

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Cabinet for Health and Family Services

Organizational Unit Department for Behavioral Health, Developmental and Intellectual Disabilities

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III. Expenditure Period

State Expenditure Period

From 7/1/2012

To 6/30/2013

Block Grant Expenditure Period

From 10/1/2010

To 9/30/2012

IV. Date Submitted

Submission Date 12/2/2013 11:04:51 PM

Revision Date 2/3/2015 12:23:51 PM

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II: Annual Report

Table 2 - State Priorities

Number	Title	Description
1	Access	Ensure access to community based behavioral health services and supports across the Commonwealth.
2	Quality Services	Ensure availability of high quality (science-based) services and supports for all consumers of the publicly funded behavioral healthcare system.
3	Integrated Health Services	Promote holistic, integrated physical and behavioral health services/supports, utilizing bi-directional models, across Kentucky's publicly funded healthcare system.
4	Reduce Premature Death	Reduce premature death of individuals with behavioral health disorders.
5	Priority Populations	Maintain focus on addressing the behavioral healthcare needs of targeted populations, including: <ul style="list-style-type: none"> • Persons who have mental health or substance use disorders; and are: <ul style="list-style-type: none"> o Pregnant; o Diagnosed with HIV/AIDS; o Intravenous drug users; o Diagnosed with tuberculosis; o Adolescents; or • Adults with Severe Mental Illness (SMI); • Children with Severe Emotional Disturbance (SED); or • Individuals with co-occurring mental health and substance abuse disorders.
6	Promotion and Prevention Services	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 assesment completed in the spring of 2011. Kentucky is currently addressing these priorities through its statewide "Changing Social Norms and Policy" (CSNaP) initiative.
7	Criminal Justice Interface	Further develop behavioral health services and supports for adults with SMI and children/youth with SED involved with the juvenile and criminal justice systems.
8	Services for Military	Expand behavioral health (mental health and substance abuse) prevention and treatment services to military personnel and their families.
9	Anti-Stigma	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.).

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II: Annual Report

Table 3 - Objectives, Strategies and Performance Indicators

Priority:	Access
Goal of the priority area:	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).
Strategies to attain the goal:	Expand capacity to serve those in need of behavioral health services through the state's publicly funded provider network.
Annual Performance Indicators to measure goal success	
Indicator:	Total number of individuals served annually, by the Regional Boards in mental health and substance abuse programs.
Description of Collecting and Measuring Changes in Performance Indicator:	KY's MIS client and event data set and prior year service data.
Achieved:	Yes
Proposed Changes:	

Reason Not Achieved:

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:

Reason Not Achieved:

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: Yes

Proposed Changes:

Reason Not Achieved:

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

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).

Strategies to attain the goal:

Implement statewide training initiative for behavioral health consumers in long-term care using the SPARK tool kit.

Annual Performance Indicators to measure goal success

Indicator: Number of training events conducted annually.

Description of Collecting and Measuring Changes in Performance Indicator:

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.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

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).

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: Yes

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

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:

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.

Annual Performance Indicators to measure goal success

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: Yes

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.

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.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Populations

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.

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.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Promotion and Prevention Services

Goal of the priority area:

Integrate the prevention of mental illness into state and local substance abuse prevention efforts.

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: Yes

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.

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

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Services for Military
Goal of the priority area:

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:

Footnotes:

III: Expenditure Reports

Table 4a - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	\$ 16,174,081	\$	\$ 0	\$ 747,967	\$ 12,404,614	\$ 0	\$ 0
2. Primary Prevention	\$ 4,333,790	\$	\$ 0	\$ 642,198	\$ 753,332	\$ 0	\$ 0
3. Tuberculosis Services	\$ 0	\$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4. HIV Early Intervention Services	\$ 0	\$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. State Hospital	\$	\$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Other 24 Hour Care	\$ 0	\$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Ambulatory/Community Non-24 Hour Care	\$ 0	\$	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
8. Administration (Excluding Program and Provider Level)	\$ 450	\$	\$ 0	\$ 3,757	\$ 1,151,528	\$ 0	\$ 0
9. Subtotal (Rows 1, 2, 3, 4, and 8)	\$20,508,321	\$	\$0	\$1,393,922	\$14,309,474	\$0	\$0
10. Subtotal (Rows 5, 6, 7, and 8)	\$450	\$	\$0	\$3,757	\$1,151,528	\$0	\$0
11. Total	\$20,508,321	\$	\$0	\$1,393,922	\$14,309,474	\$0	\$0

