

Kentucky

UNIFORM APPLICATION

FY 2016 BEHAVIORAL HEALTH REPORT

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Cabinet for Health and Family Services

Organizational Unit Department for Behavioral Health, Developmental and Intellectual Disabilities

Mailing Address 275 East Main Street 4 W-G

City Frankfort

Zip Code 40621

II. Contact Person for the Block Grant

First Name Natalie

Last Name Kelly

Agency Name Cabinet for Health and Family Services

Mailing Address 275 East Main Street 4W-G

City Frankfort

Zip Code 40621

Telephone 502-782-6173

Fax 502-564-9010

Email Address Natalie.Kelly@ky.gov

III. Expenditure Period

State Expenditure Period

From 7/1/2014

To 6/30/2015

Block Grant Expenditure Period

From 10/1/2012

To 9/30/2014

IV. Date Submitted

Submission Date 12/1/2015 5:40:17 PM

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V. Contact Person Responsible for Report Submission

First Name Michele

Last Name Blevins

Telephone 502-782-6150

Fax 502-564-9010

Email Address michele.blevins@ky.gov

VI. Contact Person Responsible for Substance Abuse Data

First Name Hope

Last Name Beatty

Telephone 502-782-6147

Email Address hope.beatty@ky.gov

Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Pregnant Women
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

Educate and offer treatment services for pregnant women with substance use disorder.

Strategies to attain the goal:

It has been found that the CMHCs are not asking about pregnancy upon first contact. Additional education and close monitoring of the CMHCs will be performed to address this deficiency.

More than 25% of pregnant women in Kentucky smoke. Other than a national cessation hotline, there are no smoking cessation services in the state. The Division will work closely with the Department for Public Health to develop local programs and a statewide hotline.

A new statewide prevalence study for substance use during pregnancy is needed. Kentucky will let a Request for Proposal to update this study. The most recent was completed in 1990.

Residential services for pregnant women in Kentucky are scarce. The Commonwealth will continue to fund "Independence House," a residential program for pregnant women.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Assure all Community Mental Health Centers are asking about pregnancy at first contact.
Baseline Measurement: 16%
First-year target/outcome measurement: 25%
Second-year target/outcome measurement: 30%

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

Data Source:

National prevalence estimates and an outdated state survey.

New Data Source (*if needed*):

Description of Data:

1990 State Survey

New Description of Data (*if needed*):

Data issues/caveats that affect outcome measures:

The state survey used is from 1990; Kentucky must obtain more up-to-date information to more accurately determine client numbers.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Required providers to track for pregnancies among clients through contracts and then monitored for compliance and also surveyed providers to illicit compliance/verification by asking about their procedural policies.

Priority #: 2

Priority Area: Reduce consequences of underage drinking

Priority Type: SAP

Population(s): Other (Youth Aged 12 -20)

Goal of the priority area:

Reduce state 10th grade, 30 day binge drinking rate by at least 1% .

Strategies to attain the goal:

KY Incentives for Prevention (KIP) 2012 survey will be used as a baseline. KIP 2014 data will be used to measure outcomes. Utilization of the Changing Social Norms and Policy protocol aimed at changing norms around acceptability of usage and limit availability of access in the following ways:
• Limiting social and retail access of alcohol to underage youth through establishment of Social Host Ordinances, or strengthening enforcement of these ordinances in counties where they already exist.
• Retail access strategies such as shoulder taps and compliance checks.
• Expanding and intensifying the "I Won't Be the One" campaign – a large scale informational efforts at older adults about the legal and health consequences of providing alcohol to underage youth.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Implement local policies that target social access of alcohol to youth (social host & unruly gathering ordinances) in areas of identified need-as evidenced by high alcohol use by minors as reported on KIP survey

Baseline Measurement: 0

First-year target/outcome measurement: 3

Second-year target/outcome measurement: 4

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

Data Source:

Regional Prevention Centers will report to the Division of Behavioral Health as local ordinances are created and KIP survey results will be evaluated.

New Data Source (if needed):

Description of Data:

Regional Prevention Center reports as processed through the State Prevention System. Each Regional Prevention Center is required to enter data monthly E.g.number of evidence-based programs implemented, number of people reached, number of ordinances passed, number of people served through universal direct, indirect etc. Reports are generated from the system by the Prevention Branch Data Manager. The Prevention Branch is in the process of changing some of its program codes and revamping its data system. As soon as the revisions are made we will submit baseline data.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Variables in the Commonwealth beyond control, including no ordinances/data in these locales.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

During this reporting period 3 Social Host Ordinances have been passed and a fourth was narrowly defeated. This brings the number of Social Host Ordinances in Kentucky to 24. Three Responsible Beverage Server Ordinances were passed bringing the total number of Responsible Beverage Server Ordinances in the state to 78. Two Keg Registration Ordinances were passed during this reporting period, bringing the total number of Keg Registration Ordinances in the state to 10. (Source: The Kentucky Alcohol Prevention Enhancement Site: <http://www.kyprevention.com/>)

In addition, the alcohol prevention enhancement site has conducted a readiness assessment for a state-wide RBS ordinance and will release its findings in an upcoming report.

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

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

How second year target was achieved (optional):

Progress has continued during this reporting period, there are 28 social host ordinances and 13 KY communities with Keg Registration Ordinances in KY. There are 82 responsible beverage server ordinances in KY. (source: The Kentucky Alcohol Prevention Enhancement site. <http://www.kyprevention.com>)

Priority #: 3

Priority Area: Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Escalate parents (women) with dependent children to priority population status.

Strategies to attain the goal:

Continued collaboration with the Kentucky Department for Community-Based Services (child protective services) in the sobriety treatment and recovery teams (START). Currently, there are six of fourteen regions throughout the state that provide family mentors (people in recovery) to team with child protective service workers to engage clients in services and keep children at home. These regions provide quick access to assessment and referral to the appropriate level of care. Kentucky would like to expand these services to at least one other region within FFY2014.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Expand the number of START programs in Kentucky

Baseline Measurement: 6

First-year target/outcome measurement: 6

Second-year target/outcome measurement: 7

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

Data Source:

Kentucky Department for Community Based Services

New Data Source (if needed):

Description of Data:

Because of a decrease in funding from child protective services, one of the currently implemented START programs is in danger of folding. For federal fiscal year 2014, it is the intent of the DBH to first stabilize the current programs, and attempt to implement one additional program in another region within Kentucky.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Reductions in funding.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Funding for START remained stable during the period. START had plans to increase sites over the two year period and has identified at least one region in the most populated areas of the state (Seven Counties Services, which includes the metro area of Louisville-Jefferson County) in which to start new program. The START program has impacted the broader child protective services case management services by increasing the focus on substance use disorder across the Cabinet.

How first year target was achieved (optional):

Target for first year was achieved but program funding (non-block grant) was moved from DBHDID to the Child Welfare agency and this goal is no longer relevant.

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

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

How second year target was achieved (optional):

Although the program is no longer funded through the Department for Behavioral Health, it was confirmed that the goals were achieved by the current program administrators in Child Welfare agency.

Priority #: 4

Priority Area: Individuals with Substance Use Disorders and TB

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Identify clients seeking treatment for substance use disorder who may currently have, or have in the past, had a tuberculosis diagnosis.

Strategies to attain the goal:

The Kentucky Department for Public Health (DPH) administers the tuberculosis control program in Kentucky. The Division of Behavioral Health will work in collaboration with DPH to share client diagnoses as they pertain to substance use disorder, or tuberculosis infection.

Annual Performance Indicators to measure goal success

| | |
|---|--|
| Indicator #: | 1 |
| Indicator: | Increased knowledge of clients with Substance Use Disorder with Tuberculosis |
| Baseline Measurement: | 1.8 per 100,000 |
| First-year target/outcome measurement: | 1.8 per 100,000 |
| Second-year target/outcome measurement: | 1.5 per 100,000 |
| New Second-year target/outcome measurement (if needed): | |

Data Source:

Through contract and training/technical assistance offered to each Board, they will successfully meet the goal of improving their readiness and clinical protocols to improve the state's overall suicide rate among adults with SMI and children with SED.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Readiness Assessments and Care Plans Conducted & Created by the 14 Regional Boards
Baseline Measurement: 0
First-year target/outcome measurement: 14 Readiness Assessments submitted and approved
Second-year target/outcome measurement: 14 Suicide Prevention Care Plans submitted and approved
New Second-year target/outcome measurement (if needed):
Data Source:

Regional Boards will submit documentation to the Division of Behavioral Health and Division staff will review and approve (or work with the Board to adequately complete)

New Data Source (if needed):

Description of Data:

Data will be submitted through contract required protocol

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
All regions within the Commonwealth have conducted readiness assessments.

