 2017 - 2018	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 2017 - 2018		
	Age 18+ - CY 2017 - 2018	26.1	
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 2017 - 2018	13.5	
Age 18+ - CY 2017 - 2018	25.7	

[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]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2017 - 2018	91.0	
2. Perception of Peer Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2017 - 2018	89.6	
3. Disapproval of Using Marijuana Experimentally	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2017 - 2018	80.0	
4. Disapproval of Using Marijuana Regularly	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2017 - 2018	81.3	
5. Disapproval of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2017 - 2018	88.2	

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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 2017 - 2018		
	Age 18+ - CY 2017 - 2018	42.9	

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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 2017	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	<p><b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p><b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>		
	CY 2018	23.3	

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**Footnotes:**

KY State Police Annual Report for CY 2018: 124 persons killed in fatal collisions involved a drinking driver. this represents 17 % of all persons killed in traffic collisions for the year and 7 of these drinking drivers were under the age of 21 at the time of the collision.

## 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 2018	10.3	

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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 2017 - 2018	52.0	
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 2017 - 2018	95.0	

[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:**

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ? <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2017 - 2018	84.7	

[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:**

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

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

Please indicate the reporting period 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	7/1/2019	6/30/2020
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies? Number of Persons Served by Age, Gender, Race, and Ethnicity	7/1/2019	6/30/2020
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	7/1/2019	6/30/2020
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	7/1/2019	6/30/2020
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	7/1/2019	6/30/2020

### 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).

KY has a uniquely created data collection system for all Prevention activities.

**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.

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**Footnotes:**

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**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>190,990</b>
0-4	420
5-11	3,777
12-14	6,736
15-17	9,925
18-20	1,451
21-24	2,324
25-44	10,459
45-64	5,883
65 and over	1,110
Age Not Known	148,905
<b>B. Gender</b>	<b>190,990</b>
Male	12,826
Female	27,855
Gender Unknown	150,309
<b>C. Race</b>	<b>190,990</b>
White	29,975
Black or African American	2,564
Native Hawaiian/Other Pacific Islander	9
Asian	67
American Indian/Alaska Native	14
More Than One Race (not OMB required)	270



Race Not Known or Other (not OMB required)	158,091
<b>D. Ethnicity</b>	<b>190,990</b>
Hispanic or Latino	614
Not Hispanic or Latino	30,265
Ethnicity Unknown	160,111

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**Footnotes:**

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**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>12355543</b>
0-4	543
5-11	13660
12-14	26425
15-17	28444
18-20	16850
21-24	79522
25-44	179899
45-64	133227
65 and over	57327
Age Not Known	11819646
<b>B. Gender</b>	<b>12355543</b>
Male	247638
Female	289187
Gender Unknown	11818718
<b>C. Race</b>	<b>12355543</b>
White	451208
Black or African American	49090
Native Hawaiian/Other Pacific Islander	98
Asian	2687
American Indian/Alaska Native	1061
More Than One Race (not OMB required)	10158

Race Not Known or Other (not OMB required)	11841241
<b>D. Ethnicity</b>	<b>12355543</b>
Hispanic or Latino	15107
Not Hispanic or Latino	456740
Ethnicity Unknown	11883696

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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	60696	N/A
2. Universal Indirect	N/A	12025523
3. Selective	301	N/A
4. Indicated	552	N/A
<b>5. Total</b>	<b>61549</b>	<b>12025523</b>

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**Footnotes:**

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**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. Universal Direct</b>	<b>B. Universal Indirect</b>	<b>C. Universal Total</b>	<b>D. Selective</b>	<b>E. Indicated</b>	<b>F. Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	13190	2540	15730	124	275	16129
2. Total number of Programs and Strategies Funded	15954	3508	19462	142	283	19887
3. Percent of Evidence-Based Programs and Strategies	82.68 %	72.41 %	80.82 %	87.32 %	97.17 %	81.10 %

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**Footnotes:**

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**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 # 13,190	\$ 6,215,141
Universal Indirect	Total # 2,540	\$ 1,196,850
Selective	Total # 124	\$ 58,429
Indicated	Total # 275	\$ 129,580
	Total EBPs: 16,129	Total Dollars Spent: \$7,600,000.00

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**Footnotes:**

Data not available

# V: Performance Indicators and Accomplishments

## Prevention Attachments

### Submission Uploads

FFY 2021 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category D:		
File	Version	Date Added

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**Footnotes:**