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

III: Expenditure Reports

Table 4b - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2010 Expenditure Period End Date: 9/30/2012

Category	FY 2011 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$15,932,891
2. Primary Prevention	\$4,619,094
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$545
6. Total	\$20,552,530

*Prevention other than Primary Prevention

**HIV Designated States

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III: Expenditure Reports

Table 5 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
General and specialized outpatient medical services			\$0
Acute Primary care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0

Outreach			\$0
Outpatient Services			\$0
Individual evidenced based therapies			\$0
Group therapy			\$0
Family therapy			\$0
Multi-family therapy			\$0
Consultation to Caregivers			\$0
Community Support (Rehabilitative)			\$0
Parent/Caregiver Support			\$0
Skill building (social, daily living, cognitive)			\$0
Case management			\$0
Behavior management			\$0
Supported employment			\$0
Permanent supported housing			\$0
Recovery housing			\$0
Therapeutic mentoring			\$0
Traditional healing services			\$0
Other Supports (Habilitative)			\$0
Personal care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted living services			\$0
Recreational services			\$0
Trained behavioral health interpreters			\$0

Interactive communication technology devices			\$0
Intensive Support Services			\$0
Substance abuse intensive outpatient (IOP)			\$0
Partial hospital			\$0
Assertive Community Treatment			\$0
Intensive home based services			\$0
Multi-systemic therapy			\$0
Intensive Case Management			\$0
Out-of-Home Residential Services			\$0
Crisis residential/stabilization			\$0
Clinically Managed 24 Hour Care (SA)			\$0
Clinically Managed Medium Intensity Care (SA)			\$0
Adult Substance Abuse Residential			\$0
Adult Mental Health Residential			\$0
Youth Substance Abuse Residential Services			\$0
Children's Residential Mental Health Services			\$0
Therapeutic foster care			\$0
Acute Intensive Services			\$0
Mobile crisis			\$0
Peer based crisis services			\$0
Urgent care			\$0
23 hr. observation bed			\$0
Medically Monitored Intensive Inpatient			\$0
24/7 crisis hotline services			\$0
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0

Recovery Support Center Services			\$0
Supports for Self Directed Care			\$0
Medication Services			\$0
Medication management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Other (please list)			\$0

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III: Expenditure Reports

Table 6a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$10,651	\$0	\$978	\$0	\$1,037
Information Dissemination	Indicated	\$362	\$0	\$540	\$0	\$573
Information Dissemination	Universal	\$812,681	\$0	\$80,758	\$0	\$85,654
Information Dissemination	Unspecified	\$0	\$0	\$0	\$0	\$0
Information Dissemination	Total	\$823,694	\$0	\$82,276	\$0	\$87,264
Education	Selective	\$13,246	\$0	\$1,102	\$0	\$1,169
Education	Indicated	\$4,218	\$0	\$1,241	\$0	\$1,317
Education	Universal	\$455,081	\$0	\$50,922	\$0	\$54,010
Education	Unspecified	\$0	\$0	\$0	\$0	\$0
Education	Total	\$472,545	\$0	\$53,265	\$0	\$56,496
Alternatives	Selective	\$760	\$0	\$60	\$0	\$64
Alternatives	Indicated	\$0	\$0	\$0	\$0	\$0
Alternatives	Universal	\$42,345	\$0	\$21,771	\$0	\$23,091
Alternatives	Unspecified	\$0	\$0	\$0	\$0	\$0
Alternatives	Total	\$43,105	\$0	\$21,831	\$0	\$23,155
Problem Identification and Referral	Selective	\$7,199	\$0	\$425	\$0	\$451
Problem Identification and Referral	Indicated	\$733	\$0	\$89	\$0	\$94
Problem Identification and Referral	Universal	\$55,384	\$0	\$19,919	\$0	\$21,126
Problem Identification and Referral	Unspecified	\$0	\$0	\$0	\$0	\$0
Problem Identification and Referral	Total	\$63,316	\$0	\$20,433	\$0	\$21,671
Community-Based Process	Selective	\$0	\$0	\$455	\$0	\$483

Community-Based Process	Indicated	\$200	\$0	\$80	\$0	\$85
Community-Based Process	Universal	\$1,551,102	\$0	\$153,217	\$0	\$162,505
Community-Based Process	Unspecified	\$0	\$0	\$0	\$0	\$0
Community-Based Process	Total	\$1,551,302	\$0	\$153,752	\$0	\$163,073
Environmental	Selective	\$1,848	\$0	\$0	\$0	\$0
Environmental	Indicated	\$0	\$0	\$0	\$0	\$0
Environmental	Universal	\$345,768	\$0	\$44,161	\$0	\$46,839
Environmental	Unspecified	\$0	\$0	\$0	\$0	\$0
Environmental	Total	\$347,616	\$0	\$44,161	\$0	\$46,839
Section 1926 Tobacco	Selective	\$0	\$0	\$0	\$0	\$0
Section 1926 Tobacco	Indicated	\$0	\$0	\$0	\$0	\$0
Section 1926 Tobacco	Universal	\$0	\$0	\$0	\$0	\$0
Section 1926 Tobacco	Unspecified	\$10,000	\$0	\$0	\$0	\$0
Section 1926 Tobacco	Total	\$10,000	\$0	\$0	\$0	\$0
Other	Selective	\$0	\$0	\$0	\$0	\$0
Other	Indicated	\$0	\$0	\$0	\$0	\$0
Other	Universal	\$0	\$0	\$0	\$0	\$0
Other	Unspecified	\$1,307,517	\$0	\$0	\$0	\$0
Other	Total	\$1,307,517	\$0	\$0	\$0	\$0
	Grand Total	\$4,619,095	\$0	\$375,718	\$0	\$398,498

Footnotes:

III: Expenditure Reports

Table 7 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2010 Expenditure Period End Date: 9/30/2012

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

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At this time, Kentucky does not track these categorical expenditures separately.

III: Expenditure Reports

Table 6b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2010 Expenditure Period End Date: 9/30/2012

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$	\$	\$	\$	\$
Universal Indirect	\$	\$	\$	\$	\$
Selective	\$	\$	\$	\$	\$
Indicated	\$	\$	\$	\$	\$
Column Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Footnotes:

III: Expenditure Reports

Table 8 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2010 Expenditure Period End Date: 9/30/2012

Entity Number	I-BHS ID (for SABG)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults serious mental illness	CMHS Block Grant - G. Children with a serious emotional disturbance
2	x		North Central	Boys & Girls Clubs	1519 Story Ave	Louisville	KY	40204	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
5	KY902127		West	Four Rivers	425 Broadway	Paducah	KY	42001	\$713,083.00	\$543,181.00	\$72,896.00	\$169,902.00	\$0.00		
13	KY900170		West	Pennyroyal	3999 Ft Campbell Blvd	Hopkinsville	KY	42241	\$764,463.00	\$513,970.00	\$75,305.00	\$250,493.00	\$0.00		
26	KY901566		West	Green River/River Valley	1100 Walnut St	Owensboro	KY	42302	\$788,244.00	\$552,591.00	\$79,297.00	\$235,653.00	\$0.00		
31	KY901319		West	Lifeskills	PO Box 6499	Bowling Green	KY	42102	\$1,273,753.00	\$1,046,819.00	\$214,643.00	\$226,934.00	\$0.00		
45	KY900188		West	Communicare	107 Cranes Roost	Elizabethtown	KY	42701	\$1,165,338.00	\$776,941.00	\$158,888.00	\$388,397.00	\$0.00		
70	KY100854		North Central	Seven Counties	101 W Muhammad Ali	Louisville	KY	40202	\$4,619,074.00	\$4,265,177.00	\$1,086,223.00	\$353,897.00	\$0.00		
82	KY901012		North Central	NorthKey	502 Farrell Dr	Covington	KY	41011	\$1,321,811.00	\$1,089,699.00	\$582,512.00	\$232,112.00	\$0.00		
91	KY900832		East	Comprehend	611 Forest Ave	Maysville	KY	41056	\$238,439.00	\$118,439.00	\$15,010.00	\$120,000.00	\$0.00		
103	KY900238		East	Pathways	1212 Bath Ave	Ashland	KY	41105	\$1,048,462.00	\$747,528.00	\$138,476.00	\$300,933.00	\$0.00		
110	KY900097		East	Mountain	108 S Front St	Prestonsburg	KY	41653	\$753,992.00	\$568,059.00	\$63,172.00	\$185,933.00	\$0.00		
119	KY750062		East	Kentucky River	178 Community Way	Jackson	KY	41339	\$682,920.00	\$432,811.00	\$60,329.00	\$250,109.00	\$0.00		
130	KY901228		East	Adanta/Lake Cumberland	1203 American Greeting Card Rd	Corbin	KY	40702	\$736,643.00	\$475,855.00	\$117,882.00	\$260,788.00	\$0.00		
150	KY901327		East	Cumberland River	259 Parkers Mill Rd	Somerset	KY	42501	\$1,118,146.00	\$904,756.00	\$178,790.00	\$213,390.00	\$0.00		
170	KY103155		North Central	Bluegrass	1351 Newtown Pike	Lexington	KY	40511	\$2,783,871.00	\$2,263,521.00	\$445,727.00	\$520,350.00	\$0.00		
198	X		North Central	University of Kentucky	222 Waller Ste 480	Lexington	KY	40504	\$641,318.00	\$584,255.00	\$23,993.00	\$57,063.00	\$0.00		
199	X		North Central	Eastern Kentucky University	229 Maddox	Richmond	KY	40475	\$916,369.00	\$397,906.00	\$0.00	\$518,463.00	\$0.00		
200	KY100698		North Central	Louisville Metro Health Dept	400 East Grey St	Louisville	KY	40201	\$500,000.00	\$500,000.00	\$0.00	\$0.00	\$0.00		
206	X		North Central	Kentucky Housing	1231 Louisville Rd	Frankfort	KY	40601	\$13,333.00	\$13,333.00	\$0.00	\$0.00	\$0.00		
209	X		North Central	REACH of Louisville	501 Park Ave	Louisville	KY	40208	\$334,677.00	\$0.00	\$0.00	\$334,677.00	\$0.00		
213	X		Statewide (optional)	Ky Partnership Fam & Children	207 Holmes St	Frankfort	KY	40601	\$15,000.00	\$15,000.00	\$0.00	\$0.00	\$0.00		
217	X		Statewide (optional)	People Advocating Recovery	1425 Story Ave	Louisville	KY	40204	\$123,050.00	\$123,050.00	\$0.00	\$0.00	\$0.00		
Total									\$20,551,986.00	\$15,932,891.00	\$3,313,143.00	\$4,619,094.00	\$0.00	\$0.00	\$0.00

footnote:

Kentucky is divided into three substate planning areas based on a recommendation made by SAMHSA many years ago. At this time, the Kentucky Division of Behavioral Health does not have documentation or institutional knowledge of how these planning areas were determined.

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

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? _____

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2011) + B2(2012)</u> 2 (C)
SFY 2011 (1)	\$9,240,959	
SFY 2012 (2)	\$9,267,412	\$9,254,186
SFY 2013 (3)	\$9,259,559	

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

SFY 2011 Yes No

SFY 2012 Yes No

SFY 2013 Yes No

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

footnote:
 Kentucky's Maintenance of Effort is based on state substance abuse funds appropriated for substance abuse services by the Kentucky General Assembly. Three account codes have been summed to arrive at the total level of effort. These funds include substance abuse state general funds (TAAA), Alcohol Intoxication funds (TAAH) and community state general funds for Genesis (TAA1).

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

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE			
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)
SFY 2013 (3)	\$1,663,805	33.00%	\$549,056

footnote:

Kentucky is using a fairly new 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 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.

State Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment BASE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	Average of Columns A1 and A2 $\frac{A1+A2}{2}$ (MOE Base) (B)
(1) SFY <u>1991</u>	\$0	
(2) SFY <u>1992</u>	\$0	\$0

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	
(3) SFY 2013		\$0

footnote:
The Commonwealth of Kentucky was not a HIV designated state in FFY2013.

III: Expenditure Reports

Table 9d - Expenditures for Services to Pregnant Women and Women with Dependent Children

Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$2,616,923	
SFY 2011		\$3,482,960
SFY 2012		\$3,368,976
SFY 2013		\$3,539,055
Enter the amount the State plans to expend in 2014 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>3592370.00</u>		

footnote:

The "base" for services to pregnant women and women with dependent children was determined by identifying those projects funded with FFY1992 Block Grant funds and state general funds during SFY1993 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 SAPT block grant funds, and \$140,038 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 SFY1993, and multiplying that figure by sixty-one percent. 61% represents the percentage of female clients served in the program during SFY1993 who were either pregnant or had dependent children.

IV: Populations and Services Reports

Table 10 - Prevention Strategy Report

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

footnote:

IV: Populations and Services Reports

Table 11 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

Level of Care	Number of Admissions \geq Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	0	0	\$0	\$0	\$0
2. Free-Standing Residential	5866	4961	\$555	\$231	\$566
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	552	546	\$10,640	\$3,553	\$2,347
5. Long-term (over 30 days)	303	296	\$10,922	\$4,688	\$6,214
AMBULATORY (OUTPATIENT)					
6. Outpatient	10303	9700	\$1,881	\$600	\$1,927
7. Intensive Outpatient	560	560	\$2,172	\$606	\$1,339
8. Detoxification	0	0	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	64	0	\$5,585	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

footnote:

IV: Populations and Services Reports

Table 12 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	392	234	108	25	9	0	0	0	0	0	0	1	1	10	4	257	118	13	4
2. 18 - 24	3338	1722	1258	147	99	4	2	2	1	3	3	4	8	53	32	1911	1387	24	16
3. 25 - 44	9684	4820	3793	517	344	6	3	0	3	5	11	8	10	92	72	5397	4200	51	36
4. 45 - 64	2955	1727	723	344	97	0	0	0	0	0	2	1	1	42	18	2093	833	21	8
5. 65 and Over	71	49	14	5	2	0	0	0	0	0	0	0	0	1	0	55	16	0	0
6. Total	16440	8552	5896	1038	551	10	5	2	4	8	16	14	20	198	126	9713	6554	109	64
7. Pregnant Women	603		485		93		1		0		1		5		18		595		8
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																	

footnote:

IV: Populations and Services Reports

Table 14 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

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

footnote:

The Commonwealth of Kentucky was not a HIV designated state in FFY2013.

IV: Populations and Services Reports

Table 15 - Charitable Choice

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

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.

footnote:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	249	246
Total number of clients with non-missing values on employment/student status [denominator]	2,459	2,459
Percent of clients employed or student (full-time and part-time)	10.1 %	10.0 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		583
Number of CY 2012 discharges submitted:		6,921
Number of CY 2012 discharges linked to an admission:		2,744
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,478
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		2,459

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	62	74
Total number of clients with non-missing values on employment/student status [denominator]	1,605	1,605
Percent of clients employed or student (full-time and part-time)	3.9 %	4.6 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		253
Number of CY 2012 discharges submitted:		2,521
Number of CY 2012 discharges linked to an admission:		1,807

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,645
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	1,605

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	3,139	3,319
Total number of clients with non-missing values on employment/student status [denominator]	9,115	9,115
Percent of clients employed or student (full-time and part-time)	34.4 %	36.4 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		9,398
Number of CY 2012 discharges submitted:		23,154
Number of CY 2012 discharges linked to an admission:		9,964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,143
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		9,115

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,390	1,410
Total number of clients with non-missing values on employment/student status [denominator]	3,966	3,966
Percent of clients employed or student (full-time and part-time)	35.0 %	35.6 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		541
Number of CY 2012 discharges submitted:		7,625
Number of CY 2012 discharges linked to an admission:		4,097

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,973
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	3,966

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

footnote:

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	2,304	2,319
Total number of clients with non-missing values on living arrangements [denominator]	2,474	2,474
Percent of clients in stable living situation	93.1 %	93.7 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		583
Number of CY 2012 discharges submitted:		6,921
Number of CY 2012 discharges linked to an admission:		2,744
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,478
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		2,474

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1,366	1,373
Total number of clients with non-missing values on living arrangements [denominator]	1,645	1,645
Percent of clients in stable living situation	83.0 %	83.5 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		253
Number of CY 2012 discharges submitted:		2,521
Number of CY 2012 discharges linked to an admission:		1,807

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,645
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	1,645

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	8,758	8,784
Total number of clients with non-missing values on living arrangements [denominator]	9,116	9,116
Percent of clients in stable living situation	96.1 %	96.4 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		9,398
Number of CY 2012 discharges submitted:		23,154
Number of CY 2012 discharges linked to an admission:		9,964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,143
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		9,116

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	3,850	3,848
Total number of clients with non-missing values on living arrangements [denominator]	3,963	3,963
Percent of clients in stable living situation	97.1 %	97.1 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		541
Number of CY 2012 discharges submitted:		7,625
Number of CY 2012 discharges linked to an admission:		4,097

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,973
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	3,963

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

footnote:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,108	2,170
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,476	2,476
Percent of clients without arrests	85.1 %	87.6 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		583
Number of CY 2012 discharges submitted:		6,921
Number of CY 2012 discharges linked to an admission:		2,744
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,485
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		2,476

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,638	1,645
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,660	1,660
Percent of clients without arrests	98.7 %	99.1 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		253
Number of CY 2012 discharges submitted:		2,521
Number of CY 2012 discharges linked to an admission:		1,807

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,660
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	1,660

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	8,805	8,871
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	9,216	9,216
Percent of clients without arrests	95.5 %	96.3 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		9,398
Number of CY 2012 discharges submitted:		23,154
Number of CY 2012 discharges linked to an admission:		9,964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9,240
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		9,216

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,874	3,892
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,985	3,985
Percent of clients without arrests	97.2 %	97.7 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		541
Number of CY 2012 discharges submitted:		7,625
Number of CY 2012 discharges linked to an admission:		4,097

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,985
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	3,985

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

footnote:

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)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,050	2,112
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,483	2,483
Percent of clients abstinent from alcohol	82.6 %	85.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		63
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	433	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		14.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,049
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,050	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	583
Number of CY 2012 discharges submitted:	6,921
Number of CY 2012 discharges linked to an admission:	2,744
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,485
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	2,483

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file

(Records received through 12/27/2013)

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,450	1,456
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,660	1,660
Percent of clients abstinent from alcohol	87.3 %	87.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		8
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	210	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,448
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,450	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.9 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	253
Number of CY 2012 discharges submitted:	2,521
Number of CY 2012 discharges linked to an admission:	1,807
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,660
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	1,660

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file [Records received through 12/2/2013]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	7,347	7,516
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,238	9,238
Percent of clients abstinent from alcohol	79.5 %	81.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		230
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,891	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		12.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		7,286
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7,347	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.2 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	9,398
Number of CY 2012 discharges submitted:	23,154
Number of CY 2012 discharges linked to an admission:	9,964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,240
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	9,238

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,841	2,895

All clients with non-missing values on at least one substance/frequency of use [denominator]	3,984	3,984
Percent of clients abstinent from alcohol	71.3 %	72.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		61
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,143	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		5.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,834
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	2,841	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.8 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	541
Number of CY 2012 discharges submitted:	7,625
Number of CY 2012 discharges linked to an admission:	4,097
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,985
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	3,984

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

footnote:

V: Performance Indicators and Accomplishments

Table 20 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,207	1,369
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,483	2,483
Percent of clients abstinent from drugs	48.6 %	55.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		167
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,276	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		13.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,202
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,207	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		99.6 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	583
Number of CY 2012 discharges submitted:	6,921
Number of CY 2012 discharges linked to an admission:	2,744
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,485
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	2,483

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file

(Records received through 12/2/2013)

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	864	874
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,660	1,660
Percent of clients abstinent from drugs	52.0 %	52.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		13
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	796	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		1.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		861
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	864	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		99.7 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	253
Number of CY 2012 discharges submitted:	2,521
Number of CY 2012 discharges linked to an admission:	1,807
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,660
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	1,660

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	5,857	6,090
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,238	9,238
Percent of clients abstinent from drugs	63.4 %	65.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		336
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,381	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		5,754
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,857	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.2 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	9,398
Number of CY 2012 discharges submitted:	23,154
Number of CY 2012 discharges linked to an admission:	9,964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,240
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	9,238

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,509	1,590

All clients with non-missing values on at least one substance/frequency of use [denominator]	3,984	3,984
Percent of clients abstinent from drugs	37.9 %	39.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		89
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	2,475	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		3.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,501
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,509	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		99.5 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	541
Number of CY 2012 discharges submitted:	7,625
Number of CY 2012 discharges linked to an admission:	4,097
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,985
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	3,984

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

footnote:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	1,073	1,220
Total number of clients with non-missing values on self-help attendance [denominator]	2,485	2,485
Percent of clients attending self-help programs	43.2 %	49.1 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	5.9 %	
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		583
Number of CY 2012 discharges submitted:		6,921
Number of CY 2012 discharges linked to an admission:		2,744
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,485
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		2,485

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	703	708
Total number of clients with non-missing values on self-help attendance [denominator]	1,660	1,660
Percent of clients attending self-help programs	42.3 %	42.7 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.3 %	
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		253
Number of CY 2012 discharges submitted:		2,521

Number of CY 2012 discharges linked to an admission:	1,807
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,660
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	1,660

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	2,493	2,599
Total number of clients with non-missing values on self-help attendance [denominator]	9,149	9,149
Percent of clients attending self-help programs	27.2 %	28.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	1.2 %	

Notes (for this level of care):

Number of CY 2012 admissions submitted:	9,398
Number of CY 2012 discharges submitted:	23,154
Number of CY 2012 discharges linked to an admission:	9,964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9,240
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	9,149

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	689	727
Total number of clients with non-missing values on self-help attendance [denominator]	3,982	3,982
Percent of clients attending self-help programs	17.3 %	18.3 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	1.0 %	

Notes (for this level of care):

Number of CY 2012 admissions submitted:	541
Number of CY 2012 discharges submitted:	7,625
Number of CY 2012 discharges linked to an admission:	4,097
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,985
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	3,982

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 12/2/2013]

footnote:

V: Performance Indicators and Accomplishments

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

Manually Enter Data				
Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	9	2	4	7
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	12	3	6	16
5. Long-term (over 30 days)	22	2	5	16
AMBULATORY (OUTPATIENT)				
6. Outpatient	86	15	43	102
7. Intensive Outpatient	19	4	8	17
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	9	2	5	9
10. ORT Outpatient	146	14	44	190

Level of Care	2012 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	6701	2797
REHABILITATION/RESIDENTIAL		

3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	6921	2744
5. Long-term (over 30 days)	2521	1807
AMBULATORY (OUTPATIENT)		
6. Outpatient	23154	9260
7. Intensive Outpatient	7625	4097
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	214
10. ORT Outpatient	0	704

Source: SAMHSA/CBHSQ TEDS CY 2012 linked discharge file
[Records received through 12/2/2013]

footnote:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2010 - 2011	13.0	<input type="text"/>
	Age 18+ - CY 2010 - 2011	43.1	<input type="text"/>
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2010 - 2011	11.3	<input type="text"/>
	Age 18+ - CY 2010 - 2011	34.3	<input type="text"/>
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] ^[1] ?[Response option: Write in a number between 0 and 30.] Outcome Reported: 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).		
	Age 12 - 17 - CY 2010 - 2011	7.1	<input type="text"/>
	Age 18+ - CY 2010 - 2011	10.8	<input type="text"/>
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2010 - 2011	6.2	<input type="text"/>
	Age 18+ - CY 2010 - 2011	5.1	<input type="text"/>
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] ^[2] ? Outcome Reported: 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).		
	Age 12 - 17 - CY 2010 - 2011	3.9	<input type="text"/>
	Age 18+ - CY 2010 - 2011	2.5	<input type="text"/>

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

footnote:

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
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 2010 - 2011	79.5	<input type="text"/>
	Age 18+ - CY 2010 - 2011	76.7	<input type="text"/>
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 2010 - 2011	92.2	<input type="text"/>
	Age 18+ - CY 2010 - 2011	92.1	<input type="text"/>
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 2010 - 2011	79.5	<input type="text"/>
	Age 18+ - CY 2010 - 2011	72.5	<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2010 - 2011	13.5	<input type="text"/>
	Age 18+ - CY 2010 - 2011	17.6	<input type="text"/>
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2010 - 2011	13.1	<input type="text"/>
	Age 18+ - CY 2010 - 2011	15.4	<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2010 - 2011	12.9	<input type="text"/>
	Age 18+ - CY 2010 - 2011	18.3	<input type="text"/>
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2010 - 2011	14.0	<input type="text"/>
	Age 18+ - CY 2010 - 2011	18.6	<input type="text"/>
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ^[2] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2010 - 2011	12.6	<input type="text"/>
	Age 18+ - CY 2010 - 2011	22.0	<input type="text"/>

[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.

footnote:

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	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 2010 - 2011	88.7	<input type="text"/>
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 2010 - 2011	86.8	<input type="text"/>
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 2010 - 2011	84.4	<input type="text"/>
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 2010 - 2011	85.6	<input type="text"/>
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 2010 - 2011	88.4	<input type="text"/>

footnote:

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2010 - 2011	46.3	<input type="text"/>
	Age 12 - 17 - CY 2010 - 2011		<input type="text"/>

footnote:

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	CY 2010	86.3	<input type="text"/>

footnote:

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	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 2011	27.9	<input type="text"/>

footnote:

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	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.		
	CY 2011	25.5	<input type="text"/>

footnote:

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: 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] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2010 - 2011	57.0	<input type="text"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: 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?^[1][Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2010 - 2011		<input type="text"/>

[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.

footnote:

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2010 - 2011	85.2	<input type="text"/>

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

footnote:

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2012	6/30/2013
2. Table 34 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2012	6/30/2013
3. Table 35 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	7/1/2012	6/30/2013
4. Table 36 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2014	12/31/2014
5. Table 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2013	9/30/2014

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

The above data were extracted from the Kentucky Prevention DataSet. The data is input monthly into the system by 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) Question 2 Response to Question . Kentucky has no specific protocol for identifying service population of mixed race. The service providers use their own judgement in recording this data. This generally occurs in one of two ways. 1) the service provider may use their own judgement, or 2) may ask a participant, or may query the entire group of participants as to their racial status. Answer to the second part of Question 2: The State added those participants to the number for each applicable racial category.

footnote:

The Kentucky Prevention Data System is not currently designed to generate reports for tables 33-37 on the calendar year. Our Data manager will have to reprogram some reporting features in order to allow for this. For all subsequent Block Reports this data will reported by the calendar year.

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

Category	Total
Age	
0-4	286
5-11	21981
12-14	31595
15-17	46195
18-20	26776
21-24	32053
25-44	118394
45-64	86567
65 and over	57363
Age Not Known	0
Gender	
Male	197292
Female	223918
Gender Unknown	0
Race	
White	346771
Black or African American	45305
Native Hawaiian/Other Pacific Islander	1206
Asian	6400
American Indian/Alaska Native	1034
More Than One Race (not OMB required)	5830

Race Not Known or Other (not OMB required)	14664
Ethnicity	
Hispanic or Latino	14664
Not Hispanic or Latino	406546

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

The above data were extracted from the Kentucky Prevention DataSet. The data is input monthly into the system by 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.

1/27/2014 Response to Question . Kentucky has no specific protocol for identifying service population of mixed race. The service providers use their own judgement in recording this data. This generally occurs in one of two ways. 1) the service provider may use their own judgement, or 2) may ask a participant, or may query the entire group of participants as to their racial status. 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)

footnote:

A revised Table 33 was uploaded on 1/27/2014

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Table 34 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	8020
5-11	29841
12-14	33801711
15-17	33871297
18-20	15074792
21-24	7650150
25-44	7838792
45-64	7686467
65 and over	7767064
Age Not Known	0
Gender	
Male	56851938
Female	56876196
Gender Unknown	0
Race	
White	102169010
Black or African American	8070261
Native Hawaiian/Other Pacific Islander	1708
Asian	628740
American Indian/Alaska Native	1863
More Than One Race (not OMB required)	1132403

Race Not Known or Other (not OMB required)	1724149
Ethnicity	
Hispanic or Latino	1724149
Not Hispanic or Latino	112003985

footnote:

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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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	418403	N/A
2. Universal Indirect	N/A	113728134
3. Selective	2699	N/A
4. Indicated	108	N/A
5. Total	421210	113728134

footnote:

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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.

The state began implementing these guidelines during the course of the SPF Grant. Training on CSAP's Selecting and Identifying Evidence-Based Programs and Strategies was integrated into our SPF Master Training Content. The document has been distributed to all Regional Prevention Center Staff. In addition, in July 2013 Kentucky, hosted two, two day SPF trainings (facilitated by JBS). Part of the training included an explanation of the four guidelines for evidence-based programs and strategies with examples of how each guideline could be applied. A similar training will be offered at our State Prevention Conference: The Kentucky School of Alcohol and Other Drug Studies.

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 36 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	44	171	215	10	5	230
2. Total number of Programs and Strategies Funded	141	185	326	27	8	361
3. Percent of Evidence-Based Programs and Strategies	31.21 %	92.43 %	65.95 %	37.04 %	62.50 %	63.71 %

footnote:

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

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 44	\$ 1713803.00
Universal Indirect	Total # 171	\$ 591693.00
Selective	Total # 10	\$ 113608.00
Indicated	Total # 5	\$ 26420.00
	Total EBPs: 230	Total Dollars Spent: \$2445524.00

footnote:

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Prevention Attachments

Submission Uploads

FFY 2013 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2013 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2013 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2013 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes: