# I: State Information

## State Information

### I. State Agency for the Block Grant

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Cabinet for Health and Family Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Unit</td>
<td>Department for Behavioral Health, Developmental and Intellectual Disabilities</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>100 Fair Oaks Lane 4 E-B</td>
</tr>
<tr>
<td>City</td>
<td>Frankfort</td>
</tr>
<tr>
<td>Zip Code</td>
<td>40621</td>
</tr>
</tbody>
</table>

### II. Contact Person for the Block Grant

<table>
<thead>
<tr>
<th>First Name</th>
<th>Louis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Kurtz</td>
</tr>
<tr>
<td>Agency Name</td>
<td>Division of Behavioral Health</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>100 Fair Oaks Lane 4 E-D</td>
</tr>
<tr>
<td>City</td>
<td>Frankfort</td>
</tr>
<tr>
<td>Zip Code</td>
<td>40621</td>
</tr>
<tr>
<td>Telephone</td>
<td>502-564-4456</td>
</tr>
<tr>
<td>Fax</td>
<td>502-564-9010</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:louis.kurtz@ky.gov">louis.kurtz@ky.gov</a></td>
</tr>
</tbody>
</table>

### III. Expenditure Period

- **State Expenditure Period**
  - From: 7/1/2011
  - To: 6/30/2012

- **Block Grant Expenditure Period**
  - From: 10/1/2008
  - To: 9/30/2010

### IV. Date Submitted

- **Submission Date**: 12/3/2012 7:41:28 PM
- **Revision Date**: 3/12/2013 3:22:27 PM

### V. Contact Person Responsible for Report Submission

<table>
<thead>
<tr>
<th>First Name</th>
<th>Michele</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Blevins</td>
</tr>
<tr>
<td>Telephone</td>
<td>502-564-4456</td>
</tr>
<tr>
<td>Fax</td>
<td>502-564-9010</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:michele.blevins@ky.gov">michele.blevins@ky.gov</a></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Michele</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Blevins</td>
</tr>
</tbody>
</table>

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**Kentucky OMB No. 0930-0168** Approved: 07/19/2011 Expires: 07/31/2014

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| **Footnotes:** |  
|---------------|---|

<table>
<thead>
<tr>
<th><strong>Telephone</strong></th>
<th>502-564-4456</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Email Address</strong></td>
<td><a href="mailto:Michele.Blevins@ky.gov">Michele.Blevins@ky.gov</a></td>
</tr>
</tbody>
</table>
### Table 2 - State Priorities

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Access</td>
<td>Ensure access to community based behavioral health services and supports across the Commonwealth.</td>
</tr>
<tr>
<td>2</td>
<td>Quality Services</td>
<td>Ensure availability of high quality (science-based) services and supports for all consumers of the publicly funded behavioral healthcare system.</td>
</tr>
<tr>
<td>3</td>
<td>Integrated Health Services</td>
<td>Promote holistic, integrated physical and behavioral health services/supports, utilizing bi-directional models, across Kentucky’s publicly funded healthcare system.</td>
</tr>
<tr>
<td>4</td>
<td>Reduce Premature Death</td>
<td>Reduce premature death of individuals with behavioral health disorders.</td>
</tr>
<tr>
<td>5</td>
<td>Priority Populations</td>
<td>Maintain focus on addressing the behavioral healthcare needs of targeted populations, including:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Persons who have mental health or substance use disorders; and are:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pregnant;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Diagnosed with HIV/AIDS;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Intravenous drug users;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Diagnosed with tuberculosis;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adolescents; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adults with Severe Mental Illness (SMI);</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Children with Severe Emotional Disturbance (SED); or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Individuals with co-occurring mental health and substance abuse disorders.</td>
</tr>
<tr>
<td>6</td>
<td>Promotion and Prevention Services</td>
<td>Further develop evidence based substance abuse prevention and mental health promotion and prevention activities across the Commonwealth, particularly with regard to the implementation of programs and strategies aimed at reducing the consequences of under age binge drinking and prescription drug use and misuse among 10th graders in Kentucky. Underage binge drinking and prescription drug misuse and abuse were identified as state priorities in the most recent SEOW needs assessment completed in the spring of 2011. Kentucky is currently addressing these priorities through its statewide “Changing Social Norms and Policy” (CSNaP) initiative.</td>
</tr>
<tr>
<td>7</td>
<td>Criminal Justice Interface</td>
<td>Further develop behavioral health services and supports for adults with SMI and children/youth with SED involved with the juvenile and criminal justice systems.</td>
</tr>
<tr>
<td>8</td>
<td>Services for Military</td>
<td>Expand behavioral health (mental health and substance abuse) prevention and treatment services to military personnel and their families.</td>
</tr>
<tr>
<td>9</td>
<td>Anti-Stigma</td>
<td>Enhance knowledge and skills of behavioral health providers and others that could/do lend support to citizens with behavioral health disorders (first responders, law enforcement, courts, employers, human service agencies, etc.).</td>
</tr>
</tbody>
</table>

**Footnotes:**
### Table 3 - Objectives, Strategies and Performance Indicators

<table>
<thead>
<tr>
<th>Priority:</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal of the priority area:</strong></td>
<td>Increase the number of individuals served by the Community Mental Health Centers (including their affiliates), who have behavioral health needs (mental health and substance abuse).</td>
</tr>
<tr>
<td><strong>Strategies to attain the goal:</strong></td>
<td>Expand capacity to serve those in need of behavioral health services through the state’s publicly funded provider network.</td>
</tr>
</tbody>
</table>

#### Annual Performance Indicators to measure goal success

<table>
<thead>
<tr>
<th>Indicator:</th>
<th>Total number of individuals served annually, by the Regional Boards in mental health and substance abuse programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Collecting and Measuring Changes in Performance Indicator:</strong></td>
<td>KY’s MIS client and event data set and prior year service data.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Achieved:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proposed Changes:</strong></td>
<td></td>
</tr>
</tbody>
</table>

---
Priority: Quality Services

Goal of the priority area:
Promote Peer Services as a necessary component of Recovery-Oriented Systems of Care for Individuals with Substance Abuse Disorders, Adults with SMI, Children with SED and individuals with co-Occurring Disorders.

Strategies to attain the goal:
Combine core competency training for all Recovery Coaches and Peer Specialists (across populations) and develop population specific modules to address peer services for:
• Individuals with substance abuse disorders;
• Adults with SMI;
• Individuals with co-occurring mental health and substance abuse; or
• Individuals with co-occurring behavioral health and physical health concerns.

Annual Performance Indicators to measure goal success
Indicator: Number of Peer Specialists trained. Baseline Number: Number of Peer Specialists who successfully complete the core training module (30 hours).

Description of Collecting and Measuring Changes in Performance Indicator:
Division of Behavioral Health maintains data base(s) of all individuals who participate in Peer Support trainings and certifies those who adequately complete and graduate from the core and secondary trainings.

Achieved: Yes

Proposed Changes:
**Priority:** Integrated Health Services

**Goal of the priority area:**
Improve coordination between primary care and behavioral health care delivery.

**Strategies to attain the goal:**
Commit to the KY Primary Care Association to participate in the organization of five (5) stakeholder working forums to identify opportunities and begin planning for integration of physical and behavioral healthcare.

**Annual Performance Indicators to measure goal success**

**Indicator:** Number of forums and planning meetings attended by DBH staff.

**Description of Collecting and Measuring Changes in Performance Indicator:**
Division of Behavioral Health will ensure that designated staff attends all five (5) Integrated Care Forums planned for 2012-2013. Additional participation in meetings, conducting research or information gathering may be needed.

Additionally, staff will examine and pursue methods for gathering data to develop a baseline indicator for the number of individuals who have had a complete annual physical exam in the last year, the number of screenings completed related to physical health needs and the number of referrals to a primary care provider from a behavioral health treatment setting.

**Achieved:** In Progress
### Proposed Changes:

#### Priority: Reduce Premature Death

#### Goal of the priority area:
Decrease in 10th grade Rx use in targeted Counties

#### Strategies to attain the goal:
Determine 3 main misperceptions of students garnered from RPC Conducted focus group information around Rx drug misuse. Enlist the partnership of local high schools to participate in a youth contest that develops media messages that address of the 3 identified misperceptions.

#### Annual Performance Indicators to measure goal success

- **Indicator:** Number of flyers delivered, number of distribution points Increase in RPC time of spent on environmental strategies relating to Rx drugs in selected counties, number of contest winners, Number of youth who see the media messages

#### Description of Collecting and Measuring Changes in Performance Indicator:
The Prevention data set will be used to capture this data.
<table>
<thead>
<tr>
<th>Achieved:</th>
<th>In Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proposed Changes:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reason Not Achieved:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Priority:</strong></td>
<td>Reduce Premature Death</td>
</tr>
<tr>
<td><strong>Goal of the priority area:</strong></td>
<td>Decrease the incidence of Suicide among all Kentucky citizens by enhancing public awareness of the signs, symptoms and most effective interventions, as well as vulnerable populations (youth, elderly, military, LGBTQ).</td>
</tr>
<tr>
<td><strong>Strategies to attain the goal:</strong></td>
<td>Implement statewide training initiative for behavioral health consumers in long-term care using the SPARK tool kit.</td>
</tr>
<tr>
<td><strong>Annual Performance Indicators to measure goal success</strong></td>
<td>Number of training events conducted annually.</td>
</tr>
<tr>
<td><strong>Description of Collecting and Measuring Changes in Performance Indicator:</strong></td>
<td>Department will maintain database to track number of participants and number of individuals who are trained. This will begin in SFY 2012 and continue for SFY 2013. This is targeted to older adult population.</td>
</tr>
<tr>
<td>Achieved:</td>
<td>In Progress</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
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| Reason Not Achieved: |

<table>
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<tr>
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</tr>
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<td>Decrease the incidence of Suicide among all Kentucky citizens by enhancing public awareness of the signs, symptoms and most effective interventions, as well as vulnerable populations (youth, older adults, military, LGBTQ).</td>
</tr>
</tbody>
</table>

| Strategies to attain the goal: | Build capacity to provide training to personnel and students in KY’s middle and high schools across the Commonwealth. |

**Annual Performance Indicators to measure goal success**

- **Indicator:** Percentage of schools in which personnel receive training and percentage of schools in which middle and high school students receive suicide prevention information.