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

- Kentucky law requires that public middle and high school teachers, principals and counselors receive two hours of suicide prevention training annually, and middle and high school students must receive suicide prevention information by September 1 annually. DBHDID provides technical assistance and resources for school staff and student training, including regional trainings around effective practices for schools and students, including evidence-based programs such as Lifelines, Signs of Suicide, More than Sad, LEADS curriculum, along with the promotion of the SAMHSA Toolkit for High School Suicide Prevention.
- As of 2015, Kentucky law requires behavioral health clinicians to take 6 hours of suicide assessment, treatment and management training. DBHDID hosted training for trainers in 2014 for the Assessing and Managing Suicide Risk training, which is on the Suicide Prevention Resource Center's Best Practice Registry. DBHDID supplies ongoing support for this training including trainer fees, materials and CEUs for clinicians who work with clients with mental health and/or substance use disorders including those with SMI and SED. DBHDID also supported two workshops on the Collaborative Assessment and Management of Suicidality in 2014 and anticipate further supporting future CAMS trainings.
- Kentucky has been involved in the Zero Suicide in Healthcare and Behavioral Health Care which is a system of care approach to reducing suicide for all populations. Kentucky currently has a SAMHSA grant with a strong focus on Zero Suicide for youth and young adult populations, however, our Zero Suicide initiative in Kentucky is aimed at health and mental health providers and organizations serving clients with mental health and/or substance use disorders including those with SMI and SED.
- The Suicide Prevention Consortium of Kentucky (SPCK – Live Long) was formed in 2014 to bring together various entities that are involved in suicide prevention and related efforts. DBHDID provided support and technical assistance to SPCK and to other groups and communities, including statewide needs assessments, funding, etc. in order to guide this group in efforts for various high risk groups

including those with MH and SA issues and those with SED or SMI diagnoses, military and veteran and LGBTQ youth. From 2011 to 2014 DBHDID hosted trainings for providers of services to LGBTQ youth around culturally competent suicide care for this population.

• Kentucky has a large military and veteran population and their families with two Army bases, strong National Guard presence as well as Reserves. DBHDID partners with military and veteran organizations, those who serve these populations around multiple initiatives to reduce suicidal behaviors among these populations. DBHDID hosts annually Operation Immersion, Operation Headed Home for this population and those who provide services to this population, and Service Members, Veterans and Families (SMVF) suicide prevention implementation team which meets monthly with ongoing technical assistance from SAMHSA. This group is planning to merge with a similar SMVF substance use prevention implementation team in order to better braid or blend our efforts for the prevention of negative outcomes such as suicide and substance abuse, for military, veterans and their families.

Priority #: 7

Priority Area: Adults with SMI who reside in Personal Care Homes

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Assist adults with SMI to move from living in a Personal Care Home (PCH) to an integrated community setting

Strategies to attain the goal:

Further develop services and supports to allow adults with SMI to move from PCHs to community housing of their choice.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Adults with SMI who move from a PCH to an integrated community residence

Baseline Measurement: Estimated 2,000 persons with SMI currently residing in PCHs

First-year target/outcome measurement: 200 Adults with SMI will move from a PCH to an integrated community residence

Second-year target/outcome measurement: 200 (additional) Adults with SMI will move from a PCH to an integrated community residence

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

Data Source:

The Division of Behavioral Health will strictly monitor this along with an independent monitor

New Data Source (*if needed*):

Description of Data:

There are identified individuals that will be priority -provided by P&A

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Protection & Advocacy Interim Settlement Agreement with the CHFS established a goal of transitioning 100 individuals from PCH between October 1, 2013 and October 1, 2014, with 200 additional to move by October 1, 2015 and 300 additional to move by October 1, 2016, for a total of 600. Systems change activities and funding was initiated in January 2015 and progress escalated in June – September 2014. For

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

In SFY 2014, there were 168 served and in SFY 2015, there were 269 youth with co-occurring mental health and substance use disordered served.

Priority #: 9
Priority Area: Prescription Drug Use among Adults and Youth
Priority Type: SAP
Population(s): Other (Youth ages 12- 18 Adults 20-24)

Goal of the priority area:
Reduce the misuse of prescription drugs by adults and youth

Strategies to attain the goal:
Utilizing the Changing Social Norms and Policy protocol, focus on environmental strategies that aim to change norms around acceptability of usage and limit availability of access. Regions that are concentrating on prescription drugs will concentrate their efforts primarily on:
• Correcting three (3) youth misperceptions about prescription drugs - that they are: 1.) safer than street drugs, 2.) less addictive than street drugs, 3.) OK to share among friends and family
• Safe storage and disposal of prescription drugs
• Support for new Kentucky legislation which licenses pain clinics and mandates the use of the Kentucky All Scheduled Prescription Electronic Drug Reporting (KASPER) system for all doctors in the state
• Conducting large scale informational efforts directed at parents, caregivers and prescribers of prescription drugs

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Reduce misuse of prescription drugs
Baseline Measurement: Incidence of misuse as reported on NSDUH survey and the KIP survey for youth
First-year target/outcome measurement: 5% decrease in misuse
Second-year target/outcome measurement: 8% decrease in misuse
New Second-year target/outcome measurement (if needed):

Data Source:
NSDUH survey and the KIP survey for youth

New Data Source (if needed):

Description of Data:
The National Survey on Drug Use and Health (NSDUH) is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older. Every even-numbered year, the Kentucky Division of Behavioral Health, with the support of the Governor's Office of Drug Control Policy and the Federal Center for Substance Abuse Prevention, jointly sponsor the KIP survey to assess the extent of alcohol, drug, and

tobacco use among 11 to 18-year-olds throughout Kentucky, and to evaluate the impact of prevention efforts aimed at reducing substance use.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

There are no data issues. Data may show as skewed as the NSDUH is a smaller sample.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Priority #: 10

Priority Area: IVDUs - Intravenous drug users

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

All 14 Community Mental Health Centers to screen for IV drug use upon initial contact.

Strategies to attain the goal:

Continued education and monitoring of client intake data. In addition, Kentucky shall work with the CMHCs to encourage them to follow the NQF Standard of Care regarding Withdrawal Management; specifically, "Supportive pharmacotherapy should be available and provided to manage the symptoms and adverse consequences of withdrawal, based on a systematic assessment of the symptoms and risk of serious adverse consequences of the withdrawal process." Kentucky will accomplish this by increasing detox services so that there is a minimum of one medically supported detox center in each of the 14 regions; more where population or geography requires.

Kentucky will continue to strive to follow the NQF Standard of Care regarding pharmacotherapy: "Pharmacotherapy should be recommended and available to adult patients diagnosed with opioid dependency and without medical contraindications." CMHCs should be required to recommend MAT when appropriate, and affordable MAT options need to be increased to provide services to indigent residents.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increased number of clients screened for IV drug use at initial contact.

Baseline Measurement: 50%

First-year target/outcome measurement: 70%

Second-year target/outcome measurement: 80%

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

Data Source:

Kentucky Opioid Replacement Therapy Outcome Study (KORTOS)

New Data Source *(if needed)*:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

| 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 | \$16,174,163 | | \$0 | \$1,535,242 | \$10,481,403 | \$0 | \$0 |
| a. Pregnant Women and Women with Dependent Children* | \$3,582,075 | | \$0 | \$0 | \$0 | \$0 | \$0 |
| b. All Other | \$12,592,088 | | \$0 | \$1,535,242 | \$10,481,403 | \$0 | \$0 |
| 2. Primary Prevention | \$4,052,670 | \$0 | \$0 | \$898,977 | \$692,873 | \$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 | | | | | | | |
| 6. Other 24 Hour Care | | | | | | | |
| 7. Ambulatory/Community Non-24 Hour Care | | | | | | | |
| 8. Administration (Excluding Program and Provider Level) | \$7,308 | \$0 | \$0 | \$6,406 | \$1,195,415 | \$0 | \$0 |
| 9. Subtotal (Row 1, 2, 3, 4 and 8) | \$20,234,141 | \$0 | \$0 | \$2,440,625 | \$12,369,691 | \$0 | \$0 |
| 10. Subtotal (Row 5, 6, 7 and 8) | \$7,308 | \$0 | \$0 | \$6,406 | \$1,195,415 | \$0 | \$0 |
| 11. Total | \$20,234,141 | \$0 | \$0 | \$2,440,625 | \$12,369,691 | \$0 | \$0 |

* Prevention other than primary prevention

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

Table 2 revised 1/21/2016 to separate Pregnant Women and Women with Dependent Children from All Other SA expenditures in column A.

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

| Service | Unduplicated Individuals | Units | Expenditures |
|--|--------------------------|-------|--------------|
| Healthcare Home/Physical Health | | | \$0 |
| 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 |
| Substance Abuse (Primary Prevention) | | | \$0 |
| Classroom and/or small group sessions (Education) | | | \$0 |
| Media campaigns (Information Dissemination) | | | \$0 |
| Systematic Planning/Coalition and Community Team Building(Community Based Process) | | | \$0 |
| Parenting and family management (Education) | | | \$0 |

| | | | |
|--|--|--|-----|
| Education programs for youth groups (Education) | | | \$0 |
| Community Service Activities (Alternatives) | | | \$0 |
| Student Assistance Programs (Problem Identification and Referral) | | | \$0 |
| Employee Assistance programs (Problem Identification and Referral) | | | \$0 |
| Community Team Building (Community Based Process) | | | \$0 |
| Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental) | | | \$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 |
| Evidenced-based Therapies | | | \$0 |
| Group Therapy | | | \$0 |
| Family Therapy | | | \$0 |
| Multi-family Therapy | | | \$0 |
| Consultation to Caregivers | | | \$0 |
| Medication Services | | | \$0 |
| Medication Management | | | \$0 |
| Pharmacotherapy (including MAT) | | | \$0 |
| Laboratory services | | | \$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 |
| Recovery Supports | | | \$0 |
| Peer Support | | | \$0 |
| Recovery Support Coaching | | | \$0 |
| Recovery Support Center Services | | | \$0 |
| Supports for Self-directed Care | | | \$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 |
| Children's Mental Health Residential Services | | | \$0 |
| Crisis Residential/Stabilization | | | \$0 |
| Clinically Managed 24 Hour Care (SA) | | | \$0 |
| Clinically Managed Medium Intensity Care (SA) | | | \$0 |
| Adult Mental Health Residential | | | \$0 |
| Youth Substance Abuse Residential Services | | | \$0 |
| Therapeutic Foster Care | | | \$0 |
| Acute Intensive Services | | | \$0 |
| Mobile Crisis | | | \$0 |
| Peer-based Crisis Services | | | \$0 |
| Urgent Care | | | \$0 |
| 23-hour Observation Bed | | | \$0 |
| Medically Monitored Intensive Inpatient (SA) | | | \$0 |
| 24/7 Crisis Hotline Services | | | \$0 |
| Other (please list) | | | \$0 |
| Total | | | \$0 |

Footnotes:

This is not a required table and Kentucky does not collect data in these categories. Therefore, KY does not submit information for this table.

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

| Category | FY 2013 SAPT Block Grant Award |
|--|--------------------------------|
| 1. Substance Abuse Prevention* and Treatment | \$15,430,590 |
| 2. Primary Prevention | \$3,989,731 |
| 3. Tuberculosis Services | \$0 |
| 4. HIV Early Intervention Services** | \$0 |
| 5. Administration (excluding program/provider level) | (\$319) |
| 6. Total | \$19,420,002 |

*Prevention other than Primary Prevention

**HIV Designated States

Footnotes:

The <\$319> in Administration was due to incorrect payroll charges that were later corrected.

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

| Strategy | IOM Target | SAPT Block Grant | Other Federal | State | Local | Other |
|-------------------------------------|-------------|------------------|---------------|-----------|-------|-------|
| Information Dissemination | Selective | \$7,865 | \$1,663 | \$1,282 | \$ | \$ |
| Information Dissemination | Indicated | \$4,345 | \$919 | \$708 | \$ | \$ |
| Information Dissemination | Universal | \$649,446 | \$137,311 | \$105,830 | \$ | \$ |
| Information Dissemination | Unspecified | \$ | \$ | \$ | \$ | \$ |
| Information Dissemination | Total | \$661,656 | \$139,893 | \$107,820 | \$ | \$ |
| Education | Selective | \$8,860 | \$1,873 | \$1,444 | \$ | \$ |
| Education | Indicated | \$9,983 | \$2,111 | \$1,627 | \$ | \$ |
| Education | Universal | \$409,513 | \$86,582 | \$66,732 | \$ | \$ |
| Education | Unspecified | \$ | \$ | \$ | \$ | \$ |
| Education | Total | \$428,356 | \$90,566 | \$69,803 | \$ | \$ |
| Alternatives | Selective | \$486 | \$103 | \$79 | \$ | \$ |
| Alternatives | Indicated | \$ | \$ | \$ | \$ | \$ |
| Alternatives | Universal | \$175,078 | \$37,016 | \$28,530 | \$ | \$ |
| Alternatives | Unspecified | \$ | \$ | \$ | \$ | \$ |
| Alternatives | Total | \$175,564 | \$37,119 | \$28,609 | \$ | \$ |
| Problem Identification and Referral | Selective | \$3,417 | \$722 | \$557 | \$ | \$ |
| Problem Identification and Referral | Indicated | \$713 | \$151 | \$116 | \$ | \$ |
| Problem Identification and Referral | Universal | \$160,182 | \$33,867 | \$26,102 | \$ | \$ |
| Problem Identification and Referral | Unspecified | \$ | \$ | \$ | \$ | \$ |
| Problem Identification and Referral | Total | \$164,312 | \$34,740 | \$26,775 | \$ | \$ |
| Community-Based Process | Selective | \$3,660 | \$774 | \$596 | \$ | \$ |

| | | | | | | |
|-------------------------|-------------|--------------|------------|------------|----|----|
| Community-Based Process | Indicated | \$ 645 | \$ 136 | \$ 105 | \$ | \$ |
| Community-Based Process | Universal | \$ 1,082,092 | \$ 257,581 | \$ 198,527 | \$ | \$ |
| Community-Based Process | Unspecified | \$ | \$ | \$ | \$ | \$ |
| Community-Based Process | Total | \$ 1,086,397 | \$ 258,491 | \$ 199,228 | \$ | \$ |
| Environmental | Selective | \$ | \$ | \$ | \$ | \$ |
| Environmental | Indicated | \$ | \$ | \$ | \$ | \$ |
| Environmental | Universal | \$ 366,672 | \$ 77,525 | \$ 59,751 | \$ | \$ |
| Environmental | Unspecified | \$ | \$ | \$ | \$ | \$ |
| Environmental | Total | \$ 366,672 | \$ 77,525 | \$ 59,751 | \$ | \$ |
| Section 1926 Tobacco | Selective | \$ | \$ | \$ | \$ | \$ |
| Section 1926 Tobacco | Indicated | \$ | \$ | \$ | \$ | \$ |
| Section 1926 Tobacco | Universal | \$ | \$ | \$ | \$ | \$ |
| Section 1926 Tobacco | Unspecified | \$ 100,000 | \$ | \$ | \$ | \$ |
| Section 1926 Tobacco | Total | \$ 100,000 | \$ | \$ | \$ | \$ |
| Other | Selective | \$ | \$ | \$ | \$ | \$ |
| Other | Indicated | \$ | \$ | \$ | \$ | \$ |
| Other | Universal | \$ | \$ | \$ | \$ | \$ |
| Other | Unspecified | \$ 1,006,774 | \$ 260,643 | \$ 200,887 | \$ | \$ |
| Other | Total | \$ 1,006,774 | \$ 260,643 | \$ 200,887 | \$ | \$ |
| | Grand Total | \$ 3,989,731 | \$ 898,977 | \$ 692,873 | \$ | \$ |

Footnotes:

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

| Activity | SAPT Block Grant | Other Federal Funds | State Funds | Local Funds | Other |
|--------------------|------------------|---------------------|-------------|-------------|--------|
| Universal Direct | \$2,842,983 | | | | |
| Universal Indirect | \$1,106,774 | | | | |
| Selective | \$24,288 | | | | |
| Indicated | \$15,686 | | | | |
| Column Total | \$3,989,731.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Footnotes:

III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

| Targeted Substances | |
|--|---|
| Alcohol | b |
| Tobacco | b |
| Marijuana | b |
| Prescription Drugs | b |
| Cocaine | b |
| Heroin | b |
| Inhalants | b |
| Methamphetamine | b |
| Synthetic Drugs (i.e. Bath salts, Spice, K2) | b |
| Targeted Populations | |
| Students in College | b |
| Military Families | b |
| LGBTQ | b |
| American Indians/Alaska Natives | e |
| African American | e |
| Hispanic | e |
| Homeless | e |
| Native Hawaiian/Other Pacific Islanders | e |
| Asian | e |
| Rural | b |
| Underserved Racial and Ethnic Minorities | e |

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

| 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 |
| 2. Quality Assurance | | | | | | \$0.00 |
| 3. Training (Post-Employment) | | | | | | \$0.00 |
| 4. Program Development | | | | | | \$0.00 |
| 5. Research and Evaluation | | | | | | \$0.00 |
| 6. Information Systems | | | | | | \$0.00 |
| 7. Education (Pre-Employment) | | | | | | \$0.00 |
| 8. Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Footnotes:

This table has not been completed because it is not required.

Kentucky did not fund resource development activities with FFY2013 SABG funds.

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

| Entity Number | I-BHS ID |  | Area Served (Statewide or SubState Planning Area) | Provider / Program Name | Mailing Address | City | State | Zip | SAPT Block Grant - A. Block Grant Funds (B + D + E) | 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 |
|---------------|----------|---|--|--|-------------------------------------|---------------|-------|------------|---|---|--|--|---|
| * | Admin | x |  Statewide (optional) | Kentucky Division of Behavioral Health | 275 East Main St 4W-G | Frankfort | KY | 40621 | (\$319) | (\$319) | \$0 | \$0 | \$0 |
| 130 | KY901228 |  | East | Adanta/Lake Cumberland | 1203 American Greeting Card Rd | Corbin | KY | 40702 | \$677,854 | \$451,774 | \$117,882 | \$226,080 | \$0 |
| 170 | KY103155 |  | North Central | Bluegrass | 1351 Newtown Pike | Lexington | KY | 40511 | \$2,589,361 | \$2,115,241 | \$445,727 | \$474,120 | \$0 |
| 2 | x |  | North Central | Boys & Girls Clubs | 1519 Story Ave | Louisville | KY | 40204 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 45 | KY900188 |  | West | Communicare | 1311 North Dixie Highway Building C | Elizabethtown | KY | 42701 | \$1,003,184 | \$754,787 | \$188,746 | \$248,397 | \$0 |
| 91 | KY900832 |  | East | Comprehend | 611 Forest Avenue | Maysville | KY | 41056 | \$203,717 | \$109,407 | \$15,010 | \$94,310 | \$0 |
| 150 | KY901327 |  | East | Cumberland River | 259 parkers Mill Road | Somerset | KY | 42503 | \$1,014,192 | \$820,802 | \$178,790 | \$193,390 | \$0 |
| 199 | X |  | North Central | Eastern Kentucky University | 229 Maddox | Richmond | KY | 40475 | \$538,010 | \$215,011 | \$0 | \$322,999 | \$0 |
| 5 | KY902127 |  | West | Four Rivers | 425 Broadway | Paducah | KY | 42001 | \$647,505 | \$498,819 | \$72,896 | \$148,686 | \$0 |
| 26 | KY901566 |  | West | Green River/River Valley | 1100 Walnut St | Owensboro | KY | 42302 | \$728,077 | \$509,467 | \$79,297 | \$218,610 | \$0 |
| 206 | X |  | North Central | Kentucky Housing | 1231 Louisville Rd | Frankfort | KY | 40601 | \$13,333 | \$13,333 | \$0 | \$0 | \$0 |
| 119 | KY750062 |  | East | Kentucky River | 115 Rockwood Lane | Hazard | KY | 41701 | \$688,734 | \$457,022 | \$90,494 | \$231,712 | \$0 |
| 213 | X |  | Statewide (optional) | Ky Partnershp Fam & Children | 207 Holmes St | Frankfort | KY | 40601 | \$15,000 | \$15,000 | \$0 | \$0 | \$0 |
| 31 | KY901319 |  | West | Lifeskills | 822 Woodway Drive | Bowling Green | KY | 42101 | \$1,206,751 | \$982,863 | \$230,198 | \$223,887 | \$0 |
| 200 | KY100698 |  | North Central | Louisville Metro Health Dept | 1448 South 15th Street | Louisville | KY | 40210 | \$500,000 | \$500,000 | \$0 | \$0 | \$0 |
| 110 | KY900097 |  | East | Mountain | 104 South Front Avenue | Prestonsburg | KY | 41653 | \$672,747 | \$506,814 | \$63,172 | \$165,933 | \$0 |
| 220 | x |  | Statewide (optional) | NAMI of Lexington | 498 Georgetown St | Lexington | KY | 40508 | \$24,000 | \$24,000 | \$0 | \$0 | \$0 |
| 82 | KY901012 |  | North Central | NorthKey | 502 Farrell Drive | Covington | KY | 41011 | \$1,378,249 | \$1,165,256 | \$623,298 | \$212,993 | \$0 |
| 103 | KY900238 |  | East | Pathways | P.O. Box 790 | Ashland | KY | 41101-0790 | \$981,978 | \$737,708 | \$195,123 | \$244,270 | \$0 |
| 13 | KY900170 |  | West | Pennyroyal | P.O. Box 614 | Hopkinsville | KY | 42241-0614 | \$738,691 | \$509,086 | \$75,305 | \$229,605 | \$0 |

| | | | | | | | | | | | | | | |
|--|-------|----------|---|----------------------|----------------------------|--------------------|------------|----|-------|--------------|--------------|-------------|-------------|-----|
| | 217 | X | X | Statewide (optional) | People Advocating Recovery | 1425 Story Ave | Louisville | KY | 40204 | \$100,300 | \$100,300 | \$0 | \$0 | \$0 |
| | 209 | X | X | North Central | REACH of Louisville | 501 Park Ave | Louisville | KY | 40208 | \$365,314 | \$0 | \$0 | \$365,314 | \$0 |
| | 70 | KY100854 | X | North Central | Seven Counties | 101 W Muhammad Ali | Louisville | KY | 40202 | \$4,659,602 | \$4,336,116 | \$1,145,316 | \$323,486 | \$0 |
| | 198 | X | X | North Central | University of Kentucky | 222 Waller Ste 480 | Lexington | KY | 40504 | \$673,723 | \$607,785 | \$60,000 | \$65,939 | \$0 |
| | Total | | | | | | | | | \$19,420,002 | \$15,430,271 | \$3,581,254 | \$3,989,731 | \$0 |

* Indicates the imported record has an error.

Footnotes:

III: Expenditure Reports

Table 8a - 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(2013) + B2(2014)</u> 2 (C) |
| SFY 2013 (1) | \$9,259,559 | |
| SFY 2014 (2) | \$9,263,553 | \$9,261,556 |
| SFY 2015 (3) | \$9,262,916 | |

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

SFY 2013 Yes No

SFY 2014 Yes No

SFY 2015 Yes No

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

Footnotes:
 Kentucky's Substance Abuse Maintenance of Effort is based on state substance abuse funds appropriated for substance abuse services by the Kentucky General Assembly. Actual expenditures are determined by summing assigned, exclusive codes for SA expenditures within the Commonwealth's budget and accounting software.

III: Expenditure Reports

Table 8b - 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 2015 (3) | \$1,402,100 | 11.80% | \$165,448 |

Footnotes:

In order to calculate Kentucky's TB maintenance of effort for state expenditures, the Division of Behavioral Health obtains from the Department for Public Health the total state general fund expenditures for TB and the number of state-wide TB cases for the same period of time. With that information, and the number of SA clients with TB, the percentage is calculated.

III: Expenditure Reports

Table 8c - 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 2015 | | \$0 |

Footnotes:

For the expenditure period July 1, 2014 through June 30, 2015, the Commonwealth of Kentucky was NOT an HIV-designated state, and is not required to complete this table.

III: Expenditure Reports

Table 8d - 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 2013 | | \$3,539,055 |
| SFY 2014 | | \$3,581,254 |
| SFY 2015 | | \$3,582,075 |
| Enter the amount the State plans to expend in 2016 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> | | |

Footnotes:

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

| Column A (Risks) | Column B (Strategies) | Column C (Providers) |
|--------------------|---|----------------------|
| GENERAL POPULATION | 1. Information Dissemination | |
| | 3. Media campaigns | 14 |
| | 4. Brochures | 14 |
| | 5. Radio and TV public service announcements | 14 |
| | 6. Speaking engagements | 14 |
| | 7. Health fairs and other health promotion, e.g., conferences, meetings, seminars | 14 |
| | 2. Education | |
| | 4. Education programs for youth groups | 14 |
| | 3. Alternatives | |
| | 2. Youth/adult leadership activities | 14 |
| | 4. Problem Identification and Referral | |
| | 1. Employee Assistance Programs | 1 |
| | 3. Driving while under the influence/driving while intoxicated education programs | 1 |
| | 5. Community-Based Process | |
| | 2. Systematic planning | 14 |
| | 3. Multi-agency coordination and collaboration/coalition | 14 |
| | 4. Community team-building | 14 |
| | 5. Accessing services and funding | 14 |
| | 6. Environmental | |
| | 1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools | 14 |
| | 2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs | 14 |
| | 3. Modifying alcohol and tobacco advertising practices | 14 |
| | 4. Product pricing strategies | 14 |

Footnotes:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

| 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 | 6704 | 5025 | \$0 | \$0 | \$0 |
| REHABILITATION/RESIDENTIAL | | | | | |
| 3. Hospital Inpatient | 0 | 0 | \$0 | \$0 | \$0 |
| 4. Short-term (up to 30 days) | 1070 | 1056 | \$0 | \$0 | \$0 |
| 5. Long-term (over 30 days) | 268 | 262 | \$0 | \$0 | \$0 |
| AMBULATORY (OUTPATIENT) | | | | | |
| 6. Outpatient | 10845 | 10307 | \$0 | \$0 | \$0 |
| 7. Intensive Outpatient | 596 | 589 | \$0 | \$0 | \$0 |
| 8. Detoxification | 0 | 0 | \$0 | \$0 | \$0 |
| OPIOID REPLACEMENT THERAPY | | | | | |
| 9. Opioid Replacement Therapy | 0 | 0 | \$0 | \$0 | \$0 |
| 10. ORT Outpatient | 0 | 0 | \$0 | \$0 | \$0 |

Footnotes:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

| 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 | 452 | 237 | 112 | 51 | 20 | | | | 1 | | | 12 | 6 | 8 | 5 | 296 | 141 | 12 | 3 |
| 2. 18 - 24 | 2529 | 1204 | 1086 | 100 | 59 | | | 1 | 2 | 3 | | 7 | 14 | 36 | 17 | 1328 | 1164 | 23 | 14 |
| 3. 25 - 44 | 10694 | 5049 | 4479 | 550 | 305 | 1 | 1 | 3 | 5 | 10 | 5 | 31 | 21 | 153 | 81 | 5734 | 4853 | 63 | 44 |
| 4. 45 - 64 | 3052 | 1715 | 743 | 390 | 118 | 1 | | 2 | 1 | 8 | 1 | 4 | 8 | 45 | 16 | 2139 | 878 | 26 | 9 |
| 5. 65 and Over | 73 | 40 | 22 | 8 | 3 | | | | | | | | | | | 48 | 25 | | |
| 6. Total | 16800 | 8245 | 6442 | 1099 | 505 | 2 | 1 | 6 | 9 | 21 | 6 | 54 | 49 | 242 | 119 | 9545 | 7061 | 124 | 70 |
| 7. Pregnant Women | 352 | | 308 | | 34 | | | | 2 | | | | 1 | | 7 | | 346 | | 6 |
| Number of persons served who were admitted in a period prior to the 12 month reporting period | | 3033 | | | | | | | | | | | | | | | | | |
| Number of persons served outside of the levels of care described on Table 10 | | | | | | | | | | | | | | | | | | | |

Footnotes:

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

| 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: | | |
| <p>Footnotes: KY is not an HIV Designated state and thus this Table is not applicable.</p> | | |

IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

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.
- 0 Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

Footnotes:

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.

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients employed or student (full-time and part-time) [numerator] | 380 | 382 |
| Total number of clients with non-missing values on employment/student status [denominator] | 3,214 | 3,214 |
| Percent of clients employed or student (full-time and part-time) | 11.8 % | 11.9 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 901 |
| Number of CY 2014 discharges submitted: | | 9,440 |
| Number of CY 2014 discharges linked to an admission: | | 3,407 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 3,218 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 3,214 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 119 | 127 |
| Total number of clients with non-missing values on employment/student status [denominator] | 927 | 927 |
| Percent of clients employed or student (full-time and part-time) | 12.8 % | 13.7 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 222 |
| Number of CY 2014 discharges submitted: | | 1,447 |
| Number of CY 2014 discharges linked to an admission: | | 1,048 |

| | |
|---|-----|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 942 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 927 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 3,193 | 3,385 |
| Total number of clients with non-missing values on employment/student status [denominator] | 9,333 | 9,333 |
| Percent of clients employed or student (full-time and part-time) | 34.2 % | 36.3 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 9,681 |
| Number of CY 2014 discharges submitted: | | 24,671 |
| Number of CY 2014 discharges linked to an admission: | | 10,168 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 9,358 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 9,333 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 1,051 | 1,068 |
| Total number of clients with non-missing values on employment/student status [denominator] | 3,760 | 3,760 |
| Percent of clients employed or student (full-time and part-time) | 28.0 % | 28.4 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 722 |
| Number of CY 2014 discharges submitted: | | 7,285 |
| Number of CY 2014 discharges linked to an admission: | | 3,938 |

| | |
|---|-------|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 3,762 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 3,760 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients in a stable living situation [numerator] | 2,842 | 2,857 |
| Total number of clients with non-missing values on living arrangements [denominator] | 3,212 | 3,212 |
| Percent of clients in stable living situation | 88.5 % | 88.9 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 901 |
| Number of CY 2014 discharges submitted: | | 9,440 |
| Number of CY 2014 discharges linked to an admission: | | 3,407 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 3,218 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 3,212 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 608 | 619 |
| Total number of clients with non-missing values on living arrangements [denominator] | 931 | 931 |
| Percent of clients in stable living situation | 65.3 % | 66.5 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 222 |
| Number of CY 2014 discharges submitted: | | 1,447 |
| Number of CY 2014 discharges linked to an admission: | | 1,048 |

| | |
|---|-----|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 942 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 931 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 9,093 | 9,091 |
| Total number of clients with non-missing values on living arrangements [denominator] | 9,314 | 9,314 |
| Percent of clients in stable living situation | 97.6 % | 97.6 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 9,681 |
| Number of CY 2014 discharges submitted: | | 24,671 |
| Number of CY 2014 discharges linked to an admission: | | 10,168 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 9,358 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 9,314 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 3,650 | 3,649 |
| Total number of clients with non-missing values on living arrangements [denominator] | 3,742 | 3,742 |
| Percent of clients in stable living situation | 97.5 % | 97.5 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 722 |
| Number of CY 2014 discharges submitted: | | 7,285 |
| Number of CY 2014 discharges linked to an admission: | | 3,938 |

| | |
|---|-------|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 3,762 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 3,742 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of Clients without arrests [numerator] | 3,049 | 3,104 |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 3,223 | 3,223 |
| Percent of clients without arrests | 94.6 % | 96.3 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 901 |
| Number of CY 2014 discharges submitted: | | 9,440 |
| Number of CY 2014 discharges linked to an admission: | | 3,407 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 3,223 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 3,223 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 902 | 914 |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 947 | 947 |
| Percent of clients without arrests | 95.2 % | 96.5 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 222 |
| Number of CY 2014 discharges submitted: | | 1,447 |
| Number of CY 2014 discharges linked to an admission: | | 1,048 |

| | |
|---|-----|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 948 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 947 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 9,103 | 9,135 |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 9,446 | 9,446 |
| Percent of clients without arrests | 96.4 % | 96.7 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 9,681 |
| Number of CY 2014 discharges submitted: | | 24,671 |
| Number of CY 2014 discharges linked to an admission: | | 10,168 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 9,481 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 9,446 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 3,744 | 3,747 |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 3,782 | 3,782 |
| Percent of clients without arrests | 99.0 % | 99.1 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 722 |
| Number of CY 2014 discharges submitted: | | 7,285 |
| Number of CY 2014 discharges linked to an admission: | | 3,938 |

| | |
|---|-------|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 3,784 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 3,782 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol [numerator] | 2,089 | 2,156 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 3,223 | 3,223 |
| Percent of clients abstinent from alcohol | 64.8 % | 66.9 % |

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

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

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator] | | 70 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 1,134 | |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100] | | 6.2 % |

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] | | 2,086 |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 2,089 | |
| 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 2014 admissions submitted: | 901 |
| Number of CY 2014 discharges submitted: | 9,440 |
| Number of CY 2014 discharges linked to an admission: | 3,407 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 3,223 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 3,223 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file

†Records received through 2/1/2016

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] | 804 | 808 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 946 | 946 |
| Percent of clients abstinent from alcohol | 85.0 % | 85.4 % |

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] | | 5 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 142 | |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100] | | 3.5 % |

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

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

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator] | | 803 |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 804 | |
| 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 2014 admissions submitted: | 222 |
| Number of CY 2014 discharges submitted: | 1,447 |
| Number of CY 2014 discharges linked to an admission: | 1,048 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 948 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 946 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file [Records received through 2/1/2016]

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] | 7,767 | 7,891 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 9,476 | 9,476 |
| Percent of clients abstinent from alcohol | 82.0 % | 83.3 % |

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

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

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator] | | 207 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 1,709 | |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100] | | 12.1 % |

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

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

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator] | | 7,684 |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 7,767 | |
| Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100] | | 98.9 % |

Notes (for this level of care):

| | |
|---|--------|
| Number of CY 2014 admissions submitted: | 9,681 |
| Number of CY 2014 discharges submitted: | 24,671 |
| Number of CY 2014 discharges linked to an admission: | 10,168 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 9,481 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 9,476 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 3,083 | 3,093 |

| | | |
|--|--------|--------|
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 3,784 | 3,784 |
| Percent of clients abstinent from alcohol | 81.5 % | 81.7 % |

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] | | 20 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]) | 701 | |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100] | | 2.9 % |

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

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

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator] | | 3,073 |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]) | 3,083 | |
| Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100] | | 99.7 % |

Notes (for this level of care):

| | |
|---|-------|
| Number of CY 2014 admissions submitted: | 722 |
| Number of CY 2014 discharges submitted: | 7,285 |
| Number of CY 2014 discharges linked to an admission: | 3,938 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 3,784 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 3,784 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs [numerator] | 860 | 982 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 3,223 | 3,223 |
| Percent of clients abstinent from drugs | 26.7 % | 30.5 % |

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] | | 131 |
| Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 2,363 | |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] | | 5.5 % |

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

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

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator] | | 851 |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 860 | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] | | 99.0 % |

Notes (for this level of care):

| | |
|---|-------|
| Number of CY 2014 admissions submitted: | 901 |
| Number of CY 2014 discharges submitted: | 9,440 |
| Number of CY 2014 discharges linked to an admission: | 3,407 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 3,223 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 3,223 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file

Records received through 2/1/2016

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] | 517 | 525 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 946 | 946 |
| Percent of clients abstinent from drugs | 54.7 % | 55.5 % |

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] | 429 | |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] | | 3.0 % |

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

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

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator] | | 512 |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 517 | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] | | 99.0 % |

Notes (for this level of care):

| | |
|---|-------|
| Number of CY 2014 admissions submitted: | 222 |
| Number of CY 2014 discharges submitted: | 1,447 |
| Number of CY 2014 discharges linked to an admission: | 1,048 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 948 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 946 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file [Records received through 2/1/2016]

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] | 6,334 | 6,524 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 9,476 | 9,476 |
| Percent of clients abstinent from drugs | 66.8 % | 68.8 % |

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

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

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator] | | 317 |
| Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 3,142 | |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] | | 10.1 % |

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] | | 6,207 |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 6,334 | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] | | 98.0 % |

Notes (for this level of care):

| | |
|---|--------|
| Number of CY 2014 admissions submitted: | 9,681 |
| Number of CY 2014 discharges submitted: | 24,671 |
| Number of CY 2014 discharges linked to an admission: | 10,168 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 9,481 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 9,476 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 1,740 | 1,771 |

| | | |
|--|--------|--------|
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 3,784 | 3,784 |
| Percent of clients abstinent from drugs | 46.0 % | 46.8 % |

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

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

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator] | | 49 |
| Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]) | 2,044 | |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] | | 2.4 % |

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

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

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator] | | 1,722 |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]) | 1,740 | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] | | 99.0 % |

Notes (for this level of care):

| | |
|---|-------|
| Number of CY 2014 admissions submitted: | 722 |
| Number of CY 2014 discharges submitted: | 7,285 |
| Number of CY 2014 discharges linked to an admission: | 3,938 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 3,784 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 3,784 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients attending self-help programs [numerator] | 855 | 1,039 |
| Total number of clients with non-missing values on self-help attendance [denominator] | 3,222 | 3,222 |
| Percent of clients attending self-help programs | 26.5 % | 32.2 % |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 5.7 % | |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 901 |
| Number of CY 2014 discharges submitted: | | 9,440 |
| Number of CY 2014 discharges linked to an admission: | | 3,407 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 3,223 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 3,222 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 571 | 578 |
| Total number of clients with non-missing values on self-help attendance [denominator] | 944 | 944 |
| Percent of clients attending self-help programs | 60.5 % | 61.2 % |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 0.7 % | |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 222 |
| Number of CY 2014 discharges submitted: | | 1,447 |

| | |
|---|-------|
| Number of CY 2014 discharges linked to an admission: | 1,048 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 948 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 944 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 2,471 | 2,761 |
| Total number of clients with non-missing values on self-help attendance [denominator] | 9,397 | 9,397 |
| Percent of clients attending self-help programs | 26.3 % | 29.4 % |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 3.1 % | |

Notes (for this level of care):

| | |
|---|--------|
| Number of CY 2014 admissions submitted: | 9,681 |
| Number of CY 2014 discharges submitted: | 24,671 |
| Number of CY 2014 discharges linked to an admission: | 10,168 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 9,481 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 9,397 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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] | 740 | 755 |
| Total number of clients with non-missing values on self-help attendance [denominator] | 3,766 | 3,766 |
| Percent of clients attending self-help programs | 19.6 % | 20.0 % |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 0.4 % | |

Notes (for this level of care):

| | |
|---|-------|
| Number of CY 2014 admissions submitted: | 722 |
| Number of CY 2014 discharges submitted: | 7,285 |
| Number of CY 2014 discharges linked to an admission: | 3,938 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 3,784 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 3,766 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
 [Records received through 2/1/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

| 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 | 11 | 2 | 4 | 7 |
| REHABILITATION/RESIDENTIAL | | | | |
| 3. Hospital Inpatient | 0 | 0 | 0 | 0 |
| 4. Short-term (up to 30 days) | 9 | 2 | 3 | 7 |
| 5. Long-term (over 30 days) | 31 | 4 | 10 | 33 |
| AMBULATORY (OUTPATIENT) | | | | |
| 6. Outpatient | 70 | 10 | 32 | 84 |
| 7. Intensive Outpatient | 27 | 4 | 8 | 27 |
| 8. Detoxification | 0 | 0 | 0 | 0 |
| OPIOID REPLACEMENT THERAPY | | | | |
| 9. Opioid Replacement Therapy | 11 | 3 | 5 | 7 |
| 10. ORT Outpatient | 121 | 15 | 48 | 118 |

| Level of Care | 2014 TEDS discharge record count | |
|--------------------------------------|----------------------------------|-----------------------------------|
| | Discharges submitted | Discharges linked to an admission |
| DETOXIFICATION (24-HOUR CARE) | | |
| 1. Hospital Inpatient | 0 | 0 |
| 2. Free-Standing Residential | 7008 | 2329 |
| REHABILITATION/RESIDENTIAL | | |
| 3. Hospital Inpatient | 0 | 0 |

| | | |
|-------------------------------|-------|------|
| 4. Short-term (up to 30 days) | 9440 | 3407 |
| 5. Long-term (over 30 days) | 1447 | 1048 |
| AMBULATORY (OUTPATIENT) | | |
| 6. Outpatient | 24671 | 9518 |
| 7. Intensive Outpatient | 7285 | 3938 |
| 8. Detoxification | 0 | 0 |
| OPIOID REPLACEMENT THERAPY | | |
| 9. Opioid Replacement Therapy | 0 | 183 |
| 10. ORT Outpatient | 0 | 650 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

Footnotes:

V: Performance Indicators and Accomplishments

Table 21 - 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 2012 - 2013 | 7.9 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 48.9 | <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 2012 - 2013 | 9.0 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 32.2 | <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 2012 - 2013 | 5.7 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 10.1 | <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 2012 - 2013 | 4.0 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 5.5 | <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 2012 - 2013 | 1.8 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 3.4 | <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.

Footnotes:

V: Performance Indicators and Accomplishments

Table 22 - 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 2012 - 2013 | 78.4 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 78.7 | <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 2012 - 2013 | 90.4 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 91.6 | <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 2012 - 2013 | 74.5 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 66.6 | <input type="text"/> |

Footnotes:

V: Performance Indicators and Accomplishments

Table 23 - 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 2012 - 2013 | 13.3 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 17.5 | <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 2012 - 2013 | 13.1 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 15.5 | <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 2012 - 2013 | 12.8 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 18.6 | <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 2012 - 2013 | 14.3 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 17.8 | <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 2012 - 2013 | 12.0 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 20.6 | <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.

Footnotes:

V: Performance Indicators and Accomplishments

Table 24 - 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 2012 - 2013 | 90.1 | <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 2012 - 2013 | 85.8 | <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 2012 - 2013 | 85.8 | <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 2012 - 2013 | 85.9 | <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 2012 - 2013 | 90.5 | <input type="text"/> |

Footnotes:

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Table 25 - 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 2012 - 2013 | 50.8 | <input type="text"/> |
| | Age 12 - 17 - CY 2012 - 2013 | | <input type="text"/> |

Footnotes:

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Table 26 - 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. | | |
| | School Year 2012 | 86.8 | <input type="text"/> |

Footnotes:

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Table 27 - 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 2013 - 2014 | 26.2 | <input type="text"/> |

Footnotes:

V: Performance Indicators and Accomplishments

Table 28 - 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 2014 | 34.3 | <input type="text"/> |

Footnotes:

V: Performance Indicators and Accomplishments

Table 29 - 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 2012 - 2013 | 53.2 | <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 2012 - 2013 | | <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.

Footnotes:

V: Performance Indicators and Accomplishments

Table 30 - 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 2012 - 2013 | 87.8 | <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.

Footnotes:

V: Performance Indicators and Accomplishments

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

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

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

| Tables | A. Reporting Period Start Date | B. Reporting Period End Date |
|---|--------------------------------|------------------------------|
| 1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity | 1/1/2013 | 12/31/2013 |
| 2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity | 1/1/2013 | 12/31/2013 |
| 3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention | 1/1/2013 | 12/31/2013 |
| 4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention | 1/1/2013 | 12/31/2013 |
| 5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies | 10/1/2012 | 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) Kentucky has no specific protocol for identifying service population of mixed race. The service providers use their own judgment in recording this data. This generally occurs in one of two ways. 1) the service provider may use their own judgment, or 2) may ask a participant, or may query the entire group of participants as to their racial status.

Footnotes:
Data being reported is based on calendar year 2013. The Commonwealth of Kentucky has developed an enhanced Prevention data reporting system, which will allow for the calendar year reporting as required by CSAP/SAMHSA.

V: Performance Indicators and Accomplishments

Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

| Category | Total |
|--|-------|
| Age | |
| 0-4 | 124 |
| 5-11 | 5792 |
| 12-14 | 4684 |
| 15-17 | 2049 |
| 18-20 | 1045 |
| 21-24 | 1647 |
| 25-44 | 5475 |
| 45-64 | 2983 |
| 65 and over | 271 |
| Age Not Known | 1913 |
| Gender | |
| Male | 10645 |
| Female | 15338 |
| Gender Unknown | 0 |
| Race | |
| White | 20860 |
| Black or African American | 1295 |
| Native Hawaiian/Other Pacific Islander | 29 |
| Asian | 55 |
| American Indian/Alaska Native | 7 |
| More Than One Race (not OMB required) | 212 |

| | |
|--|-------|
| Race Not Known or Other (not OMB required) | 3525 |
| Ethnicity | |
| Hispanic or Latino | 475 |
| Not Hispanic or Latino | 25508 |

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. 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: 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.

Part 1: 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. Part 2: The State added those participants to the number for each applicable racial category.

Footnotes:

V: Performance Indicators and Accomplishments

Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

| Category | Total |
|--|--------|
| Age | |
| 0-4 | 260 |
| 5-11 | 3653 |
| 12-14 | 16917 |
| 15-17 | 38127 |
| 18-20 | 29444 |
| 21-24 | 31896 |
| 25-44 | 100873 |
| 45-64 | 188254 |
| 65 and over | 64550 |
| Age Not Known | 0 |
| Gender | |
| Male | 225721 |
| Female | 248253 |
| Gender Unknown | 0 |
| Race | |
| White | 345393 |
| Black or African American | 74342 |
| Native Hawaiian/Other Pacific Islander | 819 |
| Asian | 16985 |
| American Indian/Alaska Native | 1740 |
| More Than One Race (not OMB required) | 8899 |

| | |
|--|--------|
| Race Not Known or Other (not OMB required) | 25796 |
| Ethnicity | |
| Hispanic or Latino | 35508 |
| Not Hispanic or Latino | 438466 |

Footnotes:

V: Performance Indicators and Accomplishments

Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

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

| Intervention Type | A. Individual-Based Programs and Strategies | B. Population-Based Programs and Strategies |
|-----------------------|--|--|
| 1. Universal Direct | | N/A |
| 2. Universal Indirect | N/A | |
| 3. Selective | | N/A |
| 4. Indicated | | N/A |
| 5. Total | 0 | 0 |

Footnotes:

This is not a required table and Kentucky does not collect data in this manner. Therefore, KY does not submit information for this table.

V: Performance Indicators and Accomplishments

Table 34 - 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.

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.

Table 34 - 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 | 5913 | 1115 | 7028 | 320 | 163 | 7511 |
| 2. Total number of Programs and Strategies Funded | 7058 | 1393 | 8451 | 321 | 173 | 8945 |
| 3. Percent of Evidence-Based Programs and Strategies | 83.78 % | 80.04 % | 83.16 % | 99.69 % | 94.22 % | 83.97 % |

Footnotes:

V: Performance Indicators and Accomplishments

Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

| Total Number of Evidence-Based Programs/Strategies for IOM Category Below | | Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies |
|---|------------------|--|
| Universal Direct | Total # 5913 | \$ 2512351.00 |
| Universal Indirect | Total # 1115 | \$ 800906.00 |
| Selective | Total # 320 | \$ 25322.00 |
| Indicated | Total # 163 | \$ 12796.00 |
| | Total EBPs: 7511 | Total Dollars Spent: \$3351375.00 |

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

| FFY 2014 Prevention Attachment Category A: | | |
|--|---------|------------|
| File | Version | Date Added |
| | | |

| FFY 2014 Prevention Attachment Category B: | | |
|--|---------|------------|
| File | Version | Date Added |
| | | |

| FFY 2014 Prevention Attachment Category C: | | |
|--|---------|------------|
| File | Version | Date Added |
| | | |

| FFY 2014 Prevention Attachment Category D: | | |
|--|---------|------------|
| File | Version | Date Added |
| | | |

Footnotes:

Kentucky Behavioral Health Planning & Advisory Council

Mary Singleton, Chair

Sherry Sexton, Vice Chair

Gayla Lockhart, Secretary

275 E. Main Street, 4WG, Frankfort, Kentucky 40621

November 19, 2015

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road Room 7-1109
Rockville, Maryland 20857

Dear Ms. Simmons:

In accordance with the *CMHS Block Grant Report*, I am writing on behalf of Kentucky's Behavioral Health Planning & Advisory Council to confirm that our Council members have reviewed the 2015 Behavioral Health Report. Our Council dedicated time at today's quarterly council meeting to review a draft copy to solicit comments before the December 1st due date.

Thank you for the continued support of mental health and substance use treatment and prevention block grant funds. Our Council membership is honored to serve as advisors for planning in Kentucky.

Sincerely,



Mary Singleton
Chair, Kentucky Behavioral Health Planning & Advisory Council

Cc: Michele Blevins

EXECUTIVE SUMMARY

Unified Community Mental Health and Substance Abuse Prevention and Treatment Block Grant Implementation Report for FFY 2015 Funds

Please note that no Executive Summary is required/able to be loaded into the electronic web application but is provided by KDBHDID for informational purposes.

This document contains Kentucky's year-end report on the expenditure of federal mental health and substance abuse treatment and prevention funds for State Fiscal Year 2015. These are Title XIX funds that are awarded on a non-competitive basis to all U.S. states and territories that submit required application and reporting. These funds are intended to strengthen the publicly funded behavioral health systems of care for adults and youth across the Commonwealth. The application and required reporting is submitted by the state's designated authority for both mental health and for substance abuse prevention and treatment, the Kentucky Department for Behavioral Health, Intellectual and Developmental Disabilities (DBHDID) in compliance with Public Law 102-321.

Historically, the federal Center for Mental Health Services and the Centers for Substance Abuse Prevention and Treatment, within the Substance Abuse and Mental Health Services Administration (SAMHSA) have had markedly different planning and application processes, as well as different reporting requirements and timeframes. In recent years, SAMHSA has encouraged states to complete a "unified" application and reporting format. The funds continue to be awarded separately but states are strongly encouraged to participate in joint planning to transform their behavioral health system into one that is fully integrated. A detailed timetable for application and reporting is included at the end of this summary.

SAMHSA requires that Block Grant funds be directed toward four purposes: (1) To fund priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage; (2) To fund those priority treatment and support services not covered by Medicaid, Medicare or private insurance and that demonstrate success in improving outcomes; (3) To fund universal, selective and targeted prevention activities and services; and (4) To collect performance and outcome data to determine effectiveness and to plan the implementation of new services. States are instructed to include in their plan the efforts made toward the transition of block grants for these four purposes.

Block Grant funds may only be used to carry out the activities identified in the state's approved plan; to evaluate programs under the plan; and to plan, administer and educate stakeholders regarding services and supports under the plan. The majority of the block grant funds are allocated to Kentucky's fourteen Regional Behavioral Health Boards (the Community Mental Health Centers) that provide a full array of mental health and substance abuse prevention and treatment services. Federal limitations on administrative costs and maintenance of effort requirements are met. A certain percentage of the state's mental health funding must be set aside for children's services, and a certain percentage of substance abuse funding must be set aside for prevention activities. Kentucky generally exceeds these minimum requirements.

The plans required by the block grant must address all activities and funding that build systems of care for individuals with behavioral health care needs, not just those supported by Block Grant funds. Therefore, the data in this report and the Uniform Reporting System (URS) Tables includes services provided with all available funds, including Medicaid, other federal grants, locally obtained funds, and appropriations from the Kentucky General Assembly.

The planning process required by the federal agency also provides an opportunity to present it for formal review by a panel of stakeholders, the Kentucky Behavioral Health Planning & Advisory Council. Parents, family members, and consumers are well represented on the Council (51%), and we believe that the state’s publicly funded behavioral health system is stronger because of their involvement, ideas, and comments. There are currently new members being added to the Council to more fully represent consumers and family members affected by substance use disorders.

As a result of the required planning process for the funding application for which this implementation report is submitted, the table below represents the *State Priorities* for Kentucky’s publicly funded behavioral healthcare system that were created in the FFY 2014-2015 grant cycle.

| STATE PRIORITIES | |
|-------------------------|--|
| 1 | Ensure access to behavioral health services and supports across the Commonwealth. |
| 2 | Ensure availability of high quality (science based) services and supports for all consumers of the publicly funded behavioral healthcare system. |
| 3 | Promote holistic, integrated physical and behavioral health services/supports, utilizing bi-directional models, across Kentucky’s publicly funded healthcare system. |
| 4 | Reduce health disparities and premature death among individuals with behavioral health disorders. |
| 5 | <p>Maintain focus on addressing the behavioral healthcare needs of targeted populations, including:</p> <ul style="list-style-type: none"> • Persons who have mental health or substance abuse disorders and are: <ul style="list-style-type: none"> ➤ Pregnant; ➤ Diagnosed with HIV/AIDS; ➤ Intravenous drug users; ➤ Diagnosed with tuberculosis; ➤ Adolescents; or ➤ Parents with dependent children. • Adults with Severe Mental Illness • Children/youth with Severe Emotional Disturbance; or • Individuals with co-occurring mental health and substance use disorders. |

| | |
|----|--|
| 6 | Further develop evidence-based substance abuse prevention and mental health promotion and prevention activities across the Commonwealth. |
| 7 | Further develop behavioral health services and supports for adults with SMI and children/youth with SED who are involved with the juvenile and criminal justice systems. |
| 8 | Expand behavioral health (mental health and substance abuse) prevention and treatment services to military personnel, veterans and their families. |
| 9 | Enhance the knowledge and skills of behavioral health providers and others that could/do lend support to citizens with behavioral health disorders (first responders, correctional officers, courts, employers, human service agencies, etc.). |
| 10 | Increase the utilization of data to drive planning, treatment and coordination of the publicly funded behavioral healthcare system. |

States are required to develop Goals, Strategies and Performance Indicators to address each of these priorities and to report on the state's progress towards the goals and objectives annually. The detailed reporting of progress is provided in Table 1 of this document. Additionally, states are required to provide detailed expenditure data in formatted Tables. Some of the tables are required and some are optional.

The FFY 2014-15 block grant application/plan was submitted on September 1, 2013 for the two year period of October 1 2013-September 30, 2015. Kentucky also submitted an abbreviated funding application based on the plan in the interim year (September 1, 2014) and this document is the year two report. The table below shows the timelines with which states must comply. Kentucky submitted its plan for FFY 2016-21017 on September 1, 2015.

| Application for FFY | Two Year Plan Due | Abbreviated Funding Application | Plan is for the Period of | Implementation Reports Due | Reporting Period |
|---------------------|-------------------|---------------------------------|---------------------------|----------------------------|------------------|
| 2014 | 9/3/2013 | | 10/1/13-9/30/15 | 12/1/15 | 7/1/13-6/30/14 |
| 2015 | | 9/1/2014 | 10/1/14-9/30/15 | 12/1/16 | 7/1/14-6/30/15 |
| 2016 | 4/1/15-9/1/2015 | | 7/1/15-6/30/17 | 12/1/17 | 7/1/15-6/30/16 |
| 2017 | | 9/1/2016 | 10/1/16-9/30/17 | 12/1/18 | 7/1/16-6/30/17 |

Note: Reporting for SYNAR is due by December 31.