**Description of Collecting and Measuring Changes in Performance Indicator:**

Department will maintain database to track number of middle and high schools in which personnel receive training and students receive suicide prevention information.
Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

**Priority:** Reduce Premature Death

**Goal of the priority area:**
Expand indicators related to prescription drug abuse

**Strategies to attain the goal:**
Revise KIP Survey to include questions on perceived availability peer usage, perception of risk of Rx drugs and favorable attitudes toward Rx drugs.

**Annual Performance Indicators to measure goal success**
- Indicator: Number of new questions added to KIP concerning prescription drug abuse and misuse
**Priority:** Reduce Premature Death

**Goal of the priority area:**
Improve access to nicotine replacement for individuals with behavioral health disorders who use tobacco products.

**Strategies to attain the goal:**
Commit to participating in the University of Kentucky’s effort to develop a mechanism for tracking the number of individuals who receive nicotine replacement under the newly expanded nicotine replacement benefit under the Medicaid pharmacy program.

**Description of Collecting and Measuring Changes in Performance Indicator:**
These questions will be integrated into the KIP School survey. Currently, the only data collected on Rx is lifetime, past year, past 30 day use.

**Achieved:** Yes

**Proposed Changes:**

**Reason Not Achieved:**
Indicator: Establish baseline data on the number of Medicaid eligible individuals who have filled prescriptions for nicotine replacement pharmaceuticals.

Description of Collecting and Measuring Changes in Performance Indicator:
Division of Behavioral Health will have access to the UK data. DBH will attend all planning meetings, conduct research and participate in any additional information gathering needed.

Footnote: Additionally, staff will examine and pursue methods for gathering data and develop a baseline performance indicator for the number of Medicaid eligible individuals with a behavioral health disorder who have received a prescription for nicotine replacement and have had those filled.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:
Prevent or Reduce the Negative Consequences of Underage Drinking

Strategies to attain the goal:
Supporting/strengthening the enforcement of existing laws regarding adults providing alcohol to minors. Implement local policies that target social access of alcohol to youth (social host and unruly gathering ordinances).
### Annual Performance Indicators to measure goal success

**Indicator:** Reduce 10th grade, 30 day binge drinking by at least 1% annually, in targeted counties.

**Achieved:** In Progress

**Priority:** Priority Populations

#### Description of Collecting and Measuring Changes in Performance Indicator:
Percentage of youth reporting use of alcohol in the past thirty days on the annual Kentucky Incentives for Prevention (KIP) School Survey. Footnote: Historical data is available.

#### Proposed Changes:

#### Reason Not Achieved:

**Goal of the priority area:**
Track the number of individuals from the target populations served by the 14 Regional Boards (including their affiliates).

#### Strategies to attain the goal:
Track the number of individuals from the target populations served by the 14 Regional Boards (including their affiliates), including:
- Individuals with substance abuse disorders (using estimated prevalence rate of 10% of the adult population)
• Adults with SMI (using estimated prevalence rate of 2.6% of the adult population-age 18 and above)
• Children/youth with SED (using estimated prevalence rate of 5% of the child population-under age 18)

Concentrate efforts in FY 2012 and 2013 on data that is reliable and readily available and plan for improved data collection of additional priority populations in subsequent years.

**Annual Performance Indicators to measure goal success**

**Indicator:** Numerator: Total unduplicated number served in each service category, by the 14 Regional Boards and their affiliates.

**Achieved:** Yes

**Priority:** Promotion and Prevention Services

**Goal of the priority area:** Integrate the prevention of mental illness into state and local substance abuse prevention efforts.

**Description of Collecting and Measuring Changes in Performance Indicator:**

KY’s MIS client and event data set. National prevalence rate estimate information and available Medicaid data from the KY Department of Medicaid Services (DMS) and the four Managed Care Organizations recently contracted to provide data to DBH.

**Proposed Changes:**

**Reason Not Achieved:**
Strategies to attain the goal:
Provide training for Prevention staff (Central office staff and Regional Prevention Center staffs) regarding strategies and available resources to address the prevention of mental illness, including cultural awareness training of high risk populations (LGBTQ, Military & their Families, and Native Americans).

Annual Performance Indicators to measure goal success
Indicator: Baseline data will be collected. Number of trainings provided and the number of Central office staff and Regional Prevention Center staff.

Description of Collecting and Measuring Changes in Performance Indicator:
Prevention data set will be expanded to collect new data.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Criminal Justice Interface
Goal of the priority area:
To ensure that adults with SMI who are being released from specialized mental health treatment units in prison receive timely behavioral health services in their chosen community.
Strategies to attain the goal:

To work with providers and the Department of Corrections to enhance continuity of care for this vulnerable population.

**Annual Performance Indicators to measure goal success**

**Indicator:** The number of adults with SMI who are released from prison programs (CPTU and PCU) and who receive services (in the community), from the Regional Boards.

**Achieved:** Yes

**Priority:** Services for Military

**Goal of the priority area:**

DBHDID is currently working on a Memorandum of Understanding with the Department of Corrections for data sharing to track discharges and Regional Board admissions.

**Proposed Changes:**

**Reason Not Achieved:**

**Description of Collecting and Measuring Changes in Performance Indicator:**

- **Numerator:** Number of adults with SMI who are released from CPTU and PCU prison programs and receive services from a Regional Board.
- **Denominator:** Number of adults with SMI in released from CPTU and PCU prison programs.
To accurately track all individuals served by the Regional Boards who are active duty service members or veterans, or the family member of active duty service members or veterans.

**Strategies to attain the goal:**

Improve data collection system for capturing individuals served by the Regional Boards who are active duty service members or veterans, or the family member of active duty service members or veterans.

**Annual Performance Indicators to measure goal success**

**Indicator:** Establish accurate baseline by collecting the number of individuals served by the Regional Boards who are active duty service members or veterans, or the family member of active duty service members or veterans.

**Description of Collecting and Measuring Changes in Performance Indicator:**

KY’s MIS client and event data system.

Note: During the 2011 fiscal year, the CMHCs in Kentucky reported treating 797 active duty Service members. During the 2011 fiscal year, the CMHCs in Kentucky reported treating 2,216 Veteran. Data collection for family members is in development.

**Achieved:** Yes

**Proposed Changes:**

**Reason Not Achieved:**
**Priority:** Anti-Stigma

**Goal of the priority area:**
Reduce discrimination of individuals with behavioral health disorders by providing additional awareness training to targeted individuals and groups that interface with individuals with behavioral health disorders.

**Strategies to attain the goal:**
Provide formal training and public awareness campaigns to enhance knowledge and to reduce discrimination.

**Annual Performance Indicators to measure goal success**

**Indicator:** Develop data base to track the number of Mental Health First Aid trainings provided to targeted individuals and groups that interface with individuals with behavioral health disorders.

**Description of Collecting and Measuring Changes in Performance Indicator:**
Develop data base that includes Mental Health First Aid trainings, as well as other trainings and public awareness campaigns already in existence (e.g., Crisis Intervention Training, Children’s Mental Health Awareness Day campaign), and others to be offered in SFYs 2012 and 2013.

**Achieved:** Yes

**Proposed Changes:**

**Reason Not Achieved:**

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Kentucky OMB No. 0930-0168 Approved: 07/19/2011 Expires: 07/31/2014
Goal #1: Access - The 14 Regional Boards served a total of 177,667 unduplicated individuals in SFY 2011 and 180,509 unduplicated individuals in SFY 2012 for a 1.5% increase in the total number of clients served.

Goal #2: Quality Services: A total of 205 unique individuals have been trained and certified as Peer Specialists in KY through the end of SFY 2012; this is up from 185 at the end of SFY 2011.

Goal #3 Integrated Health Services - DBH staff have attended 2 Forums and 5 Planning Meetings in the SFY 2012 reporting period.

Goal #4: Rx Use among 10th Graders - Baseline data has been collected on past 30 day Rx use among 10th graders in all target counties that implement the KIP survey. This baseline will be compared to KIP 2012 data when the 2012 KIP data is available in March 2013. Data is currently being collected from KY’s Prevention Data Set to establish baselines for the performance indicators related to this strategy.

Goal #5: Suicide Prevention among Vulnerable Populations -Older Adults- SPARK toolkits have been obtained and implementation planning has begun (e.g., training of state level and provider community staff in SPARK toolkit information). The lack of funding for this initiative continues to be a challenge.

Goal #6: Suicide Prevention among Vulnerable Populations - Middle and High School Youth- Considerable progress has occurred with this population and the vast majority of students across the state have received awareness/how to respond training.

Goal #9: KIP Survey - Baseline data has been collected on past 30 day binge drinking among 10th graders in all target counties that implement the KIP survey. Baseline data will be compared to KIP 2012 data when the 2012 KIP data is available in March 2013. The number of new Social Host Ordinances implemented (as a result of the data) will also be tracked.

Goal#11: In SFY 2012, DBHDID offered three (3) statewide trainings that addressed the integration of Mental Health and Substance Abuse. One training, held in April 2012 and facilitated by Michael Compton, drew 117 participants from Regional Prevention Centers, Regional Boards, and private treatment providers. Seventeen SMHA/SAPTA staff also participated. A second training focused on LGBTQ2S and behavioral health was attended by 71 participants, including Regional Prevention Center staff and community coalition members, as well as ten (10) state staff. A third training event, The Faith Hope Future Conference, targeted risk factors for mental health and substance use disorders among the military and their families. This event was attended by 77 participants. Currently, data is being extracted from the Prevention Data Set to determine what efforts our Regional Prevention Centers have taken to integrate mental health into their substance abuse prevention efforts.

Goal #12: Criminal Justice Interface - During SFY 2012, language was added to the Department’s contracts with the Regional Boards requiring continuity of care for this population. These numbers are tracked by Department staff that work with the reintegration specialists at the prison. These reintegration specialists work directly with adults with SMI who are serving out of specific specialized mental health treatment units at the prison. Designated staff worked with 55 inmates from the KY State Reformatory (for men) and the Women’s Penitentiary and all were connected with the regional boards for follow up services after release. The Division of Behavioral Health holds quarterly meeting with Corrections and service providers to ensure continuity of care and brainstorm challenges to access for services for the SMI population. On-going data collection and data sharing is one area of mutual interest at the meetings. The PBS documentary series Frontline is doing a follow-up story on a Kentucky inmate. They filmed last week at the prison and have asked to follow him when he returns to the community, wishing to accompany he and the worker to a mental health appointment.
### Table 4a - State Agency Expenditure Report

<table>
<thead>
<tr>
<th>Activity</th>
<th>A. SA Block Grant</th>
<th>B. MH Block Grant</th>
<th>C. Medicaid (Federal, State, and Local)</th>
<th>D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare, SAMHSA, etc.))</th>
<th>E. State Funds</th>
<th>F. Local Funds (excluding local Medicaid)</th>
<th>G. Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Substance Abuse Prevention and Treatment</td>
<td>$15,932,890</td>
<td>$0</td>
<td>$88,897</td>
<td>$12,495,994</td>
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<td>3. Tuberculosis Services</td>
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<td>4. HIV Early Intervention Services</td>
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<tr>
<td>5. State Hospital</td>
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<tr>
<td>6. Other 24 Hour Care</td>
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<td>$1</td>
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<td>8. Administration (Excluding Program and Provider Level)</td>
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<td>10. Subtotal (Rows 5, 6, 7, and 8)</td>
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<td>11. Total</td>
<td>$20,552,529</td>
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Please indicate the expenditures are [Actual] or [Estimated].

Footnotes:
### III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2009  Expenditure Period End Date: 9/30/2011

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*Prevention other than Primary Prevention

**HIV Designated States

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**Footnotes:**
## III: Expenditure Reports

### Table 5 - SAPT Block Grant Expenditure By Service

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**Footnotes:**
### Table 6a - Primary Prevention Expenditures Checklist

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**Footnotes:**
### III: Expenditure Reports

#### Table 6b - Primary Prevention Expenditures by IOM Category

<table>
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<tr>
<th>Activity</th>
<th>SAPT Block Grant</th>
<th>Other Federal Funds</th>
<th>State Funds</th>
<th>Local Funds</th>
<th>Other</th>
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**Column Total**

$0.00 $0.00 $0.00 $0.00 $0.00

**Footnotes:**

This is an optional table that shall not be completed.
### III: Expenditure Reports

#### Table 7 - Resource Development Expenditure Checklist

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<td>1. Planning, Coordination and Needs Assessment</td>
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<td>3. Training (Post-Employment)</td>
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**Footnotes:**

There are no resource development activities other than the primary prevention efforts themselves as reflected in Table 8.
### Table 8 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2009  
Expenditure Period End Date: 9/30/2011

<table>
<thead>
<tr>
<th>Entity Number</th>
<th>I-SATS ID (for SABG)</th>
<th>Area Served (Statewide or SubState Planning Area)</th>
<th>Provider / Program Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>SAPT Block Grant Funds</th>
<th>SAPT Block Grant A: Block Grant Barriers</th>
<th>SAPT Block Grant A: Block Grant Barriers Other than Primary Prevention and Treatment Services</th>
<th>SAPT Block Grant B: Prevention (Other than Primary Prevention)</th>
<th>SAPT Block Grant C: Pregnant Women and Women with Dependent Children</th>
<th>SAPT Block Grant D: Primary Prevention</th>
<th>SAPT Block Grant E: Early Intervention Services for HIV</th>
<th>CMHS Block Grant - F. Adults with a Serious Mental Illness</th>
<th>CMHS Block Grant - G. Children with a Serious Emotional Disturbance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>X</td>
<td>North Central</td>
<td>Boys &amp; Girls</td>
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</tbody>
</table>

**Footnotes:**
The Statewide Entity Inventory Excel spreadsheet was submitted to the WebBGAS help desk on Sunday, December 2, 2012. Kentucky was notified via e-mail that a technician had the information and would let us know when it had been uploaded. As of the submission time of this report, the information has not been uploaded.
III: Expenditure Reports

Table 9a - Maintenance of Effort for State Expenditures for SAPT

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

Yes  ________ No  ________  X

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

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

Yes  ________ No  ________

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

<table>
<thead>
<tr>
<th></th>
<th></th>
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<tr>
<td>SFY 2010 (1)</td>
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</tr>
<tr>
<td>SFY 2011 (2)</td>
<td>$9,240,959</td>
<td>$9,263,112</td>
</tr>
<tr>
<td>SFY 2012 (3)</td>
<td>$9,267,412</td>
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</tbody>
</table>

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

SFY 2010  Yes  ________ X  No  ________
SFY 2011  Yes  ________ X  No  ________
SFY 2012  Yes  ________ X  No  ________

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

Footnotes:

Kentucky  OMB No. 0930-0168  Approved: 07/19/2011  Expires: 07/31/2014  Page 32 of 83
## III: Expenditure Reports

### Table 9b - Base and Maintenance of Effort for State Expenditures for TB

| State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Period                          | Total of All State Funds Spent on TB Services | % of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment | Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) | Average of Column C1 and C2 (MOE BASE) |
| SFY 1991 (1)                    | $1,803,900                           | 11.20%                           | $202,037                         | $209,005                       |
| SFY 1992 (2)                    | $1,928,340                           | 11.20%                           | $215,974                         |                                |

| State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Period                          | Total of All State Funds Spent on TB Services | % of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment | Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) | Average of Column C1 and C2 (MOE BASE) |
| SFY 2012 (3)                    | $1,595,360                           | 33.00%                           | $526,469                         |                                |

### Footnotes:

Kentucky is using a newly enacted methodology that counts the number of individuals receiving SA treatment services, who also have TB, along with the associated cost of TB services (only). This methodology is be in direct response to the prompts from the reporting grid, and is calculated as outlined below.

DBH has a data sharing agreement with Kentucky Division of Public Health and will obtain from them: 1) the total number of reported cases/individuals of TB statewide; and 2) the total amount of state funds spent for TB services (statewide) for all of the cases/individuals. DBH will use their own data collection system to obtain: 3) the total number of individuals who receive Substance Abuse (SA) services statewide; and 4) the total number of those individuals in treatment who have TB/received TB services. This data is collected directly from the providers and there is a "marker" in the client demographic data set that designates those individuals with TB. All providers, by contract, are required to screen for TB and follow specific procedures to counsel, refer and ensure indicated treatment for individuals who receive residential or outpatient SA services. For the percentage of TB expenditures spent on clients who are in SA treatment, DBH calculates this based on the number of SA clients who have TB and/or received TB services, divided by the total number of TB cases for the year (per DPH) and calculate expenditures accordingly.
III: Expenditure Reports

Table 9c - Base and Maintenance of Effort for Expenditures for HIV Early Intervention Services

Enter the year in which your State last became a designated State, Federal Fiscal Year __. Enter the 2 prior years’ expenditure data in A1 and A2. Compute the average of the amounts in boxes A1 and A2. Enter the resulting average (MOE Base) in box B2.

<table>
<thead>
<tr>
<th>Period</th>
<th>Total of All State Funds Spent on Early Intervention Services for HIV</th>
<th>Average of Columns A1 and A2</th>
</tr>
</thead>
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<tr>
<td>(1) SFY 1991</td>
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<td>(2) SFY 1992</td>
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Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment

<table>
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<tr>
<th>Period</th>
<th>Total of All State Funds Spent on Early Intervention Services for HIV (A)</th>
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<tbody>
<tr>
<td>(3) SFY 2012</td>
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</tbody>
</table>

Footnotes:
Kentucky does not meet the minimum requirement for HIV Early Intervention Services to Substance Use Disorder clients in treatment. This table is not required.
### Table 9d - Expenditures for Services to Pregnant Women and Women with Dependent Children

<table>
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<tr>
<th>Period</th>
<th>Total Women’s Base (A)</th>
<th>Total Expenditures (B)</th>
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<td>SFY 2012</td>
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<td>$3,368,976</td>
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</table>

Enter the amount the State plans to expend in 2013 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): $3,592,370.00

### Footnotes:

The “base” for services to pregnant women and women with dependent children was determined by identifying those projects funded with Federal Fiscal Year 1992 Block Grant funds and state general funds during State Fiscal Year 1993 that offered specialized substance abuse services to pregnant women and/or women with dependent children. The “base” funding is composed of $1,096,960 of Substance Abuse Prevention and Treatment Block Grant funds and $140,038 of state general funds for a total of $1,236,728. Figures were calculated by identifying the total SAPT block grant funds and state general funds expended in this project during State Fiscal Year 1993, and multiplying that figure by 61%. Sixty-one percent represents the percentage of female clients served in the program during State Fiscal Year 1993 who were either pregnant or had dependent children.
### IV: Populations and Services Reports

#### Table 10 - Prevention Strategy Report

<table>
<thead>
<tr>
<th>Column A (Risks)</th>
<th>Column B (Strategies)</th>
<th>Column C (Providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pregnant women/teens</strong></td>
<td>1. Information Dissemination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Clearinghouse/information resources centers</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>2. Resources directories</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>4. Brochures</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>6. Speaking engagements</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>7. Health fairs and other health promotion, e.g., conferences, meetings, seminars</td>
<td>2</td>
</tr>
<tr>
<td><strong>Violent and delinquent behavior</strong></td>
<td>2. Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Education programs for youth groups</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>3. Alternatives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Youth/adult leadership activities</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>3. Community drop-in centers</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>5. Community-Based Process</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Multi-agency coordination and collaboration/coalition</td>
<td>19</td>
</tr>
<tr>
<td><strong>Economically disadvantaged</strong></td>
<td>2. Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Parenting and family management</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>3. Peer leader/helper programs</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4. Education programs for youth groups</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>3. Alternatives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Drug free dances and parties</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>3. Community drop-in centers</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>6. Environmental</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Modifying alcohol and tobacco advertising practices</td>
<td>21</td>
</tr>
<tr>
<td><strong>Already using substances</strong></td>
<td>2. Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Education programs for youth groups</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>4. Problem Identification and Referral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Driving while under the influence/driving while intoxicated education programs</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>6. Environmental</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Modifying alcohol and tobacco advertising practices</td>
<td>109</td>
</tr>
</tbody>
</table>

**Footnotes:**

Kentucky

OMB No. 0930-0168  Approved: 07/19/2011  Expires: 07/31/2014
### Table 11 - Treatment Utilization Matrix

**Expenditure Period Start Date:** 7/1/2011  **Expenditure Period End Date:** 6/30/2012

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Number of Admissions (A)</th>
<th>Number of Persons Served (B)</th>
<th>Mean Cost of Services (C)</th>
<th>Median Cost of Services (D)</th>
<th>Standard Deviation of Cost (E)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DETOXIFICATION (24-HOUR CARE)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Hospital Inpatient</td>
<td>0</td>
<td>0</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2. Free-Standing Residential</td>
<td>5581</td>
<td>4646</td>
<td>$678</td>
<td>$327</td>
<td>$750</td>
</tr>
<tr>
<td><strong>REHABILITATION/RESIDENTIAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Hospital Inpatient</td>
<td>0</td>
<td>0</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4. Short-term (up to 30 days)</td>
<td>640</td>
<td>626</td>
<td>$18,077</td>
<td>$3,227</td>
<td>$36,635</td>
</tr>
<tr>
<td>5. Long-term (over 30 days)</td>
<td>420</td>
<td>392</td>
<td>$10,683</td>
<td>$4,173</td>
<td>$6,460</td>
</tr>
<tr>
<td><strong>AMBULATORY (OUTPATIENT)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Outpatient</td>
<td>15855</td>
<td>10883</td>
<td>$780</td>
<td>$230</td>
<td>$385</td>
</tr>
<tr>
<td>7. Intensive Outpatient</td>
<td>729</td>
<td>631</td>
<td>$3,926</td>
<td>$1,121</td>
<td>$3,152</td>
</tr>
<tr>
<td>8. Detoxification</td>
<td>0</td>
<td>0</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>OPIOID REPLACEMENT THERAPY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Opioid Replacement Therapy</td>
<td>64</td>
<td>0</td>
<td>$5,585</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10. ORT Outpatient</td>
<td>0</td>
<td>0</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Footnotes:**
### Table 12 - Unduplicated Count of Persons

**Expenditure Period Start Date:** 7/1/2011  
**Expenditure Period End Date:** 6/30/2012

<table>
<thead>
<tr>
<th>Age</th>
<th>A. Total</th>
<th>B. WHITE</th>
<th>C. BLACK OR AFRICAN AMERICAN</th>
<th>D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER</th>
<th>E. ASIAN</th>
<th>F. AMERICAN INDIAN / ALASKA NATIVE</th>
<th>G. MORE THAN ONE RACE REPORTED</th>
<th>H. Unknown</th>
<th>I. NOT HISPANIC OR LATINO</th>
<th>J. HISPANIC OR LATINO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1. 17 and Under</td>
<td>392</td>
<td>234</td>
<td>108</td>
<td>25</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. 18 - 24</td>
<td>3338</td>
<td>1722</td>
<td>1258</td>
<td>147</td>
<td>99</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>3. 25 - 44</td>
<td>9684</td>
<td>4820</td>
<td>3793</td>
<td>517</td>
<td>344</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>4. 45 - 64</td>
<td>2955</td>
<td>1727</td>
<td>723</td>
<td>344</td>
<td>97</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. 65 and Over</td>
<td>71</td>
<td>49</td>
<td>14</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Total</td>
<td>16440</td>
<td>8552</td>
<td>5896</td>
<td>1038</td>
<td>551</td>
<td>10</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>7. Pregnant Women</td>
<td>603</td>
<td>485</td>
<td>93</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>18</td>
</tr>
</tbody>
</table>

- Number of persons served who were admitted in a period prior to the 12 month reporting period: 1713
- Number of persons served outside of the levels of care described on Table 11: 0

**Footnotes:**
### IV: Populations and Services Reports

#### Table 14 - HIV Designated States Early Intervention Services

<table>
<thead>
<tr>
<th>Early Intervention Services for Human Immunodeficiency Virus (HIV)</th>
<th>Statewide:</th>
<th>Rural:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of SAPT HIV EIS programs funded in the State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Total number of individuals tested through SAPT HIV EIS funded programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Total number of HIV tests conducted with SAPT HIV EIS funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total number of tests that were positive for HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:

---

**Footnotes:**

Kentucky does not meet the minimum requirement for HIV Early Intervention Services to Substance Use Disorder clients in treatment. This table is not required.
IV: Populations and Services Reports

Table 15 - Charitable Choice

Expenditure Period Start Date: 7/1/2011   Expenditure Period End Date: 6/30/2012

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

Referrals to Alternative Services - Check all that apply:
- State has developed specific referral system for this requirement.
- State has incorporated this requirement into existing referral system(s).
- SAMHSA’s Treatment Facility Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.
- Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.
This is not applicable to Kentucky. This office did not disperse any SAPT Block Grant Funds or State General Funds to faith-based organizations during this fiscal year and therefore did not have any oversight over services provided by such organizations. In addition, faith-based programs are not licensed as such as AOD treatment programs so the agencies that were provided SAPT Block Grant funds did not refer to faith-based organizations for treatment.

Footnotes:
### V: Performance Indicators and Accomplishments

**Table 16 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)**

#### Short-term Residential (SR)

<table>
<thead>
<tr>
<th>Employment/Education Status - Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge</th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients employed or student (full-time and part-time) [numerator]</td>
<td>227</td>
<td>228</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on employment/student status [denominator]</td>
<td>2,051</td>
<td>2,051</td>
</tr>
<tr>
<td>Percent of clients employed or student (full-time and part-time)</td>
<td>11.1 %</td>
<td>11.1 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 561
- Number of CY 2011 discharges submitted: 3,845
- Number of CY 2011 discharges linked to an admission: 2,322
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 2,058
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 2,051

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file

#### Long-term Residential (LR)

<table>
<thead>
<tr>
<th>Employment/Education Status - Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge</th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients employed or student (full-time and part-time) [numerator]</td>
<td>76</td>
<td>86</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on employment/student status [denominator]</td>
<td>1,609</td>
<td>1,609</td>
</tr>
<tr>
<td>Percent of clients employed or student (full-time and part-time)</td>
<td>4.7 %</td>
<td>5.3 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 401
- Number of CY 2011 discharges submitted: 2,986
- Number of CY 2011 discharges linked to an admission: 1,749
### Outpatient (OP)

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

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients employed or student (full-time and part-time) [numerator]</td>
<td>2,376</td>
<td>2,466</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on employment/student status [denominator]</td>
<td>7,068</td>
<td>7,068</td>
</tr>
<tr>
<td>Percent of clients employed or student (full-time and part-time)</td>
<td>33.6 %</td>
<td>34.9 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 13,203
- Number of CY 2011 discharges submitted: 17,913
- Number of CY 2011 discharges linked to an admission: 7,757
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 7,086
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 7,068

### Intensive Outpatient (IO)

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

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients employed or student (full-time and part-time) [numerator]</td>
<td>751</td>
<td>772</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on employment/student status [denominator]</td>
<td>2,537</td>
<td>2,537</td>
</tr>
<tr>
<td>Percent of clients employed or student (full-time and part-time)</td>
<td>29.6 %</td>
<td>30.4 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 628
- Number of CY 2011 discharges submitted: 5,085
- Number of CY 2011 discharges linked to an admission: 2,612
<table>
<thead>
<tr>
<th>Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):</th>
<th>2,539</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CY 2011 linked discharges eligible for this calculation (non-missing values):</td>
<td>2,537</td>
</tr>
</tbody>
</table>

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through ]
## V: Performance Indicators and Accomplishments

### Table 17 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

#### Short-term Residential (SR)

**Stability of Housing - Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge**

<table>
<thead>
<tr>
<th></th>
<th>At Admission (T1)</th>
<th>At Discharge (T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients in a stable living situation [numerator]</td>
<td>1,925</td>
<td>1,941</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on living arrangements [denominator]</td>
<td>2,056</td>
<td>2,056</td>
</tr>
<tr>
<td>Percent of clients in stable living situation</td>
<td>93.6 %</td>
<td>94.4 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 561
- Number of CY 2011 discharges submitted: 3,845
- Number of CY 2011 discharges linked to an admission: 2,322
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 2,058
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 2,056

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through ]

#### Long-term Residential (LR)

**Stability of Housing - Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge**

<table>
<thead>
<tr>
<th></th>
<th>At Admission (T1)</th>
<th>At Discharge (T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients in a stable living situation [numerator]</td>
<td>1,285</td>
<td>1,285</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on living arrangements [denominator]</td>
<td>1,610</td>
<td>1,610</td>
</tr>
<tr>
<td>Percent of clients in stable living situation</td>
<td>79.8 %</td>
<td>79.8 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 401
- Number of CY 2011 discharges submitted: 2,986
- Number of CY 2011 discharges linked to an admission: 1,749
### Outpatient (OP)

**Stability of Housing - Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge**

<table>
<thead>
<tr>
<th></th>
<th>At Admission (T1)</th>
<th>At Discharge (T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients in a stable living situation [numerator]</td>
<td>6,795</td>
<td>6,804</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on living arrangements [denominator]</td>
<td>7,043</td>
<td>7,043</td>
</tr>
<tr>
<td>Percent of clients in stable living situation</td>
<td>96.5 %</td>
<td>96.6 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 13,203
- Number of CY 2011 discharges submitted: 17,913
- Number of CY 2011 discharges linked to an admission: 7,757
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 7,086
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 7,043

### Intensive Outpatient (IO)

**Stability of Housing - Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge**

<table>
<thead>
<tr>
<th></th>
<th>At Admission (T1)</th>
<th>At Discharge (T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients in a stable living situation [numerator]</td>
<td>2,458</td>
<td>2,466</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on living arrangements [denominator]</td>
<td>2,538</td>
<td>2,538</td>
</tr>
<tr>
<td>Percent of clients in stable living situation</td>
<td>96.8 %</td>
<td>97.2 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 628
- Number of CY 2011 discharges submitted: 5,085
- Number of CY 2011 discharges linked to an admission: 2,612
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 2,539 |
| Number of CY 2011 linked discharges eligible for this calculation (non-missing values): | 2,538 |

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through ]

Footnotes:
## V: Performance Indicators and Accomplishments

### Table 18 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

#### Short-term Residential (SR)

<table>
<thead>
<tr>
<th></th>
<th>At Admission (T1)</th>
<th>At Discharge (T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Clients without arrests [numerator]</td>
<td>1,820</td>
<td>1,915</td>
</tr>
<tr>
<td>Total number of Admission and Discharge clients with non-missing values on arrests [denominator]</td>
<td>2,073</td>
<td>2,073</td>
</tr>
<tr>
<td>Percent of clients without arrests</td>
<td>87.8 %</td>
<td>92.4 %</td>
</tr>
</tbody>
</table>

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

Number of CY 2011 admissions submitted: 561
Number of CY 2011 discharges submitted: 3,845
Number of CY 2011 discharges linked to an admission: 2,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 2,075
Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 2,073

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file [Records received through ]

#### Long-term Residential (LR)

<table>
<thead>
<tr>
<th></th>
<th>At Admission (T1)</th>
<th>At Discharge (T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Clients without arrests [numerator]</td>
<td>1,585</td>
<td>1,593</td>
</tr>
<tr>
<td>Total number of Admission and Discharge clients with non-missing values on arrests [denominator]</td>
<td>1,623</td>
<td>1,623</td>
</tr>
<tr>
<td>Percent of clients without arrests</td>
<td>97.7 %</td>
<td>98.2 %</td>
</tr>
</tbody>
</table>

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

Number of CY 2011 admissions submitted: 401
Number of CY 2011 discharges submitted: 2,986
Number of CY 2011 discharges linked to an admission: 1,749
### Outpatient (OP)

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

<table>
<thead>
<tr>
<th>Description</th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Clients without arrests [numerator]</td>
<td>6,853</td>
<td>6,916</td>
</tr>
<tr>
<td>Total number of Admission and Discharge clients with non-missing values on arrests [denominator]</td>
<td>7,167</td>
<td>7,167</td>
</tr>
<tr>
<td>Percent of clients without arrests</td>
<td>95.6 %</td>
<td>96.5 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 13,203
- Number of CY 2011 discharges submitted: 17,913
- Number of CY 2011 discharges linked to an admission: 7,757

**Intensive Outpatient (IO)**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Clients without arrests [numerator]</td>
<td>2,478</td>
<td>2,496</td>
</tr>
<tr>
<td>Total number of Admission and Discharge clients with non-missing values on arrests [denominator]</td>
<td>2,544</td>
<td>2,544</td>
</tr>
<tr>
<td>Percent of clients without arrests</td>
<td>97.4 %</td>
<td>98.1 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 628
- Number of CY 2011 discharges submitted: 5,085
- Number of CY 2011 discharges linked to an admission: 2,612
<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):</td>
<td>2,545</td>
</tr>
<tr>
<td>Number of CY 2011 linked discharges eligible for this calculation (non-missing values):</td>
<td>2,544</td>
</tr>
</tbody>
</table>

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through ]

Footnotes:
**V: Performance Indicators and Accomplishments**

**Table 19** - 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)

<table>
<thead>
<tr>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from alcohol [numerator]</td>
<td>1,697</td>
</tr>
<tr>
<td>All clients with non-missing values on at least one substance/frequency of use [denominator]</td>
<td>2,075</td>
</tr>
<tr>
<td>Percent of clients abstinent from alcohol</td>
<td>81.8 %</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]</td>
<td></td>
</tr>
<tr>
<td>Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>378</td>
</tr>
<tr>
<td>Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]</td>
<td>1,695</td>
</tr>
<tr>
<td>Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>1,697</td>
</tr>
<tr>
<td>Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]</td>
<td></td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 561
- Number of CY 2011 discharges submitted: 3,845
- Number of CY 2011 discharges linked to an admission: 2,322
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 2,075
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 2,075

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file

Kentucky OMB No. 0930-0168 Approved: 07/19/2011 Expires: 07/31/2014
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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from alcohol [numerator]</td>
<td>1,316</td>
<td>1,322</td>
</tr>
<tr>
<td>All clients with non-missing values on at least one substance/frequency of use [denominator]</td>
<td>1,621</td>
<td>1,621</td>
</tr>
<tr>
<td>Percent of clients abstinent from alcohol</td>
<td>81.2 %</td>
<td>81.6 %</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>305</td>
<td></td>
</tr>
<tr>
<td>Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]</td>
<td></td>
<td>2.3 %</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]</td>
<td>1,315</td>
<td></td>
</tr>
<tr>
<td>Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>1,316</td>
<td></td>
</tr>
<tr>
<td>Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]</td>
<td></td>
<td>99.9 %</td>
</tr>
</tbody>
</table>

Notes (for this level of care):

- Number of CY 2011 admissions submitted: 401
- Number of CY 2011 discharges submitted: 2,986
- Number of CY 2011 discharges linked to an admission: 1,749
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 1,623
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 1,621

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through ]

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

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

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from alcohol [numerator]</td>
<td>5,530</td>
<td>5,695</td>
</tr>
<tr>
<td>All clients with non-missing values on at least one substance/frequency of use [denominator]</td>
<td>7,161</td>
<td>7,161</td>
</tr>
<tr>
<td>Percent of clients abstinent from alcohol</td>
<td>77.2 %</td>
<td>79.5 %</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]</td>
<td>220</td>
<td></td>
</tr>
<tr>
<td>Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>1,631</td>
<td></td>
</tr>
<tr>
<td>Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]</td>
<td>13.5 %</td>
<td></td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]</td>
<td>5,475</td>
<td></td>
</tr>
<tr>
<td>Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>5,530</td>
<td></td>
</tr>
<tr>
<td>Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]</td>
<td>99.0 %</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Number of CY 2011 admissions submitted:** 13,203
- **Number of CY 2011 discharges submitted:** 17,913
- **Number of CY 2011 discharges linked to an admission:** 7,757
- **Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):** 7,175
- **Number of CY 2011 linked discharges eligible for this calculation (non-missing values):** 7,161

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file (Records received through Intensive Outpatient (IO))
### A. 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)

<table>
<thead>
<tr>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]</td>
<td>56</td>
</tr>
<tr>
<td>Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>757</td>
</tr>
<tr>
<td>Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]</td>
<td>7.4 %</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]</td>
<td>1,782</td>
</tr>
<tr>
<td>Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>1,784</td>
</tr>
<tr>
<td>Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]</td>
<td>99.9 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 628
- Number of CY 2011 discharges submitted: 5,085
- Number of CY 2011 discharges linked to an admission: 2,612
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 2,545
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 2,541

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file
[Records received through ]

**Footnotes:**
### 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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs [numerator]</td>
<td>864</td>
<td>1,047</td>
</tr>
<tr>
<td>All clients with non-missing values on at least one substance/frequency of use [denominator]</td>
<td>2,075</td>
<td>2,075</td>
</tr>
<tr>
<td>Percent of clients abstinent from drugs</td>
<td>41.6 %</td>
<td>50.5 %</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]</td>
<td>194</td>
<td></td>
</tr>
<tr>
<td>Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>1,211</td>
<td></td>
</tr>
<tr>
<td>Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]</td>
<td></td>
<td>16.0 %</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]</td>
<td>853</td>
<td></td>
</tr>
<tr>
<td>Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>864</td>
<td></td>
</tr>
<tr>
<td>Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]</td>
<td></td>
<td>98.7 %</td>
</tr>
</tbody>
</table>

---

Notes (for this level of care):

- Number of CY 2011 admissions submitted: 561
- Number of CY 2011 discharges submitted: 3,845
- Number of CY 2011 discharges linked to an admission: 2,322
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 2,075
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 2,075
## Long-term Residential (LR)

### A. Drug Abstinence Among All Clients – Change in Abstinence (From Admission to Discharge)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs [numerator]</td>
<td>796</td>
<td>805</td>
</tr>
<tr>
<td>All clients with non-missing values on at least one substance/frequency of use [denominator]</td>
<td>1,621</td>
<td>1,621</td>
</tr>
<tr>
<td>Percent of clients abstinent from drugs</td>
<td>49.1 %</td>
<td>49.7 %</td>
</tr>
</tbody>
</table>

### B. Drug Abstinence at Discharge, Among Drug Users at Admission

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>825</td>
<td></td>
</tr>
<tr>
<td>Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]</td>
<td></td>
<td>1.2 %</td>
</tr>
</tbody>
</table>

### C. Drug Abstinence at Discharge, Among Drug Abstinent at Admission

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]</td>
<td></td>
<td>795</td>
</tr>
<tr>
<td>Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td></td>
<td>796</td>
</tr>
<tr>
<td>Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]</td>
<td></td>
<td>99.9 %</td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 401
- Number of CY 2011 discharges submitted: 2,986
- Number of CY 2011 discharges linked to an admission: 1,749
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 1,623
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 1,621

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file

[Records received through ]
<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs [numerator]</td>
<td>4,608</td>
<td>4,847</td>
</tr>
<tr>
<td>All clients with non-missing values on at least one substance/frequency of use [denominator]</td>
<td>7,161</td>
<td>7,161</td>
</tr>
<tr>
<td>Percent of clients abstinent from drugs</td>
<td>64.3 %</td>
<td>67.7 %</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]</td>
<td></td>
<td>309</td>
</tr>
<tr>
<td>Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>2,553</td>
<td></td>
</tr>
<tr>
<td>Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]</td>
<td></td>
<td>12.1 %</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]</td>
<td>4,608</td>
<td></td>
</tr>
<tr>
<td>Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]</td>
<td>4,538</td>
<td></td>
</tr>
<tr>
<td>Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]</td>
<td></td>
<td>98.5 %</td>
</tr>
</tbody>
</table>

**Notes (for this level of care):**
- Number of CY 2011 admissions submitted: 13,203
- Number of CY 2011 discharges submitted: 17,913
- Number of CY 2011 discharges linked to an admission: 7,757
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 7,175
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 7,161

**Source:** SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file [Records received through ]

**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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs [numerator]</td>
<td>964</td>
<td>1,076</td>
</tr>
</tbody>
</table>

**Kentucky**

OMB No. 0930-0168  Approved: 07/19/2011  Expires: 07/31/2014
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 2,541 | 2,541 |
| Percent of clients abstinent from drugs | 37.9 % | 42.3 % |

### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION
Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]</td>
<td></td>
<td>121</td>
</tr>
<tr>
<td>Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td>1,577</td>
<td></td>
</tr>
<tr>
<td>Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]</td>
<td></td>
<td>7.7 %</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th></th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]</td>
<td></td>
<td>955</td>
</tr>
<tr>
<td>Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]</td>
<td></td>
<td>964</td>
</tr>
<tr>
<td>Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]</td>
<td></td>
<td>99.1 %</td>
</tr>
</tbody>
</table>

Notes (for this level of care):

- Number of CY 2011 admissions submitted: 628
- Number of CY 2011 discharges submitted: 5,085
- Number of CY 2011 discharges linked to an admission: 2,612
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 2,545
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 2,541

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file [Records received through ]

Footnotes:
## V: Performance Indicators and Accomplishments

### Table 21 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

#### Short-term Residential(SR)

<table>
<thead>
<tr>
<th>Social Support of Recovery - Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge</th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients attending self-help programs [numerator]</td>
<td>774</td>
<td>877</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on self-help attendance [denominator]</td>
<td>2,074</td>
<td>2,074</td>
</tr>
<tr>
<td>Percent of clients attending self-help programs</td>
<td>37.3 %</td>
<td>42.3 %</td>
</tr>
<tr>
<td>Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]</td>
<td>5.0 %</td>
<td></td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 561
- Number of CY 2011 discharges submitted: 3,845
- Number of CY 2011 discharges linked to an admission: 2,322
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 2,075
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 2,074

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file (Records received through  )

#### Long-term Residential(LR)

<table>
<thead>
<tr>
<th>Social Support of Recovery - Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge</th>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients attending self-help programs [numerator]</td>
<td>457</td>
<td>466</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on self-help attendance [denominator]</td>
<td>1,622</td>
<td>1,622</td>
</tr>
<tr>
<td>Percent of clients attending self-help programs</td>
<td>28.2 %</td>
<td>28.7 %</td>
</tr>
<tr>
<td>Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]</td>
<td>0.6 %</td>
<td></td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 401
- Number of CY 2011 discharges submitted: 2,986
### Outpatient (OP)

**Social Support of Recovery - Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge**

<table>
<thead>
<tr>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients attending self-help programs [numerator]</td>
<td>1,641</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on self-help attendance [denominator]</td>
<td>6,900</td>
</tr>
<tr>
<td>Percent of clients attending self-help programs</td>
<td>23.8 %</td>
</tr>
<tr>
<td>Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]</td>
<td></td>
</tr>
</tbody>
</table>

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

- Number of CY 2011 admissions submitted: 13,203
- Number of CY 2011 discharges submitted: 17,913
- Number of CY 2011 discharges linked to an admission: 7,757
- Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): 7,175
- Number of CY 2011 linked discharges eligible for this calculation (non-missing values): 6,900

### Intensive Outpatient (IO)

**Social Support of Recovery - Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge**

<table>
<thead>
<tr>
<th>At Admission(T1)</th>
<th>At Discharge(T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients attending self-help programs [numerator]</td>
<td>456</td>
</tr>
<tr>
<td>Total number of clients with non-missing values on self-help attendance [denominator]</td>
<td>2,517</td>
</tr>
<tr>
<td>Percent of clients attending self-help programs</td>
<td>18.1 %</td>
</tr>
<tr>
<td>Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]</td>
<td></td>
</tr>
</tbody>
</table>

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

- Kentucky OMB No. 0930-0168 Approved: 07/19/2011 Expires: 07/31/2014
<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CY 2011 admissions submitted</td>
<td>628</td>
</tr>
<tr>
<td>Number of CY 2011 discharges submitted</td>
<td>5,085</td>
</tr>
<tr>
<td>Number of CY 2011 discharges linked to an admission</td>
<td>2,612</td>
</tr>
<tr>
<td>Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated)</td>
<td>2,545</td>
</tr>
<tr>
<td>Number of CY 2011 linked discharges eligible for this calculation (non-missing values)</td>
<td>2,517</td>
</tr>
</tbody>
</table>

Source: SAMHSA/CBHSQ TEDS CY 2011 admissions file and CY 2011 linked discharge file

Footnotes:
## V: Performance Indicators and Accomplishments

### Table 22 - Retention - Length of Stay (in Days) of Clients Completing Treatment

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Average (Mean)</th>
<th>25\textsuperscript{th} Percentile</th>
<th>50\textsuperscript{th} Percentile (Median)</th>
<th>75\textsuperscript{th} Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>DETOXIFICATION (24-HOUR CARE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Hospital Inpatient</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Free-Standing Residential</td>
<td>7</td>
<td>2</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>REHABILITATION/RESIDENTIAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Hospital Inpatient</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Short-term (up to 30 days)</td>
<td>17</td>
<td>3</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
<td>5. Long-term (over 30 days)</td>
<td>23</td>
<td>2</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>AMBULATORY (OUTPATIENT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Outpatient</td>
<td>74</td>
<td>17</td>
<td>37</td>
<td>85</td>
</tr>
<tr>
<td>7. Intensive Outpatient</td>
<td>27</td>
<td>5</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>8. Detoxification</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>OPIOID REPLACEMENT THERAPY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Opioid Replacement Therapy</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>2011 TEDS discharge record count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discharges submitted</td>
</tr>
<tr>
<td>DETOXIFICATION (24-HOUR CARE)</td>
<td></td>
</tr>
<tr>
<td>1. Hospital Inpatient</td>
<td>0</td>
</tr>
<tr>
<td>2. Free-Standing Residential</td>
<td>5572</td>
</tr>
<tr>
<td>REHABILITATION/RESIDENTIAL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AMBULATORY (OUTPATIENT)</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------</td>
</tr>
<tr>
<td>4. Short-term (up to 30 days)</td>
<td>3845</td>
</tr>
<tr>
<td>5. Long-term (over 30 days)</td>
<td>2986</td>
</tr>
</tbody>
</table>

**Footnotes:**
## V: Performance Indicators and Accomplishments

### Table 23 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: 30 Day Use

<table>
<thead>
<tr>
<th>A. Measure</th>
<th>B. Question/Response</th>
<th>C. Pre-populated Data</th>
<th>D. Approved Substitute Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 30-day Alcohol Use</td>
<td><strong>Source Survey Item:</strong> NSDUH Questionnaire: &quot;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?&quot; [Response option: Write in a number between 0 and 30.] <strong>Outcome Reported:</strong> Percent who reported having used alcohol during the past 30 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 12 - 17 - CY 2009 - 2010</td>
<td>13.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 18+ - CY 2009 - 2010</td>
<td>40.3</td>
<td></td>
</tr>
<tr>
<td>2. 30-day Cigarette Use</td>
<td><strong>Source Survey Item:</strong> NSDUH Questionnaire: &quot;During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?&quot; [Response option: Write in a number between 0 and 30.] <strong>Outcome Reported:</strong> Percent who reported having smoked a cigarette during the past 30 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 12 - 17 - CY 2009 - 2010</td>
<td>10.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 18+ - CY 2009 - 2010</td>
<td>33.4</td>
<td></td>
</tr>
<tr>
<td>3. 30-day Use of Other Tobacco Products</td>
<td><strong>Source Survey Item:</strong> NSDUH Questionnaire: &quot;During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]?&quot; [Response option: Write in a number between 0 and 30.] <strong>Outcome Reported:</strong> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 12 - 17 - CY 2009 - 2010</td>
<td>8.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 18+ - CY 2009 - 2010</td>
<td>9.0</td>
<td></td>
</tr>
<tr>
<td>4. 30-day Use of Marijuana</td>
<td><strong>Source Survey Item:</strong> NSDUH Questionnaire: &quot;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?&quot; [Response option: Write in a number between 0 and 30.] <strong>Outcome Reported:</strong> Percent who reported having used marijuana or hashish during the past 30 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 12 - 17 - CY 2009 - 2010</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 18+ - CY 2009 - 2010</td>
<td>4.6</td>
<td></td>
</tr>
<tr>
<td>5. 30-day Use of Illegal Drugs Other Than Marijuana</td>
<td><strong>Source Survey Item:</strong> NSDUH Questionnaire: &quot;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]?&quot; <strong>Outcome Reported:</strong> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 12 - 17 - CY 2009 - 2010</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 18+ - CY 2009 - 2010</td>
<td>3.1</td>
<td></td>
</tr>
</tbody>
</table>
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.
## V: Performance Indicators and Accomplishments

### Table 24 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception Of Risk/Harm of Use

<table>
<thead>
<tr>
<th>A. Measure</th>
<th>B. Question/Response</th>
<th>C. Pre-populated Data</th>
<th>D. Approved Substitute Data</th>
</tr>
</thead>
</table>
| 1. Perception of Risk From Alcohol           | **Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?" [Response options: No risk, slight risk, moderate risk, great risk]  
**Outcome Reported:** Percent reporting moderate or great risk. |                                                                     |                          |
|                                               | Age 12 - 17 - CY 2009 - 2010                                                          | 75.3                  |                             |
|                                               | Age 18+ - CY 2009 - 2010                                                             | 78.0                  |                             |
| 2. Perception of Risk From Cigarettes        | **Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?" [Response options: No risk, slight risk, moderate risk, great risk]  
**Outcome Reported:** Percent reporting moderate or great risk. |                                                                     |                          |
|                                               | Age 12 - 17 - CY 2009 - 2010                                                          | 90.2                  |                             |
|                                               | Age 18+ - CY 2009 - 2010                                                             | 90.4                  |                             |
| 3. Perception of Risk From Marijuana         | **Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?" [Response options: No risk, slight risk, moderate risk, great risk]  
**Outcome Reported:** Percent reporting moderate or great risk. |                                                                     |                          |
|                                               | Age 12 - 17 - CY 2009 - 2010                                                          | 82.3                  |                             |
|                                               | Age 18+ - CY 2009 - 2010                                                             | 74.8                  |                             |

**Footnotes:**
### Table 25 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Age of First Use

<table>
<thead>
<tr>
<th>Measure</th>
<th>Question/Response</th>
<th>C. Pre-populated Data</th>
<th>D. Approved Substitute Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age at First Use of Alcohol</td>
<td><strong>Source Survey Item: NSDUH Questionnaire:</strong> &quot;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?&quot; [Response option: Write in age at first use.] <strong>Outcome Reported:</strong> Average age at first use of alcohol.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 12 - 17 - CY 2009 - 2010</td>
<td>13.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 18+ - CY 2009 - 2010</td>
<td>17.4</td>
<td></td>
</tr>
<tr>
<td>2. Age at First Use of Cigarettes</td>
<td><strong>Source Survey Item: NSDUH Questionnaire:</strong> &quot;How old were you the first time you smoked part or all of a cigarette?&quot; [Response option: Write in age at first use.] <strong>Outcome Reported:</strong> Average age at first use of cigarettes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 12 - 17 - CY 2009 - 2010</td>
<td>12.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 18+ - CY 2009 - 2010</td>
<td>15.1</td>
<td></td>
</tr>
<tr>
<td>3. Age at First Use of Tobacco Products Other Than Cigarettes</td>
<td><strong>Source Survey Item: NSDUH Questionnaire:</strong> &quot;How old were you the first time you used [any other tobacco product]^[1] [Response option: Write in age at first use.] <strong>Outcome Reported:</strong> Average age at first use of tobacco products other than cigarettes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 12 - 17 - CY 2009 - 2010</td>
<td>13.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 18+ - CY 2009 - 2010</td>
<td>17.3</td>
<td></td>
</tr>
<tr>
<td>4. Age at First Use of Marijuana or Hashish</td>
<td><strong>Source Survey Item: NSDUH Questionnaire:</strong> &quot;How old were you the first time you used marijuana or hashish?&quot; [Response option: Write in age at first use.] <strong>Outcome Reported:</strong> Average age at first use of marijuana or hashish.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 12 - 17 - CY 2009 - 2010</td>
<td>13.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 18+ - CY 2009 - 2010</td>
<td>18.3</td>
<td></td>
</tr>
<tr>
<td>5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish</td>
<td><strong>Source Survey Item: NSDUH Questionnaire:</strong> &quot;How old were you the first time you used [other illegal drugs]^2[Response option: Write in age at first use.] <strong>Outcome Reported:</strong> Average age at first use of other illegal drugs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 12 - 17 - CY 2009 - 2010</td>
<td>12.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 18+ - CY 2009 - 2010</td>
<td>21.1</td>
<td></td>
</tr>
</tbody>
</table>

---

**Footnotes:**

[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.
## Table 26 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception of Disapproval/Attitudes

<table>
<thead>
<tr>
<th>A. Measure</th>
<th>B. Question/Response</th>
<th>C. Pre-populated Data</th>
<th>D. Approved Substitute Data</th>
</tr>
</thead>
</table>
| 1. Disapproval of Cigarettes                   | **Source Survey Item:** NSDUH Questionnaire: “How do you feel about someone your age smoking one or more packs of cigarettes a day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]  
**Outcome Reported:** Percent somewhat or strongly disapproving. | Age 12 - 17 - CY 2009 - 2010 | 89.1 |
| 2. Perception of Peer Disapproval of Cigarettes| **Source Survey Item:** NSDUH Questionnaire: “How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]  
**Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove. | Age 12 - 17 - CY 2009 - 2010 | 83.3 |
| 3. Disapproval of Using Marijuana Experimentally| **Source Survey Item:** NSDUH Questionnaire: “How do you feel about someone your age trying marijuana or hashish once or twice?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]  
**Outcome Reported:** Percent somewhat or strongly disapproving. | Age 12 - 17 - CY 2009 - 2010 | 86.3 |
| 4. Disapproval of Using Marijuana Regularly    | **Source Survey Item:** NSDUH Questionnaire: “How do you feel about someone your age using marijuana once a month or more?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]  
**Outcome Reported:** Percent somewhat or strongly disapproving. | Age 12 - 17 - CY 2009 - 2010 | 86.3 |
| 5. Disapproval of Alcohol                      | **Source Survey Item:** NSDUH Questionnaire: “How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]  
**Outcome Reported:** Percent somewhat or strongly disapproving. | Age 12 - 17 - CY 2009 - 2010 | 87.1 |
### V: Performance Indicators and Accomplishments

#### Table 27 - Prevention Performance Measures - Employment/Education; Measure: Perception of Workplace Policy

<table>
<thead>
<tr>
<th>A. Measure</th>
<th>B. Question/Response</th>
<th>C. Pre-populated Data</th>
<th>D. Approved Substitute Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception of Workplace Policy</td>
<td>Source Survey Item: NSDUH Questionnaire: &quot;Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</td>
<td>48.3</td>
<td></td>
</tr>
</tbody>
</table>

**Age 18+ - CY 2009 - 2010**

**Age 12 - 17 - CY 2009 - 2010**

---

**Footnotes:**
### V: Performance Indicators and Accomplishments

#### Table 28 - Prevention Performance Measures - Employment/Education; Measure: Average Daily School Attendance Rate

<table>
<thead>
<tr>
<th>A. Measure</th>
<th>B. Question/Response</th>
<th>C. Pre-populated Data</th>
<th>D. Approved Substitute Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Daily School Attendance Rate</strong></td>
<td>Source: National Center for Education Statistics, Common Core of Data: The National Public Education Finance Survey available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a>. Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</td>
<td>CY 2009</td>
<td>89.9</td>
</tr>
</tbody>
</table>

**Footnotes:**
### Table 29 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities

<table>
<thead>
<tr>
<th>Measure</th>
<th>Question/Response</th>
<th>C. Pre-populated Data</th>
<th>D. Approved Substitute Data</th>
</tr>
</thead>
</table>
| Alcohol-Related Traffic Fatalities | **Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System  
**Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100. | CY 2010 | 30.0 |

**Footnotes:**
## Table 30 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol and Drug Related Arrests

<table>
<thead>
<tr>
<th>A. Measure</th>
<th>B. Question/Response</th>
<th>C. Pre-populated Data</th>
<th>D. Approved Substitute Data</th>
</tr>
</thead>
</table>
| Alcohol- and Drug-Related Arrests | **Source:** Federal Bureau of Investigation Uniform Crime Reports  
**Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100. | 26.9 | |

**Footnotes:**
### V: Performance Indicators and Accomplishments

**Table 31 - Prevention Performance Measures - Social Connectedness; Measure: Family Communications Around Drug and Alcohol Use**

<table>
<thead>
<tr>
<th>A. Measure</th>
<th>B. Question/Response</th>
<th>C. Pre-populated Data</th>
<th>D. Approved Substitute Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family Communications Around Drug and Alcohol Use (Youth)</td>
<td><strong>Source Survey Item:</strong> 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) <strong>Outcome Reported:</strong> Percent reporting having talked with a parent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 12 - 17 · CY 2009 - 2010</td>
<td>55.2</td>
<td></td>
</tr>
<tr>
<td>2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)</td>
<td><strong>Source Survey Item:</strong> 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?” (Response options: 0 times, 1 to 2 times, a few times, many times) <strong>Outcome Reported:</strong> Percent of parents reporting that they have talked to their child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 18+ · CY 2009 - 2010</td>
<td>93.7</td>
<td></td>
</tr>
</tbody>
</table>

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

---

**Footnotes:**
### V: Performance Indicators and Accomplishments

#### Table 32 - Prevention Performance Measures - Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

<table>
<thead>
<tr>
<th>A. Measure</th>
<th>B. Question/Response</th>
<th>C. Pre-populated Data</th>
<th>D. Approved Substitute Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to Prevention Messages</td>
<td><strong>Source Survey Item:</strong> NSDUH Questionnaire: &quot;During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use]?&quot;&lt;sup&gt;[1]&lt;/sup&gt; <strong>Outcome Reported:</strong> Percent reporting having been exposed to prevention message.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 12 - 17 - CY 2009 - 2010</td>
<td></td>
<td>85.5</td>
<td></td>
</tr>
</tbody>
</table>

<sup>[1]</sup>This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context having been exposed to prevention message.

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

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

<table>
<thead>
<tr>
<th>Tables</th>
<th>A. Reporting Period Start Date</th>
<th>B. Reporting Period End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Table 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity</td>
<td>7/1/2011</td>
<td>6/30/2012</td>
</tr>
<tr>
<td>2. Table 34 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity</td>
<td>7/1/2011</td>
<td>6/30/2012</td>
</tr>
<tr>
<td>3. Table 35 - Prevention Performance Measures - Number of Persons Served by Type of Intervention</td>
<td>7/1/2011</td>
<td>6/30/2012</td>
</tr>
<tr>
<td>4. Table 36 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention</td>
<td>7/1/2011</td>
<td>6/30/2012</td>
</tr>
<tr>
<td>5. Table 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies</td>
<td>7/1/2011</td>
<td>6/30/2012</td>
</tr>
</tbody>
</table>

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

The above data was extracted from the Kentucky Prevention Data Set. The data is input monthly into the data system by Regional Prevention Center Staff and monitored by the Prevention Data Manager.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.
Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Data are collected regarding programs and strategies by the prevention specialist or other responsible party - e.g. school teachers that present an evidence-based prevention curriculum.

**Footnotes:**
### Table 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>0-4</td>
<td>22723</td>
</tr>
<tr>
<td>5-11</td>
<td>201791</td>
</tr>
<tr>
<td>12-14</td>
<td>164015</td>
</tr>
<tr>
<td>15-17</td>
<td>170428</td>
</tr>
<tr>
<td>18-20</td>
<td>57103</td>
</tr>
<tr>
<td>21-24</td>
<td>55271</td>
</tr>
<tr>
<td>25-44</td>
<td>134046</td>
</tr>
<tr>
<td>45-64</td>
<td>109183</td>
</tr>
<tr>
<td>65 and over</td>
<td>87626</td>
</tr>
<tr>
<td>Age Not Known</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>476429</td>
</tr>
<tr>
<td>Female</td>
<td>525757</td>
</tr>
<tr>
<td>Gender Unknown</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>772397</td>
</tr>
<tr>
<td>Black or African American</td>
<td>103668</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>563</td>
</tr>
<tr>
<td>Asian</td>
<td>51488</td>
</tr>
<tr>
<td>American indian/Alaska Native</td>
<td>2198</td>
</tr>
<tr>
<td>More Than One Race (not OMB required)</td>
<td>12316</td>
</tr>
<tr>
<td>Race</td>
<td>Count</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>Not Known or Other (not OMB required)</td>
<td>59556</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>59556</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>942630</td>
</tr>
</tbody>
</table>

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

The above data was extracted from the Kentucky Prevention Data Set. The Data is input monthly into the data system by Regional Prevention Center Staff and monitored by the Prevention Data Manager.

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Data are collected regarding programs and strategies by the prevention specialist or other responsible party - E.g. school teachers that present an evidence-based prevention curriculum.

**Footnotes:**
### Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

**Table 34**

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>0-4</td>
<td>748</td>
</tr>
<tr>
<td>5-11</td>
<td>34618</td>
</tr>
<tr>
<td>12-14</td>
<td>19567985</td>
</tr>
<tr>
<td>15-17</td>
<td>19602940</td>
</tr>
<tr>
<td>18-20</td>
<td>262135</td>
</tr>
<tr>
<td>21-24</td>
<td>262937</td>
</tr>
<tr>
<td>25-44</td>
<td>434353</td>
</tr>
<tr>
<td>45-64</td>
<td>374716</td>
</tr>
<tr>
<td>65 and over</td>
<td>326435</td>
</tr>
<tr>
<td>Age Not Known</td>
<td>0</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20022270</td>
</tr>
<tr>
<td>Female</td>
<td>20844597</td>
</tr>
<tr>
<td>Gender Unknown</td>
<td>0</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>36584923</td>
</tr>
<tr>
<td>Black or African American</td>
<td>2999618</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>159</td>
</tr>
<tr>
<td>Asian</td>
<td>213353</td>
</tr>
<tr>
<td>American indian/Alaska Native</td>
<td>1868</td>
</tr>
<tr>
<td>More Than One Race (not OMB required)</td>
<td>419999</td>
</tr>
</tbody>
</table>

V: Performance Indicators and Accomplishments
<table>
<thead>
<tr>
<th>Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Race Not Known or Other (not OMB required)</td>
<td>646947</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>646947</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>40219920</td>
</tr>
</tbody>
</table>

**Footnotes:**
### V: Performance Indicators and Accomplishments

#### Table 35 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

**Number of Persons Served by Individual- or Population-Based Program or Strategy**

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>A. Individual-Based Programs and Strategies</th>
<th>B. Population-Based Programs and Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Universal Direct</td>
<td>958153</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Universal Indirect</td>
<td>N/A</td>
<td>True</td>
</tr>
<tr>
<td>3. Selective</td>
<td>33872</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Indicated</td>
<td>10161</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Total</td>
<td>1002186</td>
<td>40866867</td>
</tr>
</tbody>
</table>

**Footnotes:**
V: Performance Indicators and Accomplishments

Table 36 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention

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

State staff begin this process during the SPF grant. All Master trainers were trained on CSAP’s Identifying and Selecting Evidence-Based Programs and Interventions. The Evidence-Based Practices Workgroup uses these guidelines to assess the merit of all community-generated programs and strategies that are submitted.

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

Data are collected regarding programs and strategies by the prevention specialist or other responsible party, e.g. school teachers that present an evidence-based prevention curriculum.

<table>
<thead>
<tr>
<th>Table 36 - SUBSTANCE ABUSE PREVENTION</th>
<th>Number of Evidence-Based Programs and Strategies by Type of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Universal Direct</td>
</tr>
<tr>
<td>1. Number of Evidence-Based Programs and Strategies Funded</td>
<td>46</td>
</tr>
<tr>
<td>2. Total number of Programs and Strategies Funded</td>
<td>140</td>
</tr>
<tr>
<td>3. Percent of Evidence-Based Programs and Strategies</td>
<td>32.86 %</td>
</tr>
</tbody>
</table>

Footnotes:
### V: Performance Indicators and Accomplishments

#### Table 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Total #</th>
<th>Total SAPT Block Grant Dollars Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Direct</td>
<td>48</td>
<td>$1,483,660.00</td>
</tr>
<tr>
<td>Universal Indirect</td>
<td>139</td>
<td>$882,315.00</td>
</tr>
<tr>
<td>Selective</td>
<td>11</td>
<td>$77,868.00</td>
</tr>
<tr>
<td>Indicated</td>
<td>10</td>
<td>$27,422.00</td>
</tr>
</tbody>
</table>

Total EBPs: 208
Total Dollars Spent: $2,471,265.00

**Footnotes:**

Kentucky OMB No. 0930-0168  Approved: 07/19/2011  Expires: 07/31/2014
V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

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<tr>
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</table>

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<table>
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<tr>
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<th>Browse...</th>
<th>Upload</th>
</tr>
</thead>
</table>

Footnotes: