

COMMONWEALTH OF KENTUCKY
JUSTICE & PUBLIC SAFETY CABINET



2009 COMBINED ANNUAL REPORT

KENTUCKY OFFICE OF DRUG CONTROL POLICY
AND
KENTUCKY AGENCY FOR SUBSTANCE ABUSE POLICY

J. Michael Brown, Secretary
Justice & Public Safety Cabinet

Van Ingram, Executive Director
Office of Drug Control Policy
January 2010



STEVEN L. BESHEAR
GOVERNOR

COMMONWEALTH OF KENTUCKY
OFFICE OF DRUG CONTROL POLICY
JUSTICE AND PUBLIC SAFETY CABINET

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VAN INGRAM
EXECUTIVE DIRECTOR

January 31, 2010

The Honorable Steven Beshear, Governor
The Honorable Daniel Mongiardo, Lt. Governor
Commonwealth of Kentucky
The State Capitol
Frankfort, Kentucky 40601

Dear Governor Beshear and Lt. Governor Mongiardo:

Since the establishment of this office on July 9, 2004, by Executive Order 2004-730, we have been responsible for all matters relating to the research, coordination and execution of drug control policy for the Commonwealth, while directing state and federal grants management that focus on prevention/education, enforcement and treatment efforts.

The ODCP is proud to coordinate Kentucky's response to substance abuse through prevention, treatment and law enforcement. Our goal is to change the way substance abuse is handled in Kentucky and reduce the problem, making the Commonwealth a model for other states.

We continue to work toward significant goals that will strengthen our position to fight drugs in our state through innovative partnerships, technology and leadership.

This report focuses on the 2009 accomplishments of ODCP and the Kentucky Agency for Substance Abuse Policy (KY-ASAP) and the advances of other major partners in the drug abuse system. We continue to strengthen our partnerships within our Cabinet, Cabinet for Health and Family Services, Energy and Environmental Cabinet, Personnel Cabinet and across the state with coalitions and local boards, the law enforcement community, substance abuse treatment providers, prevention agencies and other stakeholders.

Each of you has first-hand experience about the problems and challenges Kentucky faces in the area of substance abuse. Your participation is crucial in the battle against drug abuse in the Commonwealth. This past year presented great challenges as well as great opportunity for us to come together to share ideas and vast knowledge of local and state issues.

Drug abuse is a statewide problem that doesn't stop at city or county lines. Continuing these collaborative initiatives will help us get drugs off the street and prevent our youth from being involved before drugs ravage another Kentucky community. Our future generations are depending on us.

Although there is much to do on the substance abuse front, we have only just begun to make progress and will continue to do so with your support and that of the General Assembly.

Sincerely,

A handwritten signature in cursive script that reads "Van L. Ingram".

Van Ingram
Executive Director

Table of Contents

▶ Executive Summary	1
▶ Overarching Themes	2
▶ Trends	3
▶ Law Enforcement	5
◆ Drug Task Forces	5
◆ Coverage Map	5
◆ Partnerships	6
◆ MethCheck	8
▶ Trainings	9
▶ Collaborative Partnerships	12
▶ Prevention	14
◆ Kentucky Agency for Substance Abuse Policy	14
□ State Board Members	18
□ Financial Report	20
□ 2010 Funding Allocations	22
□ Local Board Coverage Map	24
□ State Agency Reports	25
▪ Administrative Office of the Courts	25
▪ Cabinet for Health and Family Services.....	28
▪ Kentucky Department for Public Health	29
▪ Kentucky Department of Education.....	31
▪ Alcoholic Beverage Control	31
▪ American Cancer Society	31
▪ American Heart Association.....	31
▪ American Lung Association	32
▪ Christian Appalachian Project	33
▪ Kentucky Association of Regional Mental Health Mental Retardation Program.....	34
▪ REACH of Louisville	35
▪ Local Tobacco Addiction/substance Abuse Board.....	36
◆ Champions	37
◆ Partnership for a Drug-Free Kentucky.....	39
◆ KY for Responsible RX.....	41
◆ Members of KY for Responsible RX.....	42
▶ Treatment.....	43
◆ Recovery Kentucky.....	43
◆ Coverage Map	45
▶ Funding	46
▶ Cabinet Reports	47
◆ Cabinet for Economic Development.....	47
◆ Education Cabinet.....	47

◆Energy and Environment Cabinet	47
◆Finance & Administration Cabinet	47
◆Cabinet for Health & Family Services.....	48
◆Labor Cabinet	54
◆Personnel Cabinet	54
◆Public Protection Cabinet (Alcoholic Beverage Control)	54
◆Tourism, Arts and Heritage Cabinet	57
◆Transportation Cabinet.....	57
◆Department of Military Affairs.....	57
▶Office of Drug Control Policy Staff	58

Executive Summary

During the 2006 General Assembly, the Office of Drug Control Policy was enabled as the result of the reorganization of the Justice and Public Safety Cabinet. The enabling legislation designates the Office of Drug Control Policy to be responsible for all matters relating to the research, coordination, and execution of drug control policy and for the management of state and federal grants including but not limited to the prevention and treatment related to substance abuse. *By December 31 of each year, the Office of Drug Control Policy shall review, approve, and coordinate all current projects of any substance abuse program which is conducted by or receives funding through agencies of the executive branch. This oversight shall extend to all substance abuse programs which are principally related to the prevention or treatment, or otherwise targeted at the reduction of substance abuse in the Commonwealth.*

This report is intended to fulfill the statutory obligation listed above.

As this report reflects, there are many ongoing projects throughout state government attempting to prevent and diminish substance abuse.

The majority of the programs are administered by the Division of Mental Health and Substance Abuse in the Cabinet for Health and Family Services. There are prevention as well as enforcement programs throughout the Justice and Public Safety Cabinet as well as the Alcoholic Beverage Control division. This report highlights the successful ongoing efforts of the Kentucky Agency for Substance Abuse Policy, law enforcement, and all other state agencies addressing substance abuse crisis.

Overarching Themes

Core Principles

- Coordination of federal, state and local government efforts is essential to effectiveness
- Collaboration and communication among key stakeholders and agencies is vital to success
- Mobilizing community initiatives is effective in addressing substance abuse
- Utilizing multiple funding streams yields improved results
- Treatment, when available, works in healing lives, families and communities
- Preventing the onset of alcohol, tobacco and illicit drug use among youth is paramount to the reduction of demand

Overarching Goals

- Establish multi-jurisdictional enforcement efforts that contain local and state representatives to coordinate, and when possible, integrate publicly funded prevention, treatment and enforcement efforts
- Reduce the demand for illicit drugs in Kentucky
- Reduce the supply of illicit drugs in Kentucky
- Promote the implementation of evidence-based strategies that target youth and adults
- Reduce the stigma associated with alcohol and drug addiction
- Promote safer communities and family stability
- Promote and support legislative efforts to address and fund alcohol, tobacco and other drug use/abuse initiatives

Trends

Prescription drug abuse by teens is just one emerging drug trend.

Every year, people find new and often very dangerous ways to get high.

Abuse and deaths are up. The national trends are worrisome. We need more prevention, intervention and treatment services.

Epidemiologists study the origins, spread and control of diseases, in a public health model. In the field of substance abuse, they track changes in patterns of drug use, including the incidence and prevalence of the use of specific drugs, characteristics of users and emerging trends.

In addition to intentional abuse of prescription drugs by teens, closer to home we see the following trends in Kentucky:

- Domestic production of methamphetamine is back on the rise across the nation and Kentucky is no exception. There were over 600 clandestine labs, highest number yet in Kentucky.
- A trend has developed involving hundreds of Kentuckians traveling to South Florida to obtain painkillers.
- This problem is compounded due to the large number of pain clinics in South Florida and their lack of a prescription monitoring program.
- Northeast Kentucky is identified by SAMSHA as having one of the highest rates of non-medical use of painkillers in the nation by persons 12 and over.
- Cocaine remains a major threat in urban areas.
- Heroin availability is increasing in certain urban areas.
- Drug trafficking organizations headed by Mexican Nationals continue to flourish in many parts of Kentucky.
- Kentucky State Police in cooperation with Operation UNITE, the Attorney General's Office and other local agencies, made 500 arrests as the result of an investigation into the "Florida Pipeline".

Experts do not know exactly why the non-medical use of prescription drugs is increasing among teens. According to the national household survey, abuse of prescription pain relievers is second only to marijuana use. Many teens also believe they are safer than street drugs, that painkillers are not addictive and that there is less shame attached to using prescription drugs as compared to using drugs like heroin or cocaine.

The widespread availability and easy access of prescription pain relievers are the primary reasons for abuse. Doctors are prescribing more drugs for more health problems and online pharmacies make it easy to get prescription drugs without a prescription, even for teenagers. Vicodin, OxyContin and Xanax are among the drugs that are most likely to be abused.

Law Enforcement – Drug Task Forces

Kentucky's law enforcement community continued to perform at a high level during 2009. The Office of Drug Control Policy was instrumental in bringing law enforcement agencies together to share intelligence, resources and collaborate on significant drug investigations.

The Kentucky Justice and Public Safety Cabinet also provides grant funding for 14 multi-jurisdictional Drug Task Forces. During 2009, standards, model policies and best practices for Drug Task Force operations continued to be evaluated and reviewed and ensure program compliance. ODCP's Compliance Branch, in conjunction with the Grant's Management Branch, conducted annual audits and on-site inspections with all grant recipients and ensure program compliance.

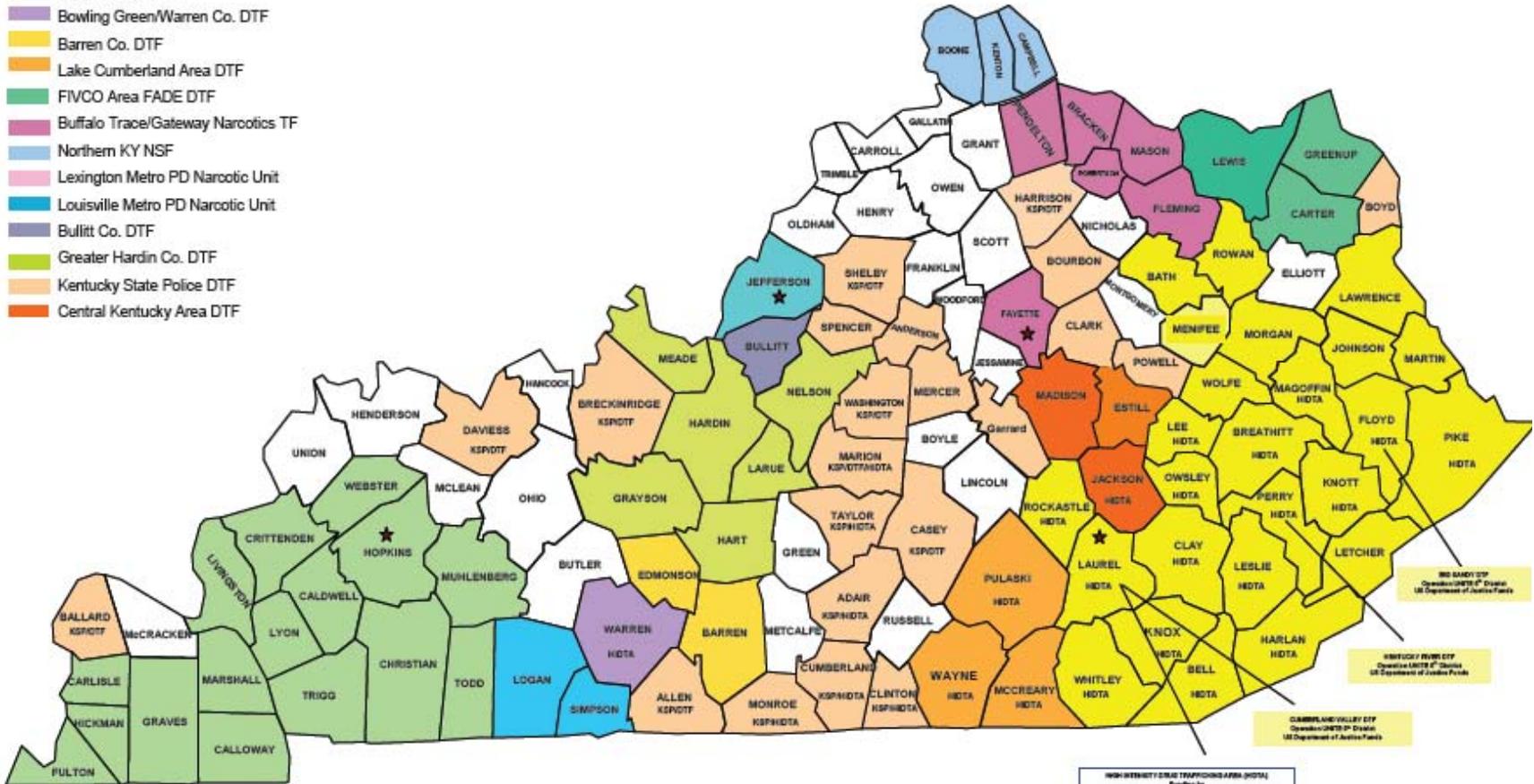
Many of Kentucky's police departments and sheriff's offices conduct drug investigations on a daily basis. Although they may not be part of a formalized Drug Task Force, there is still a great deal of collaboration and cooperation that occurs between federal, state and local agencies. Many local law enforcement agencies have detectives assigned exclusively to formalized Drug Task Forces. This section highlights the agencies and their contributions to drug enforcement.

Kentucky's Drug Task Forces have been instrumental in reducing the manufacturing of methamphetamine in rural and urban areas, reducing the illegal distribution of prescription drugs and the growth and distribution of marijuana.



Kentucky Drug Task Force Regions

- Pennyrile Narcotics TF
- South Central DTF
- Bowling Green/Warren Co. DTF
- Barren Co. DTF
- Lake Cumberland Area DTF
- FIVCO Area FADE DTF
- Buffalo Trace/Gateway Narcotics TF
- Northern KY NSF
- Lexington Metro PD Narcotic Unit
- Louisville Metro PD Narcotic Unit
- Bullitt Co. DTF
- Greater Hardin Co. DTF
- Kentucky State Police DTF
- Central Kentucky Area DTF



- ★ US Department of Justice
Drug Enforcement Administration
Louisville District Office – Jefferson County
Lexington Resident Office – Fayette County
London Resident Office – Laurel County
Madisonville Post Of Duty – Hopkins County

HIGH INTEREST DRUG TRAFFICKING AREA (HDTA)
Funded by
Office of National Drug Control Policy (ONDCP)

INDY SANDY ZIP
Operations/INTEP of Eastern
US Department of Justice Parks

INDY SANDY ZIP
Operations/INTEP of Eastern
US Department of Justice Parks

CLARKSVILLE VALLEY ZIP
Operations/INTEP of Eastern
US Department of Justice Parks

Law Enforcement – Partnerships

The Office of Drug Control Policy has many partners at the state, local and federal levels of enforcement. Without effective partnerships, the drug enforcement initiatives would suffer in efficiency. The opportunity to share manpower, information and resources is invaluable to successful operations. The ODCP works very closely with all of the partners listed below:

●Drug Enforcement Administration

The United States Department of Justice, DEA is the primary federal law enforcement agency in the United States charged with enforcing federal narcotic laws.

●Appalachia HIDTA

Appalachia HIDTA (High Intensity Drug Trafficking Area) was designated in 1998 through ONDCP. Since then, participating agencies from the 68 HIDTA counties in Kentucky, Tennessee and West Virginia have worked together to coordinate drug suppression activities. Kentucky has 27 of the 68 HIDTA counties.

●Multi-Jurisdictional Drug Task Forces

The Office of Drug Control Policy oversees and, in part, funds the network of 14 drug task force programs across the Commonwealth. Drug Task Forces currently cover 61 counties and serves 2.7 million citizens.

●Kentucky State Police Methamphetamine Response Program

KSP continues to be the lead law enforcement agency in the Commonwealth instrumental in the dismantling of clandestine methamphetamine laboratories. KSP has also provided funding, training, equipment, supplies and overtime to certified clan lab response personnel on state, county and local levels.

●Governor's Marijuana Strike Task Force

Kentucky is one of the top source states for the cultivation of very high quality domestic marijuana. This marijuana is a contributory factor for its desirability as an export product. In attacking a drug problem that affects an entire region of the nation, Kentucky's Marijuana Suppression Program has become an integral part of the National Drug Strategy and as such, has continued to receive nationwide acclaim.

●Kentucky State Police Rural Drug Suppression Program

The Rural Drug Suppression Program of the Kentucky State Police is comprised of at least one detective from each of the 16 State Police posts from around the state who conduct street level narcotic enforcement within their post area. In addition, detectives from Drug Enforcement Special Investigation East Section and West Section are also assigned to the program as needed. KSP detectives work cooperative narcotic investigations with most local agencies within their post areas as well as federal law enforcement agencies who may adopt state cases for federal prosecution.

●Alcoholic Beverage Control

ABC is charged to protect the public welfare and interest by regulating the alcohol beverage industry. The enforcement, education and legal divisions of ABC oversee licensing, provide training to people employed in the alcoholic beverage industry and enforce the laws and regulations of the Commonwealth pertaining to alcohol and tobacco violations. The enforcement and education divisions have also partnered in a new awareness program to prevent access and use of alcohol and tobacco products by minors.

Law Enforcement – MethCheck

On July 10, 2007 the Kentucky Department of Corrections expanded a contract they held with APPRISS, a Louisville-based company to provide the statewide VINE, JusticeXchange system. The contract included a pilot program to electronically monitor the sales of pseudoephedrine (PSE) in pharmacies in Laurel County, Kentucky. After two years of study, a revision of the original contract was approved by Finance and this program went into effect statewide on June 1, 2008. This project is a partnership between the Office of Inspector General Professional Standards Branch and the Cabinet for Health and Family Services and the Kentucky Office of Drug Control Policy. Funding for the first year of this project was provided by the KASPER program.

Kentucky became the second state to implement a real-time statewide electronic monitoring system capable of blocking the sale of pseudoephedrine products to individuals in violation of purchasing more than 9 grams in 30 days. It also provides 24/7 access to law enforcement officers conducting investigations on individuals suspected of violations of PSE restrictions. The Office of Drug Control Policy is required to respond to calls from pharmacies and customers during regular business hours. In the first 19 months of operation the system blocked over 30,000 attempts to violate PSE restrictions resulting in over 100,000 grams of PSE kept out of the hands of potential meth cooks.

Beginning in January 2010, this service will be provided free of charge to Kentucky and any other state that passes enabling legislation.

Trainings

Continuing education and training are invaluable tools for the KY-ASAP and its 75 local boards. During 2009, KY-ASAP attended or provided many training opportunities. These training experiences are as follows:

●2009 Kentucky Narcotic Officer's Conference

The 4th Annual Narcotic Officer's Conference was held in Louisville on December 7-9, 2009. Sponsors of the event were ODCP, Kentucky Narcotic Officers' Association, Jefferson County Sheriff's Department, Cabinet for Health Services, Office of Inspector General (KASPER), Appalachia HIDTA, the Regional Organized Crime Information Center, and Louisville Metro Police Department. Nearly 300 representatives of law enforcement throughout the state attended.

The conference featured topics regarding Case Study, Pseudoephedrine/Smurfing Investigations, Under Cover Operations and Post Incident Procedures, Undercover Risk Analysis, and Interdiction Stops. Local, state and federal law enforcement agencies were represented at the conference.

An award for Narcotic Officer of the Year was presented to Detective Randy Hunter, Kentucky State Police and Special Agent Donnie Kidd, FBI. A leadership award for his contribution to substance abuse issues was also given to Congressional Aide Marty Meyer.

●Local Board Update Training

The Kentucky Agency for Substance Abuse Policy recognizes the need to ensure each local board is equipped with the most up-to-date information as it relates to the requirements and elements in maintaining compliance. Additionally, these trainings/visits serve as a site-check mechanism allowing KY-ASAP staff to ensure that the local board is performing well and utilizing any funding appropriately and as approved. As of December 31, 2009, update trainings/visits have been held for the following Local KY-ASAP Boards:

- Lawrence County
- Pulaski County
- Heartland Trail
- Region 6
- Buffalo Trace
- Graves County

In an effort to gain the largest audience, the training is held in conjunction with the local board monthly or quarterly meeting. The Office of Drug Control Policy and KY-ASAP is excited and eager to continue to provide these update trainings in 2010.

•Trainings Attended

In addition to providing training, the Office of Drug Control Policy and KY-ASAP has attended training in an effort to maintain continuing education and knowledge as it relates to substance abuse prevention, treatment and law enforcement initiatives. Trainings attended in 2009 are as follows:

- Kentucky Prevention Network Conference. This conference allowed the Office of Drug Control Policy and KY-ASAP staff to attend workshops designed to inform about prescription drug diversion, utilizing the faith-based community in successful prevention efforts, legislative advocacy techniques, coalition building, managing change, and affecting positive underage drinking initiatives outcomes.
- Kentucky Summit on Underage Drinking. This conference allowed the Office of Drug Control Policy and KY-ASAP staff to identify and review strategies and policies that contribute to the prevention of underage and problem drinking as well as promote innovative partnerships to prevent underage and problem drinking on college and university campuses. The summit featured topics regarding drinking laws in college communities, enforcement strategies and social hosting.
- Community Anti-Drug Coalitions of America (CADCA) Mid-Year Training. This conference allowed the Office of Drug Control Policy and KY-ASAP staff to gain valuable information on topics regarding coalition fundamentals, capacity and community organizing, strategic and action planning, changing policies, evaluation and research.
- PRIDE World Drug Prevention Conference. The 32nd PRIDE 2009 Dream Big Conference was held in Louisville on April 8-11, 2009. The Kentucky Steering Committee was a collaboration of several agencies including The Office of Drug Control Policy/KY-ASAP, the Division of Mental Health and Substance Abuse, Department of Public Health, Pathways Regional Prevention Center, Portland Now Prevention Partnership, MADD, Seven Counties Regional Prevention Center, and KY Youth Empowerment Center.

PRIDE Youth Programs, is the nation's oldest and largest peer-to-peer organization devoted to drug abuse and violence prevention through

education. Each year PRIDE organizes, implements, and hosts the world's largest youth drug and violence prevention conference. PRIDE Youth Teams offer programs for students in kindergarten through college and reach out to their peers, younger students, and the community with an effective and strong drug-free message.

- National Narcotics Officers Training Conference held in Washington D.C.
- Alliance of States with Prescription Drug Monitoring Programs Annual Conference held in Washington D.C.
- Addiction Studies Programs for States sponsored by the Center for Addiction Studies and the National Association of State Legislators held September 10-12, 2009 in Seattle, Washington.

Collaborative Partnerships

The Office of Drug Control Policy has established significant working relationships with many governmental and private agencies across the Commonwealth and nationally. The strength of success is found in the quality of the working relationships. Listed below is a sampling of some of the agencies that have partnered with the ODCP on initiatives:

- The Commonwealth Alliance for Substance Abuse Prevention
- Department of Education
- Department for Medicaid Services
- Department for Public Health
- Division of Mental Health and Substance Abuse
- Eastern Kentucky University
- Environmental and Public Protection Cabinet
- Governor’s Task Force on Campus Safety
- Kentucky All Scheduled Prescription Electronic Reporting (KASPER)
- Kentucky Administrative Office of the Courts – Drug Courts
- Kentucky Alcoholic Beverage Control
- Kentucky Board of Pharmacy
- Kentucky Center for School Safety
- Kentucky County Attorney’s Association
- Kentucky Health Care Improvement Authority
- Kentucky Narcotic Officers’ Association
- Kentucky Office of Homeland Security
- Kentucky Pharmacists Association
- Kentucky Prevention Network
- Kentucky Retail Federation
- Kentucky School Boards Association

- Kentucky State Police
- Office of Inspector General in the Cabinet for Health and Family Services
- Office of National Drug Control Policy
- Operation Unlawful Narcotics Investigation, Treatment and Education
- Partnership for a Drug-Free America
- People Advocating Recovery
- PRIDE Youth Conferences
- Regional Organized Crime Information Center (ROCIC)
- REACH of Louisville
- Substance Abuse and Mental Health Services Administration
- SYNAR Inter-Agency Workgroup
- Tobacco Prevention and Cessation Program Strategic Planning Group
- University of Kentucky Center on Drug and Alcohol Research
- University of Kentucky Dental School
- Westcare of Kentucky

Prevention – Kentucky Agency for Substance Abuse Policy

The Kentucky Agency for Substance Abuse Policy (KY-ASAP) was created in 2000 to develop a strategic plan to reduce the prevalence of alcohol, tobacco and other drug use among youth and adult populations in Kentucky and coordinate efforts among state and local agencies in the area of substance abuse prevention.

KY-ASAP has continued to evolve since its placement into the Office of Drug Control Policy (ODCP) in 2004. KY-ASAP continues to embrace and incorporate the philosophy of ODCP to involve the three-pronged approach of prevention, treatment and enforcement in the area of substance abuse. During SFY 2009 local boards received \$1,740,939.41 in funding to implement their efforts to reduce the prevalence of tobacco, alcohol and other drugs in their communities.

Local boards are currently and have been involved in the following activities:

- Supporting tobacco cessation programs
- Contracting with local school districts to provide evidence-based prevention programs in schools
- Hosting regional youth summits which focused on tobacco and underage drinking issues
- Investing in drug courts for adults and juveniles
- Providing Meth Awareness Trainings for community members
- Contracting with non-profit and for-profit treatment centers to pay for treatment services in their communities
- Contracting with local school boards to financially support school resource officers
- Providing financial support to law enforcement for prevention efforts
- Addressing substance abuse policies at all levels
- Media Ads with alcohol, tobacco and other substance facts (locally, statewide, & nationally)
- Student generated Public Service Announcements concerning substance abuse issues
- Supported community events such as Red Ribbon Week, Project Prom, Project Graduation, We Card, and Great American Ghost Out
- Collaborated with school districts and health departments to change smoking and drug policies at schools and provided financial support for programs such as Tobacco Education Groups/Tobacco Awareness Program (TEG/TAP), Teens Against Tobacco and Genesis Express
- Hosted Town Hall meetings to build awareness

- Preparing for community and school policy changes such as smoking ordinances, social host ordinances and random student drug testing
- Conducting adult and student surveys to assess the needs of their communities

Effective July 31, 2009, Kentucky Administrative Regulations 10 KAR 7:010 and 10 KAR 7:020 were revised. The revisions were necessary to bring the regulations up-to-date with current practices, to correct incorrect statute citations and to correct miscellaneous clerical information. Below is a summary of the modifications:

1. **Update reference statutes.** The previous versions cite statutes that have been revised. KRS 15A.340, 15A.342, and 15A.344 were previously codified as KRS 12.330, 12.332, and 12:334.
2. **Multi-County Local Board Membership.** Addition of provision that each county of a multi-county board must have member representation.
3. **Notification to State KY-ASAP.** Addition of provision that local boards immediately notify KY-ASAP of any membership changes.
4. **Initial Start-Up Funding.** Increases the percent allowed to be used prior to the KY-ASAP executive director's approval of long-term community strategic plan from fifteen percent to fifty percent.
5. **Semi-Annual Reporting.** Changes submission dates of semi-annual reports from March 1 and September 1 to January 15 and July 15.
6. **Miscellaneous Information.** Update information such as KY-ASAP office address and other miscellaneous clerical information.

Beginning with the SFY2009 funding cycle, local boards were required to submit their request for annual funding through the Justice & Public Safety Cabinet's new Grants Management System. The Grants Management System (GMS) is a completely web-based system that allows the local board to request funding, make modifications and submit its two semi-annual reports. Local Boards are given a unique username and password with which they can log-on to GMS from any computer with an internet connection. Once logged in, the local board can access their board's on-line award documentation. The GMS is proving to be a valuable tool by providing KY-ASAP a quick and efficient way in which to gather local board information and to track local boards' spending and activities.

KY-ASAP continues to publish "*The ASAP Connection*", a quarterly newsletter designed to share the hard work and dedication of all the local KY-ASAP Boards.

The newsletter grants local boards an opportunity to share the things that are happening in their communities. Whether it be town hall meetings, drug hotlines, youth awareness activities or other community involvement. The quarterly newsletter provides local ASAP boards with benchmarks and ideas that they too could implement in their own communities. To date, five issues have been published. "The ASAP Connection" can be viewed at <http://odcp.ky.gov/kyasap.htm>.

Local KY-ASAP Boards utilize the KIP (Kentucky Incentives for Prevention) survey, among others, to collect their baseline data. The survey is conducted bi-annually in the fall in even-numbered years, with 6th, 8th, 10th, and 12th graders attending school in most Kentucky counties. To learn more about the KIP Survey and view the latest drug trends among youth in Kentucky visit the REACH of Louisville website at: <http://www.reachoflouisville.com>. In addition to the KIP survey, many local boards also continually conduct other adult and youth surveys in an effort to ascertain the most current and relevant community data.

A key concept of KY-ASAP is policy change. Local Boards continually work within their respective communities to bring about such policy changes. In fact, several Kentucky Communities, many with the assistance of local KY-ASAP boards, have implemented policy and ordinance changes. These include:

Social Host Ordinance		Keg Registration		Responsible Beverage Serve Training	
Community	Year	Community	Year	Community	Year
Bardstown	2007	Bowling Green	1998	Bowling Green	2003
Boyle	2007	Fayette	2003	Burnside	unknown
Breckenridge	2005	Richmond	2004	Calvert City	unknown
Clinton	2008	Woodford	2004	Carrolton	unknown
Fayette	2000			Cave City	unknown
Hancock	2007			Corbin	unknown
Meade	2006			Danville	2007
Mercer	2005			Fayette	2005
Nelson	2007			Frankfort	2007
Oldham	1987			Georgetown/Scott	2001
Washington	2007			Harrodsburg	2003
				La Grange	unknown
				London	unknown
				Madison	2006
				Mayfield	unknown
				Mount Sterling	unknown
				Murray	2005
				Oak Grove	unknown

Social Host Ordinance		Keg Registration		Responsible Beverage Serve Training	
Community	Year	Community	Year	Community	Year
				Oldham County	unknown
				Owensboro	2004
				Radcliff	2007
				Richmond	2006
				Russellville	unknown
				Shelbyville	unknown
				Whitesburg	unknown
				Williamsburg	unknown

KY-ASAP: STATE BOARD MEMBERS

Connie Payne, Chairman
Administrative Office of the Courts

J. Michael Brown
Secretary, Justice & Public Safety Cabinet

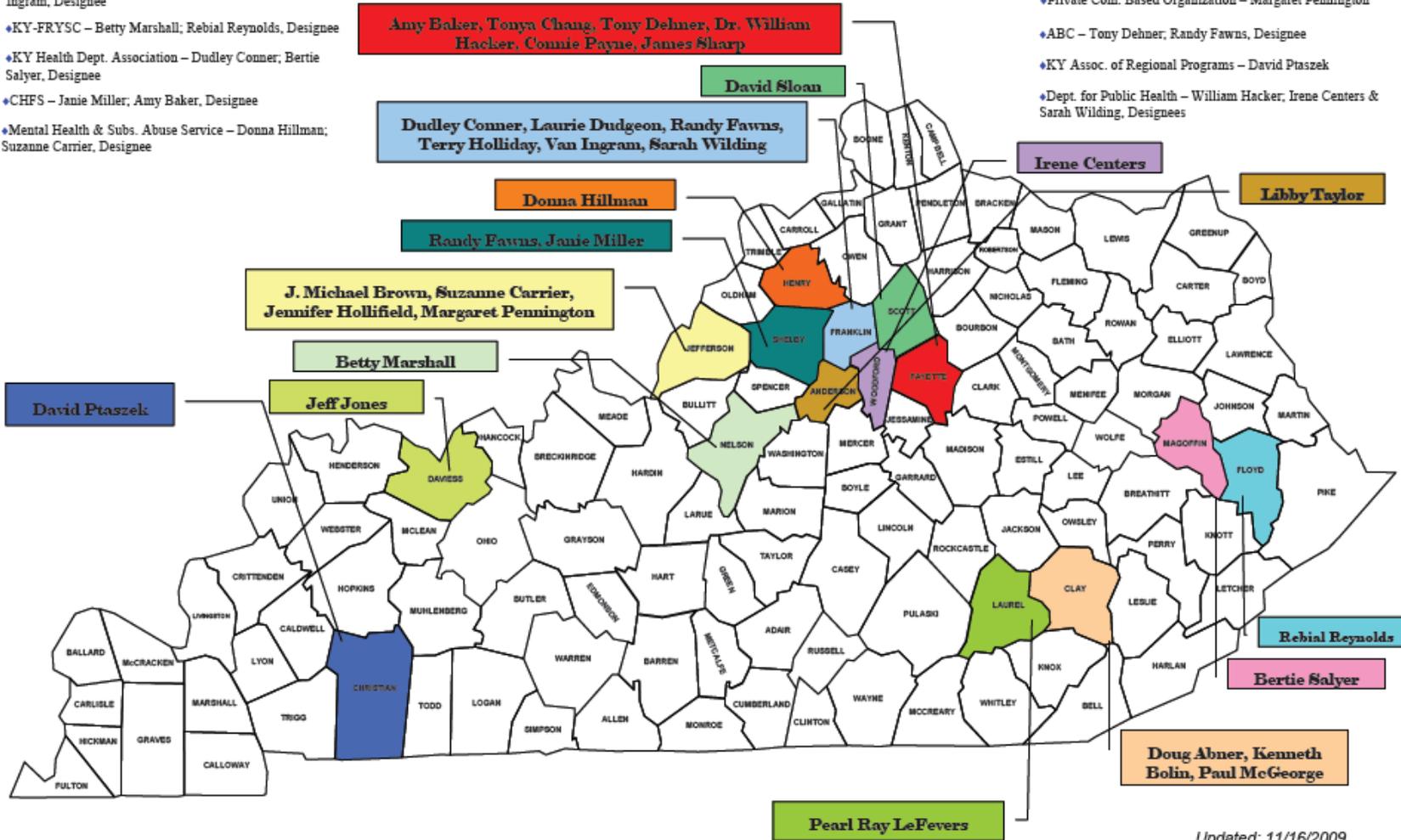
Michael Brown, Secretary Justice and Public Safety Cabinet Designee: Van Ingram	Janie Miller, Secretary Cabinet for Health & Family Services Designee: Amy Baker
Laurie Dudgeon, Director Administrative Office of the Courts Designee: Connie Payne	William Hacker, Commissioner Department for Public Health Designee: Irene Centers 2 nd Designee: Sarah Wilding
Donna Hillman Mental Health & Substance Abuse Service Designee: Suzanne Carrier	Tony Dehner, Commissioner Alcoholic Beverage Control Designee: Randy Fawns
Terry Holliday, Commissioner Department of Education Designee: Libby Taylor	David M. Ptaszek KY Association of Regional Programs
Betty Marshall KY Family Resource Youth Services Coalition Designee: Rebial Reynolds	Dudley Conner KY Health Department Association Designee: Bertie Saylor
Jeff Jones Local Tobacco Addiction, Subs. Abuse Board	Kenneth B. Bolin Local Tobacco Addiction, Subs. Abuse Board Designee: Doug Abner
Margaret Pennington Private Community Based Organization	Pearl Ray Lefevers Private Community-based Organizations Designee: Paul McGeorge
Jennifer Hollifield American Lung Association Designee: Betsy Janes	David Sloane American Heart Association Designee: Tonya Chang
James Sharp Kentucky Cancer Society	

- ♦American Heart Association – David Sloan; Tonya Chang, Designee
- ♦American Lung Association – Jennifer Hollifield
- ♦Local Tobacco Addiction, Subs. Abuse Board – Ken Bolin; Doug Abner, Designee
- ♦Private Com. Based Organization – Pearl Ray LeFevers; Paul McGeorge, Designee
- ♦Justice & Public Safety Cabinet – J. Michael Brown; Van Ingram, Designee
- ♦KY-FRYSC – Betty Marshall; Rebial Reynolds, Designee
- ♦KY Health Dept. Association – Dudley Conner; Bertie Salyer, Designee
- ♦CHFS – Jamie Miller; Amy Baker, Designee
- ♦Mental Health & Subs. Abuse Service – Donna Hillman; Suzanne Carrier, Designee



State Board Members' Counties

- ♦Kentucky Cancer Society – James Sharp
- ♦Local Tobacco Addiction, Subs. Abuse Board – Jeff Jones
- ♦Admin. Office of the Courts – Laurie Dudgeon; Connie Payne, Designee
- ♦Dept. of Education – Terry Holliday; Libby Taylor, Designee
- ♦Private Com. Based Organization – Margaret Pennington
- ♦ABC – Tony Dehner; Randy Fawns, Designee
- ♦KY Assoc. of Regional Programs – David Ptaszek
- ♦Dept. for Public Health – William Hacker; Irene Centers & Sarah Wilding, Designees



Updated: 11/16/2009

KY-ASAP: FINANCIAL REPORT

FISCAL YEAR 2009 – JULY 1, 2008 THROUGH JUNE 30, 2009

Type	July	August	September	October	November	December	Total
E111 - Salary	3,618.33	3,612.32	11,131.07	3,612.32	3,612.32	3,612.32	29,198.68
E121 - FICA	231.03	230.65	795.10	230.65	230.64	230.65	1,948.72
E122 - Retirement/Sick	334.92	361.60	1,114.24	361.60	361.60	361.60	2,895.56
E123 - Health Insurance	183.69	181.00	452.50	181.00	181.00	175.00	1,354.19
E124 - Life Insurance	1.87	1.86	4.65	1.86	1.86	0.00	12.10
E142 - Auditing				1,413.86			1,413.86
E147 - Advertising				2,345.90			2,345.90
E150 - Contracts (1st half Dist. of FY09 Allocation)			373,500.00	522,722.31			896,222.31
E150- Henry County Alcohol Hot Spot Contract	10,000.00						10,000.00
E150- Lyon County Inhalant & Alcohol Hot Spot Contract				31,534.65			31,534.65
E321 - Office Supplies		46.37	450.30				496.67
E341 - Food		275.00					275.00
E257 - Food						275.00	275.00
E361 - In-state Travel	119.99	369.46	363.58				853.03
E362 - Out of State Travel		558.59					558.59
E363 - Non State Employee Travel		142.10	133.28			368.48	643.86
E399 - Other (registration fees)		495.00			180.00		675.00
E417 - Program Administration Costs						1,250.00	1,250.00
TOTAL	14,489.83	6,273.95	387,944.72	562,404.15	4,567.42	6,273.05	981,953.12

Second Half of State Fiscal Year 2009 Expenditure Report

Type	July - Dec 08	January	Feb.	March	April	May	June	Total
E111 - Salary	29,198.68	3,630.39	11,217.35	3,648.46	11,242.42	1,824.23	11,800.99	72,562.52
E121 - FICA	1,948.72	231.97	783.34	233.28	785.18	116.63	809.84	4,908.96
E122 - Retirement/Sick	2,895.56	363.41	1,122.88	365.22	1,125.39	182.61	1,181.31	7,236.38
E123 - Health Insurance	1,354.19	181.00	452.50	181.00	458.50	87.50	230.62	2,945.31
E124 - Life Insurance	12.19	1.86	3.72	1.86	4.65		6.51	30.79
E142 - Auditing	1,413.86	0.00					1,684.80	3,098.66
E147 - Advertising	2,345.90	0.00			460.73	332.14	3,153.57	6,292.34
E150 - Contracts	896,222.31	896,222.32				6,856.46	4,458.36	1,803,759.45
E150 - 2nd half startup - Lawrence County		25,000.00						25,000.00
E150- Laurel County Alcohol Hot Spot Contract			1,929.28					1,929.28
E150- Henry County Alcohol Hot Spot Contract	10,000.00			5,454.16				15,454.16
E150- Gallatin County Alcohol Hot Spot Contract					13,495.67			13,495.67
E150- Lyon County Inhalant & Alcohol Hot Spot Contract	31,534.65							31,534.65
E243 - Postage				15.94				15.94
E321 - Office Supplies	496.67		212.29	20.96		3.18	-583.31	149.79
E341 - Food	275.00		205.00			153.65		633.65
E257 - Food	275.00							275.00
E355 - Partnership Videos			1,841.40					1,841.40
E361 - In-state Travel	853.03				45.01	85.88		983.92
E362 - Out of State Travel	558.59							558.59
E363 - Non State Employee Travel	643.86		162.80	92.50		181.64		1,080.80
E381 - Dues & Subscriptions		20,000.00						20,000.00
E399 - Other (registration fees)	675.00							675.00
E417 - Program Administration Costs	1,250.00							1,250.00
TOTAL	981,953.21	945,630.95	17,930.56	10,013.38	27,617.55	9,823.92	22,742.69	2,015,712.26

State Fiscal Year 2010 Funding Allocations

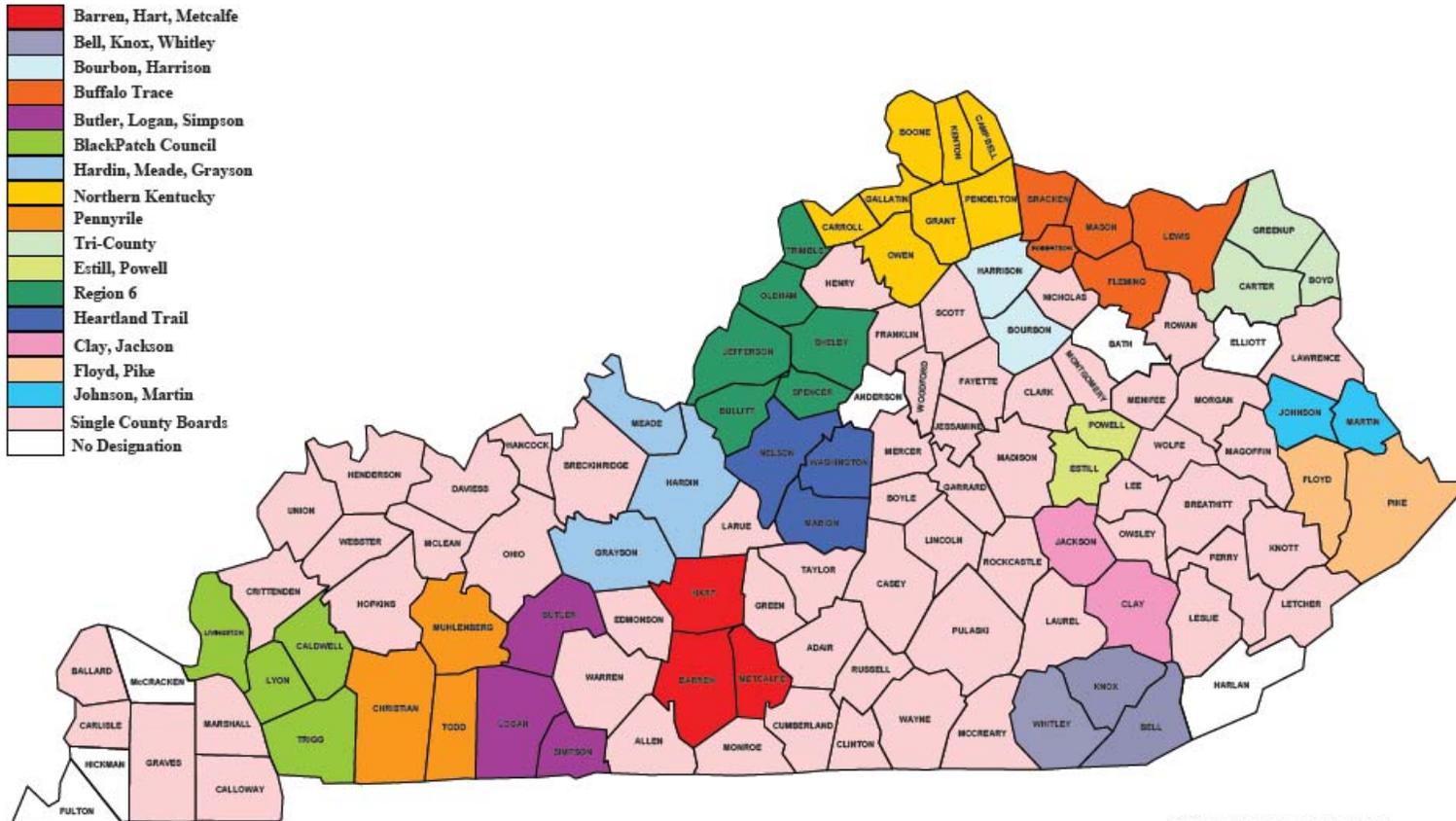
09 Tobacco Settlement Allotment		\$1,923,400.00	
Carryover Funds		\$118,604.00	
Available Funds (prior to admin deduction)		\$2,042,004.00	
Admin Costs -9% of SFY 2010 allocation		\$173,106.00	
Total Funds available for Program Expense			\$1,868,898.00
KY-ASAP RFP 2010			
Local Board	Amount Requested	Amount Awarded	
Adair Co.	\$15,600.00	\$15,600.00	
Allen Co.	\$15,600.00	\$15,600.00	
Ballard Co.	\$15,600.00	\$15,600.00	
Barren/Hart/Metcalf	\$46,800.00	\$46,800.00	
Bell/Knox/Whitley	\$46,800.00	\$46,800.00	
Black Patch	\$62,380.88	\$62,380.88	
Bourbon/Harrison	\$31,200.00	\$31,200.00	
Boyle Co.	\$15,600.00	\$15,600.00	
Breathitt Co.	\$15,600.00	\$15,600.00	
Breckinridge Co.	\$15,600.00	\$15,600.00	
Buffalo Trace	\$78,000.00	\$78,000.00	
Butler/Logan/Simpson	\$46,800.00	\$46,800.00	
Calloway Co.	\$15,600.00	\$15,600.00	
Carlisle Co.	\$15,600.00	\$15,600.00	
Casey Co.	\$15,600.00	\$15,600.00	
Central KY (Taylor Co.)	\$15,600.00	\$15,600.00	
Clark Co.	\$15,600.00	\$15,600.00	
Clay/Jackson	\$31,200.00	\$31,200.00	
Clinton Co.	\$15,600.00	\$15,600.00	
Crittenden Co.	\$15,600.00	\$15,600.00	
Cumberland Co.	\$15,600.00	\$15,600.00	
Daviess Co.	\$15,600.00	\$15,600.00	
Edmonson Co.	\$15,600.00	\$15,600.00	
Estill/Powell	\$31,200.00	\$31,200.00	
Fayette Co.	\$15,600.00	\$15,600.00	
Floyd-Pike	\$31,200.00	\$31,200.00	
Franklin Co.	\$15,600.00	\$15,600.00	
Garrard Co.	\$15,600.00	\$15,600.00	
Graves Co.	\$15,600.00	\$15,600.00	
Grayson/Hardin/Meade	\$46,800.00	\$46,800.00	
Green Co.	\$15,600.00	\$15,600.00	
Hancock Co.	\$15,600.00	\$15,600.00	
Heartland Trail	\$46,800.00	\$46,800.00	
Henderson Co.	\$15,600.00	\$15,600.00	
Henry Co.	\$15,999.73	\$15,999.73	

Hopkins Co.	\$15,600.00	\$15,600.00	
Jessamine Co.	\$0.00	\$0.00	
Johnson/Martin	\$31,200.00	\$31,200.00	
Knott Co.	\$15,600.00	\$15,600.00	
LaRue Co.	\$15,600.00	\$15,600.00	
Laurel Co.	\$15,600.00	\$15,600.00	
Lawrence Co.	\$15,600.00	\$15,600.00	
Lee Co.	\$15,600.00	\$15,600.00	
Leslie Co.	\$15,600.00	\$15,600.00	
Letcher Co.	\$15,600.00	\$15,600.00	
Lincoln Co.	\$15,600.00	\$15,600.00	
Madison Co.	\$15,600.00	\$15,600.00	
Magoffin Co.	\$15,600.00	\$15,600.00	
Marshall Co.	\$15,600.00	\$15,600.00	
McCreary Co.	\$9,730.00	\$9,730.00	
McLean Co.	\$15,600.00	\$15,600.00	
Menifee Co.	\$15,600.00	\$15,600.00	
Mercer Co.	\$15,600.00	\$15,600.00	
Monroe Co.	\$15,600.00	\$15,600.00	
Montgomery Co.	\$15,600.00	\$15,600.00	
Morgan Co.	\$15,600.00	\$15,600.00	
Nicholas Co.	\$15,600.00	\$15,600.00	
Northern KY	\$124,800.00	\$124,800.00	
Ohio Co. Together We Care	\$15,600.00	\$15,600.00	
Owsley Co.	\$15,600.00	\$15,600.00	
Pennyrile	\$46,800.00	\$46,800.00	
Perry Co.	\$15,600.00	\$15,600.00	
Pulaski Co.	\$15,600.00	\$15,600.00	
Region 6	\$93,600.00	\$93,600.00	
Rockcastle Co.	\$15,600.00	\$15,600.00	
Rowan Co.	\$15,528.80	\$15,528.80	
Russell Co.	\$15,600.00	\$15,600.00	
Scott Co.	\$15,600.00	\$15,600.00	
Tri-County (Boyd, Carter, Greenup)	\$46,800.00	\$46,800.00	
Union Co.	\$15,600.00	\$15,600.00	
Warren Co.	\$15,600.00	\$15,600.00	
Wayne Co.	\$15,600.00	\$15,600.00	
Webster Co.	\$15,600.00	\$15,600.00	
Wolfe Co.	\$15,600.00	\$15,600.00	
Woodford Co.	\$15,600.00	\$15,600.00	
Totals	\$1,740,939.41	\$1,740,939.41	\$127,958.59
Remainder to payout on SPF SIG Readiness One-Time Grants	Max \$45,000.00 per county - 9 eligible		\$23,070.72
Sub Total			\$104,887.87
Startup funding in reserve (to be used as new boards develop)	Required by statute	\$50,000.00	
Funds not yet allocated			\$54,887.87



KY-ASAP Local Boards – 2009

75 Local Boards (Represents 113 Counties)



Office of Drug Control Policy
Updated: 11/19/2008

KY-ASAP: State Agency Report

KY-ASAP is required by KRS 15A.342 (formerly codified as KRS 12.332) (20) to report on "the proper organization of state government agencies that will provide the greatest coordination of services, report semi-annually to the Legislative Research Commission and the Governor on the proper organization structure, devising and implementing an accountability system to be designed to ensure efficiency and efficacy of service and grants, and on other matters as requested by the Legislative Research Commission and the Governor." The following is the semi-annual update of state government activities and other organizations that serve on the KY-ASAP state board.

●Administrative Office of the Courts (AOC)

Federal:

In August 2009, the Kentucky Drug Court Department hosted a BJA grant funded statewide Drug Court conference that focused on team work and team building. Over 480 team members from a variety of disciplines attended the 2.5 day conference consisting of workshops conducted by nationally recognized and prominent state and local presenters. In addition to BJA grant funding for the conference, a 2009 BJA grant was awarded to implement a drug court at the misdemeanor level in Clark/Madison Counties. The Drug Court Department collaborated with the University of Kentucky Center for Drug and Alcohol Research and local community mental health and substance abuse agencies in applying for national Substance Abuse and Mental Health Services Administration grants to enhance existing treatment and case management services for drug court participants. The collaboration resulted in the funding of 3 enhancement projects in 2008 and 3 more in 2009. These grants not only allow for the enhanced services, but will also allow the drug court programs receiving the funding to increase the number of participants served overall.

The Kentucky Drug Court Executive Officer was elected as secretary in the National Association of Drug Court Professionals (NADCP) National Board. The Drug Court Department worked with the NADCP by participating in a NADCP Congress meeting, by working with the NADCP National Board, by presenting at the NADCP conference and by attending the NADCP conferences. The focus of the NADCP is to provide substance abuse education, share model programs, research and create partnerships across the country.

State:

Office of Drug Control Policy (ODCP):

The AOC, ODCP and Division of Mental Health and Substance Abuse continues to work closely in administering a Substance Abuse and Mental Health Services Administration (SAMHSA) grant on behalf of the AOC for a program with the Fayette County Family Drug Court. The program was awarded funding in fiscal

year 2006. The SAMHSA grant ended with a no-cost extension May, 2009. All reports and federal requirements were completed and submitted as required. The Fayette County Family Drug Court continues to serve Fayette County and is currently serving a caseload of 43 participants.

ODCP administers funds to the AOC Drug Court Department in coal producing counties. Adult Drug Courts in 15 counties are operational through these funds. Since inception, these programs have graduated 253 participants, have collected over \$302,000.00 in child support, restitution and court costs and as of December 7, 2008 had 209 active participants.

Department of Vocational Rehabilitation:

The Drug Court Department participated in three regional trainings with the Department of Vocational Rehabilitation. These trainings provided the Vocational Rehabilitation staff with information concerning substance abuse and Drug Courts. Across the Commonwealth, the Drug Court Department works daily with the Department of Vocational Rehabilitation. In 2009, representatives from the Department of Vocational Rehabilitation were invited to attend all the Drug Court team trainings conducted by the Drug Court Manager. Attending the trainings ensured familiar with the Department and their resources.

KY-ASAP:

KY-ASAP continues to provide support to the AOC Drug Court programs throughout the state. Jurisdictions have often sought and received assistance through KY-ASAP for enhanced funding for the basic essentials of Drug Court, drug testing and treatment. KY-ASAP local boards also provide a variety of assistance to Drug Court programs, ranging from providing transportation for participants, to purchasing graduation items, assisting with resources, or assisting with education about alcohol and drugs.

Operation UNITE:

The AOC Drug Court Department and Juvenile and Family Services Department continue to partner with Operation UNITE through the use of Operation UNITE's treatment vouchers, shared trainings, and collaborative projects. Local UNITE community coalitions assist individual Drug Court programs with a variety of needs ranging from assistance in arranging transportation to educational opportunities.

Department of Juvenile Justice (DJJ):

DJJ has assisted the AOC Juvenile Services Department by providing funds for pilot juvenile programs. In Fiscal Year 2008, DJJ continued to provide funds for the Henderson Juvenile Drug Court. The AOC Department of Family and Juvenile Services recently applied for and received a grant to fund a Re-Entry Drug Court for youth in Northern Kentucky. This program will serve youth

returning to their home community after a commitment to the Department for Juvenile Justice. The Drug Court model including drug testing, court accountability and case management, will be used with these youth. The re-entry program will begin accepting youth in February 2009.

Justice and Public Safety Cabinet:

The Pretrial Services Department applied for and received a JAG grant from the Cabinet of Justice and Public Safety. The grant provides funding for pretrial drug testing of defendants who do not have the ability to pay. If a defendant is ordered to be drug tested as a condition of bond, defendants are required to pay for their own testing. Prior to receiving the JAG grant, the financial aspect of pretrial drug testing created a problem for indigent defendants.

Department of Mental Health and Mental Retardation Services:

The AOC Juvenile Services Department has on-going collaboration with mental health services regarding the Global Appraisal of Individual Needs-Quick (GAIN-Q) developed by Chestnut Health Systems to assess juveniles' participation in Juvenile Drug Court. The tool is utilized across agencies to identify and address substance abuse issues and/or needs regarding treatment and services. Representatives from the Department of Mental Health and Mental Retardation Services provide free training and technical assistance to certify in-house staff as trainers; therefore providing sustainability within the program. During the previous year, AOC's Juvenile Drug Court programs began utilizing the computerized GAIN ABS program, with the goal of further streamlining processes and giving the ability for our programs to utilize the follow-up mechanism embedded in the GAIN software to track program outcomes.

Local Government:

Several fiscal courts throughout the state continue to provide money and/or space for Kentucky Drug Court programs in their jurisdiction. This funding pays for staff, additional treatment and additional drug testing.

Educational Opportunities:

Having recognized a need for qualified substance abuse counselors, the Drug Court Department applied for a grant from the Appalachian Regional Commission. The Drug Court Department collaborated with Kentucky River Comprehensive Care to develop and provide classes that will prepare individuals to take the exam to be a Certified Alcohol and Drug Counselor (CADC). The classes were available for Drug Court staff, eastern Kentucky Comprehensive Care employees or other qualified citizens. These classes were in addition to the federal BJA conference grant which hosted over 480 Kentucky Drug Court team members from a variety of disciplines.

Free or inexpensive educational opportunities were available to Drug Court staff. These trainings were provided by the Division of Mental Health and Substance Abuse (MHSA), University of Kentucky Institute on Women and Substance Abuse, DJJ, Operation UNITE and Oasis.

In April 2009, the AOC Department of Judicial Education hosted a two and one half day DUI College for District Judges. The program focused on a variety of aspects of DUIs, including drugged driving and how drugs affect the mind. In addition, the AOC Department of Judicial Education's Fall Circuit Judge's College featured a segment dedicated to the discussion of treatment options and Senate Bill 4's directive to aggressively provide drug treatment to offenders.

Pretrial Services:

With monitored conditional release and diversion programs, the AOC Department of Pretrial Services uses various methods to identify substance abuse issues of pretrial clients. Pretrial Services use a combination of standardized screening instruments, past criminal history and referrals to community providers to determine treatment needs of each client.

Based on the assessment, a recommendation is made to the court for consideration of release from jail with the condition of obtaining a substance abuse evaluation by a licensed treatment facility or obtaining treatment. In some cases, drug testing along with treatment is recommended. If approved by the court, the Pretrial Officer meets with the client and provides him or her with a list of licensed treatment providers in the region. Pretrial Services then monitors compliance with the treatment conditions and/or drug testing until final disposition of the client's court case.

In 2009, legislation was introduced and passed which allows pretrial defendants who are charged with a Class C or D felony and are identified through the substance abuse screening to be considered for the Department of Corrections jail substance abuse program (SAP). This program offers early intervention and treatment in a jail facility while the defendant is awaiting disposition.

●**Cabinet for Health and Family Services (CHFS)** - Department for Mental Health and Mental Retardation Services (MHMR) - Division of Mental Health and Substance Abuse (MHSA)

The Cabinet for Health and Family Services (CHFS) - Department for Mental Health and Mental Retardation Services (MHMR) – Division of Mental and Substance Abuse (MHSA) agency report can be found in the Cabinet Report entry located on page 48 herein.

●Kentucky Department for Public Health

The Department for Public Health's Tobacco Prevention and Cessation Program's mission is to reduce the amount of disease and the number of deaths related to the use of tobacco among Kentuckians. Initiatives are based on the CDC Best Practices for tobacco control: preventing youth initiation, promoting quitting among adults and young people, eliminating exposure to secondhand smoke, and identifying and eliminating disparities among population groups disproportionately affected by tobacco use.

The Tobacco Program allocates approximately 90% of MSA funds received to local health departments. A CDC local grants program provides an additional \$300,000 in for specific projects. Local health department staffs teach prevention education in schools, provide smoking cessation programs, conduct community assessments, offer technical assistance to schools and businesses, and develop coalitions to promote and provide community interventions related to tobacco use.

Since 2008, we have seen a 30 cent increase in the state's cigarette excise tax (April 2009) which coincided with a federal excise tax increase of 60 cents; 25 municipalities have passed smoke-free laws since 2004; youth (current) smoking has declined significantly since 2000 – middle school declined 56% from 22% to 9.7% and high school 28% from 37% to 26.8%. There has been no significant decline in adult current smoking, however Kentucky is now ranked third highest in the nation (25.2% in 2008) behind Indiana and West Virginia.

Activities included:

The Tobacco Program applied for and received a grant from the CDC - "Kentucky Healthy Communications, Tobacco Control, Diabetes Prevention and Control." The total grant award is \$2,090,335; the tobacco portion is \$1,139,397. Other programs include diabetes, BRFSS, and healthy communities. All programs are required to work together collaboratively.

GIFTS (Giving Infants and Families Tobacco Free Starts). The GIFTS Pilot began in February 2008 with funding from the Anthem Foundation; the Tobacco Program now provides funding for the program. GIFTS Care Coordinators in nine Eastern Kentucky counties are coaching pregnant women on healthy lifestyles especially to stop smoking. We recently began discussions on expanding to urban areas such as Louisville and Lexington. The goal is to expand by integrating GIFTS into existing programs such as HANDS, Healthy Start, Family Planning, and WIC. The latest numbers for GIFTS (February 2008-June 30, 2009): 1286 pregnant smokers identified; 680 enrolled in GIFTS; 338 set quit dates; 270 were referred to the quit line (using fax referral form); 149 (21.9%)

have quit smoking; 739 total number of referrals for depression, domestic violence, social support, and secondhand smoke.

The Health Promotion Branch is working collectively on the Healthy Communities Grant. The CDC grant, combined with other programs, funded 3 community grants – Berea, McKee, and Cynthiana. A Healthy Communities Conference was held August 12-3 in Frankfort with approximately 150 people attending. The Healthy Communities Team attended Board Meetings in each community during August and September.

We worked with KPHA to hold four regional forums for policymakers on smokefree policy. The Kentucky Public Health Association Board of Directors chose to provide these forums not just based on the percentage of adult and youth smokers in Kentucky, which is the highest in the nation, but also because of the excessive amount of Kentucky tax dollars expended annually on managing the medical expenses associated with smoking and exposure to secondhand smoke. Therefore, the Board desired to provide an environment for information exchange and discussion of smoke-free laws and issues. The forums provided scientific information on the health effects of secondhand smoke; a review of communities/private businesses who have passed smoke-free ordinances/regulations and the associated strengths and weaknesses; and, information on the impact of local control versus a statewide law. The forums were held in Prestonsburg, Louisville, Madisonville, and Somerset.

The Tobacco and Diabetes Programs have joined forces to develop a toolkit for diabetes educators to assist them in counseling patients on tobacco use and exposure to secondhand smoke. The Tobacco Program is also tracking the number of callers to the quit line that have been diagnosed as diabetic and tracking quit line fax referrals from diabetes educators. Our CDC Cooperative Agreement strongly encourages integration between diabetes, tobacco, BRFSS, and healthy communities.

PRIDE 2009, 32nd World Drug Prevention Conference, was held in Louisville April 8-11, 2009. We participated on the Steering Committee and partnered with the Alert Regional Prevention Center to host a speaker and sponsor some of our youth advocates to attend. Approximately 150 Kentucky youth attended the event. Featured speakers included Kentucky Attorney General Jack Conway and First Lady Jane Beshear. Next year's conference will be held March 31-April 3, 2010 at the Galt House in Louisville.

The Kentucky Chapter of American Academy of Pediatrics asked DPH to assist them in meeting their quality improvement goal for 2009. The Tobacco Program developed a project to reduce pediatric exposure to secondhand smoke. The project includes 7 practices; each received training, a toolkit, and materials to

assist them in counseling patients and caregivers. Evaluation included a survey and chart reviews by the Program's Nurse Consultant.

●**Kentucky Department of Education (KDE)**

During Fiscal Year 2009, KDE provided Title IV funding and technical assistance to 174 school districts. Title IV funding is used to purchase and/or implement research-based programs shown to be effective in reducing behaviors in young people in regards to drug, alcohol and violence.

●**Alcoholic Beverage Control (ABC)**

The Alcoholic Beverage Control agency report can be found in the Cabinet Report entry located on page 54 herein.

●**American Cancer Society**

The American Cancer Society is a voluntary health organization dedicated to eliminating cancer death and suffering through research, education, advocacy and patient support services. Lung cancer is the leading cause of cancer-related death in both men and women in Kentucky with nearly 3,500 people dying this year alone. With smoking linked directly to lung cancer, the American Cancer Society works to impact this most preventable cause of death in our society.

In association with key partners, the American Cancer Society works to change state and federal policies to decrease the numbers of tobacco related deaths. Some of the most effective tactics advocated for include an increase in state tobacco taxes to reduce youth smoking and smoke-free local laws to protect all workers from the dangers of secondhand smoke.

The American Cancer Society also works to enact comprehensive tobacco control policies and cessation programs including education efforts to help people kick the tobacco habit and support services, like the Quit Line. For those diagnosed with cancer after smoking, the organization offers an array of patient support services so cancer patients can cope with the disease and its treatment.

●**American Heart Association**

The American Heart Association is a voluntary health organization dedicated to reducing death and disability due to heart disease and stroke. Because tobacco use is one of the major risk factors for heart disease and stroke, preventing and reducing tobacco use among children and adults is one of the association's top priorities. Our efforts in this area primarily take the form of advocacy initiatives

to promote policy and environmental changes that will have a positive impact on tobacco use and initiation.

The American Heart Association works with the American Lung Association, the American Cancer Society, the Campaign for Tobacco Free Kids and other key partners on all tobacco related advocacy activities. Policy initiatives are based on best practices guidelines for comprehensive tobacco prevention and cessation programs.

Raising the price of cigarettes is the single, most effective method for reducing youth smoking. As such, the American Heart Association supports raising the tobacco excise tax. Other tobacco related policy initiatives include supporting local communities' rights to enact local smoke-free policies that protect public health, funding to support a comprehensive state tobacco control program and advocating for Medicaid coverage of smoking cessation programs.

Public awareness and education regarding the health hazards of tobacco use is integrated into the association's program activities as well. This includes Get With the Guidelines, the organization's premier hospital based quality improvement program and Go Red for Women, our national movement that empowers women to prevent heart disease and lead healthy lives.

●**American Lung Association**

The American Lung Association is dedicated to preventing lung disease and promoting lung health. Founded in 1904 to fight Tuberculosis, the American Lung Association is America's oldest nonprofit voluntary health organization. The American Lung Association carries out its mission using three basic strategies: education, advocacy and research. Considering that tobacco use is the most preventable cause of lung disease in our culture, the American Lung Association works closely with key partners to change local, state and federal policies to decrease the numbers of tobacco related deaths.

The American Lung Association's policy goals in this area are based on best practice guidelines for comprehensive tobacco prevention and cessation programs and primarily take the form of advocacy.

The American Lung Association helped raise the tobacco tax in Kentucky by \$0.30 to a total of \$0.60. Combining the increase with the federal tax increase of \$0.62 has had a profound impact on the demand for cessation services and has decreased the overall smoking rate in Kentucky.

ALA continues to advocate for smoking cessation coverage under Medicaid and hopes to see funding for this initiative approved in the 2010 session. ALA has

continually supported smoke-free laws in local communities throughout Kentucky. Kentucky now has 24 smoke-free communities.

Public education plays a prominent role in achieving our policy goals. The American Lung Association provides a free call center to answer questions regarding lung health and provide counseling on quitting smoking. The American Lung Association also assists a network of support groups around the state for people and their families who are dealing with chronic lung disease. Finally, the American Lung Association offers a variety of school based programs for youth and continuing education opportunities for health care professionals to ensure the most up to date information is available on lung health issues.

●**Christian Appalachian Project (CAP)**

The Christian Appalachian Project is an inter-denominational, non-profit Christian organization committed to serving people in need in Appalachia by providing physical, spiritual and emotional support through a wide variety of programs and services. Headquartered in Hagerhill, Kentucky, CAP is the nation's 12th largest human services charity providing direct human services to thousands of eastern Kentuckians living in poverty.

The Christian Appalachian Project's programs focus on three primary populations: the elderly, disabled and children. Programs range in nature from child and family development centers for children and their families, to adult education, elderly support and visitation, care and respite for the disabled, home repair and construction, summer camps, spouse abuse shelters and victims advocacy.

The Christian Appalachian Project plays an increasing role in addressing the substance abuse crisis in eastern Kentucky through its residential substance abuse recovery program, which it hopes to expand over the next several months. The program, located in Rockcastle County, primarily serves Appalachian Kentucky. Additionally, CAP's strong and diverse programming base and broad service area provide a unique infrastructure of support for those facing the multi-faceted problems related to re-entry into society following treatment. CAP is also working to establish resources and networks in order to foster cooperation among similar recovery service providers, as well as to facilitate and/or support efforts of government agencies, namely KY-ASAP.

●**Kentucky Family Resource Youth Services Coalition (FRYSCKy)**

The Family Resource and Youth Services Coalition of Kentucky (FRYSCKy) is a non-profit organization of professionals (including educators and human services providers) who come together to provide legislative advocacy, training

and support for Family Resource and Youth Services Centers Coordinators and their staff in Kentucky. The goal of the Coalition is to promote a network that strives to remove barriers to success in school through learning from each other, sharing resources and collaborating more effectively on behalf of children, youth and families.

Presently, 820 Family Resource Youth Service Centers (FRYSC) serve Kentucky schools on a daily basis to assist in removing non-cognitive barriers to education including many suffering directly or indirectly from illegal drug use. Such services could range from providing basic needs for children whose parent has spent the family's money on drugs, to referring teens for treatment, to assisting with referrals for on-going support. Specific programs vary from center to center.

In addition to services of intervention, FRYSCs also provide prevention efforts in the schools and community. Numerous assembly programs, student clubs, informational newsletters and brochures and anti-drug and alcohol and anti-tobacco educational efforts are provided on an on-going basis by FRYSCs throughout Kentucky. During Red Ribbon Week, many centers concentrate their efforts on bringing students' attention to ways to avoid illegal drug and alcohol usage and highlight the harm of tobacco usage. These efforts focus on prevention and securing a commitment from students to never engage in such harmful activities. Centers also provide numerous opportunities for students to engage in positive behaviors and activities ranging from service clubs to a focus on improving personal self-esteem.

The FRYSCky facilitates the implementation of both prevention and intervention programs through providing training for coordinators concerning the implementation of these programs in their centers. Through direct services, collaboration with other community agencies and appropriate referrals, FRYSCky continues its ongoing commitment to assist students and families on a daily basis with the effects of substance abuse issues.

•Kentucky Association of Regional Mental Health Mental Retardation Program (KARP)

In 2009, KARP incorporated the mission of the Agency for Substance Abuse Policy into the overall mission of the regional programs, or the Community Mental Health Centers (CMHC). We have developed a campaign on the health of the MH Centers. In 2006, A LRC Report concluded, "The system's capacity to expand services or serve larger populations is questionable...." (p. 4). "Therefore, to meet the challenge confronting us in providing for the mental-health needs of Kentucky, the direction we must move in is abundantly clear. It is towards meeting these needs in the community." Pattern for Change 1966.

KARP concentrated on public education and worked with policy makers concerning the status of the centers with respect to all the populations our centers are charged to serve. We are good neighbors, providing 24/7 crisis response, developed regional MH disaster response plans, and provide severe weather response (MH first aid), and every county is represented on our boards. We are good partners; we have local relationships with Schools, Jailers, Law Enforcement, Hospitals, County Judge Executives and local businesses. We are good employers; we employ a range of professionals, para-professionals, support staff, and peers. We have been concerned about our ability to continue to serve not only the substance abuse needs in the state but all other services we currently provide. We hope to establish that Behavioral Health is A Strong Return on Investment!!

The Statewide Network of Community Mental Health Centers (CMHCs) was completed in 1966-1967; it was established in Statute in KRS 210:370 – 485. In 2008: 172,544 Kentuckians were served and 312 Citizens served on CMHC Board. Without our services the options for our clients to spend their day may include: Jails, Hospital ERs, Alternative Schools or home suspended from school, institutions, loss of job or employment opportunity, in a homeless shelter, living on the streets, incurring higher health care costs or contemplating suicide.

We intend for both our prevention and treatment services to be guided by the vision of the President's New Freedom Commission on Mental Health. "We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning, and participating fully in the community." We strongly believe these principles would equally apply if substance abuse or any other disability were substituted for mental illness.

●REACH of Louisville

Founded in 1987, REACH of Louisville is an organization committed to person-centered, family-friendly, community-based, and integrated services. Program offerings include therapeutic foster care, adult foster care, family support, program planning and evaluation, software application development, statistical and geographic analysis, community planning, and program-oriented consultation. In the area of program evaluation and research, REACH consults with non-profit, for-profit, philanthropic, and governmental entities in support of efforts to improve services and bring about organizational and community change.

In the area of substance abuse, REACH works closely with the Kentucky Division of Mental Health and Substance Abuse in ongoing efforts to improve planning and evaluation efforts that strengthen substance abuse prevention activities. Through the Partnership, REACH has developed data resources to facilitate needs assessment, planning, and evaluation activities, at both the state and community levels. REACH also has played a key role in the planning and evaluation of the Strategic Prevention Framework – State Incentive Grant (SPF-SIG) project; a multi-million dollar substance abuse prevention initiative. REACH is responsible for assessing the overall effectiveness of the SPF initiative, providing recommendations for “course corrections” and needed adjustments as the project unfolds, identifying successful practices, and promoting their sustainability. REACH reports on SAMHSA’s national outcome measures, and provides training and technical assistance at the local level.

•Local Tobacco Addiction/Substance Abuse Board

Ken Bolin, one of the two representatives for the Local Tobacco Addiction, & Substance Abuse positions on the KY-ASAP State Board, serves as Chairman of the Board of Chads Hope Center, a faith-based male rehabilitation center, serves on the Clay County Drug Court Panel, is Co-Chair of Clay Countians United, a organization that focuses on solutions to the drug addicted population. He also serves as Board Member on the Walk on Ministries, a program that uses billboards featuring local teen pictures with anti drug messages. Mr. Bolin is responsible for two Life Line Programs. Life Line is a ministry of Teen Challenge, one of the most effective drug rehabilitation programs in America.

Prevention – Champions

Champions for a Drug-Free Kentucky is a statewide network of anti-drug and anti-violence community coalitions. Champions is housed in the Justice and Public Safety Cabinet, Grants Management Branch (GMB). The program was founded in 1986 with a mission to “promote the prevention of the abuse of alcohol, tobacco and other drugs and the reduction of violence in Kentucky communities. There are 86 active Champions Coalitions serving communities in Kentucky. Funding is provided using Title IV Safe and Drug-Free Schools and Communities federal funds. **At this writing it appears that there will be no future funding in the federal budget for the Champions program to continue.**

Champions Coalitions are local, grassroots organizations, starting often with family and school personnel and then building throughout the community. Coalition building at the local level is critical to successful prevention efforts.

Champions Coalitions implement “model” programs based upon scientific research and work by the Center for Substance Abuse Policy (CSAP), Safe and Drug-Free Schools Community Program and the Substance Abuse and Mental Health Services Administration (SAMHSA), among others. To learn more about science-based prevention programs, visit SAMSHA’s website at <http://www.samsha.gov>

Champions Coalitions develop a strategic plan for their community based upon a needs and resource assessment. Coalitions identify “gaps” between resources and needs. They base their prevention plan on survey results and the Risk and Protective Factors Conceptual Framework. The framework includes: individual factors, peer association factors, school-related factors, community environment factors, family environment factors and society-related factors.

New Champions Coalitions spend their first year as a coalition developing a prevention plan based on risk and protective factors and needs and resource data. Coalitions recruit members, write by-laws and elect officers. At this point, Coalitions have the education and tools needed to begin implementing science-based prevention curricula and environmental strategies in their schools and communities. In 2009 we welcomed new coalitions in Gallatin, Owen, Anderson, and Bourbon Counties.

Kentucky’s Regional Prevention Centers assist Champions Coalitions with the development of their prevention plans. Fifteen RPC regions are set up to serve all counties in the state. Prevention specialists at each center provide education and training programs, information and consultation services. For more information regarding Kentucky’s Regional Prevention Centers, visit <http://chfs.ky.gov/dph/saRPC.htm>

In the fall of 2009, the GMB awarded more than \$342,000.00 to Champions Coalitions in communities across Kentucky. Coalitions have put money to work in their communities and schools through implementation of such programs as "Project Northland," a science-based prevention curriculum which targets underage use of alcohol and "Guiding Good Choices," a prevention program which incorporates parental involvement to teach children to abstain from alcohol, tobacco and illegal drugs. In addition to science-based prevention curricula in schools, coalitions implement environmental strategies in their communities. In fiscal year 2009, Champions coalitions provided anti-drug and anti-violence educational curricula in the schools, educational and awareness programs to parents and community members. Programs and other services were delivered to 68,400 youth, 53,000 parents and 92,344 community members in Kentucky.

Champions Coalitions utilize the KIP (Kentucky Incentives for Prevention) survey, among others, to collect their baseline data. The survey is conducted bi-annually in the fall in even-numbered years, with 6th, 8th, 10th, and 12th graders attending school in most Kentucky counties. To learn more about the KIP Survey and view the latest drug trends among youth in Kentucky visit the Reach of Louisville website at: <http://www.reachoflouisville.com/>

For more detailed information on Champions and to view "*Champions Chatter*" the online publication that features news from the coalitions, please click the following link: <http://www.justice.ky.gov/departments/gmb/Champions.htm>

Prevention – Partnership for a Drug-Free Kentucky

Beginning January 2008 the Kentucky Office of Drug Control Policy (ODCP) became an affiliate member with the Partnership for a Drug-Free America.

The Office of Drug Control Policy in collaboration with the Partnership for a Drug-Free America continues its statewide PSA campaign to bring professionally produced localized media messages to supportive media partners in a sustained effort to reduce the incidence of substance abuse in the Commonwealth. Our collaboration with the Partnership for a Drug-Free America continues to bring over \$6 million in professionally produced PSAs.

The tremendous benefits that we receive from the Partnership allow us to counter any and all negative messages with positive prevention strategies. This is an excellent opportunity for a positive story on another initiative KY-ASAP & the ODCP is doing to support the reduction of youth & adult substance use.

Addiction is the single greatest preventable illness in the country, and like other diseases, it affects not just the person with the illness but also family and friends. Parents are more pressed for time than ever, and in addition to finding the time to talk with their children about the health risks of drugs and alcohol, they tell us they need new information, tools, support and help on what to say and do.

Because our mission is to serve as a leader and catalyst for improving the health and safety of all Kentuckians by promoting strategic approaches and collaboration to reduce drug use and related crime this is a perfect opportunity for the ODCP/KY-ASAP to collaborate and be apart of such an important and proactive issue.

The PSA's are powerful prevention messages that have gotten excellent media coverage this past year and have been an excellent opportunity for a positive story on another initiative the ODCP is doing to reduce substance abuse.

Parents and children are inundated with media messages about drug use and abuse among celebrities and major sports figures. The benefits we receive from these PSA's allowed ODCP to counter those negative messages with positive prevention messages.

Research has shown if a child hears or sees 1 anti-drug message a day they are 38% less likely to use drugs.

When a parent is talking to a child about drugs on a regular basis, the child is 52% less likely to use drugs.

Over the past year, we have distributed the PSA's to over 300 hundred media outlets across the state and have been aired thousands of times.

ODCP/KY-ASAP continues to take advantage of the many collaborative opportunities and outreach responsibilities it has to share our mission regarding prevention, treatment, and law enforcement. It is necessary for us to be able to disseminate that information statewide. Some of the exciting initiatives that have moved this project to the next level and reaching over 5 million people in the Commonwealth are.....

- AdSpace Mall Network – Fayette Mall
- UL Student Center Digital Signage Network
- UK Student Center Digital Signage Network
- National Cinemedia Theatres (Louisville, Lexington, Paducah, Richmond)
- Great Escape Theatres (Bowling Green, Madisonville)
- ScreenVision Theatres (Harlan, Hopkinsville, Maysville, Florence)

ODCP has also collaborated with the local KY-ASAP boards across the Commonwealth to assist us in the distribution of the powerful PSA's to make sure the message is spread out across Kentucky.

Not only are the PSA's airing on local television stations, they are being played by various media sources such as:

Cable Networks

In-School Television Stations (Elementary, Middle, & High Schools)

Weekend Friday Night Flick Events

Radio Stations

ODCP feels very encouraged and inspired with our ability to make a difference.

Prevention & Treatment – KY for Responsible RX

Kentucky for Responsible RX represents numerous stakeholders of the prescription drug abuse epidemic. The members include physicians, representatives from the healthcare insurance industry, Kentucky Medical Association, Kentucky Pharmacists Association, Kentucky Board of Medical Licensure, Kentucky Hospital Association, Kentucky Pharmacy Association, and many other associations and state agencies. (complete list on next page)

After a number of meetings this group offers the following recommendations.

- 1) The establishment of a hotline that can provide counsel to those seeking treatment for drug and alcohol addiction. The program should be modeled after the "I QUIT" program in West Virginia. Accompanying the hotline a website that lists all treatment providers and is updated weekly.
- 2) Through education and incentives increase the number of prescribers that utilize KASPER.
- 3) Through education and incentives increase prescribers knowledge of addiction and available treatment.
- 4) Provide prescribers tools to identify addicted patients and develop treatment plans for those patients.
- 5) Provide free continuing education credits for prescribers on the above mentioned topics via the internet.

Members of KY for Responsible RX

Kentucky For Responsible Rx is an informal coalition of state agencies, healthcare and insurance representatives, treatment providers and pharmacists formed in 2009 to work together to educate providers and the public in appropriate prescription drug use and the problems of misuse – addiction, abuse, diversion and their potential solutions. They include...

- ❖ Anthem
- ❖ Benefit Insurance Marketing
- ❖ Blue-Grass Family Health
- ❖ Humana
- ❖ Kasper
- ❖ Kentucky Academy of Family Practice
- ❖ Kentucky Board of Medical Licensure
- ❖ Kentucky Dental Association
- ❖ Kentucky Department of Mental Health & Substance Abuse
- ❖ Kentucky Department of Workmen's Compensation
- ❖ Kentucky Hospital Association
- ❖ Kentucky Justice & Public Safety Cabinet
- ❖ Kentucky Medicaid
- ❖ Kentucky Medical Association
- ❖ Kentucky Office of Drug Control Policy
- ❖ Kentucky Pharmacy Association
- ❖ Mt. Sterling Chamber & Industrial Authority
- ❖ Self-Refine
- ❖ United Healthcare
- ❖ University of Kentucky
- ❖ West Care
- ❖ Western Baptist Hospital

Treatment – Recovery Kentucky

In 2006, construction was begun on the planned Recovery Kentucky facilities. As of January, 2010, nine of the proposed ten facilities are in operation. Women’s facilities are open in Boone, Henderson, Madison, Christian and Harlan Counties. The men’s facility in Rowan, Kenton, Daviess and Taylor County are open and operating and construction has begun on men’s programs in McCracken County.

The purpose of this initiative is to create ten 100 bed recovery facilities across the state with 2 located in each rural congressional district. Each facility will be gender specific. Funding for this project is a creative collaboration between the Kentucky Housing Corporation, The Governor’s Office for Local Development, the Department of Corrections and local financial and in-kind support from communities in which these programs reside.

Recovery Kentucky facilities are based on the recovery model developed in Kentucky by The Healing Place in Louisville and later replicated by The Hope Center of Lexington. This model is based on concepts of mutual help – one addict helping another addict to find a path to recovery. These programs combine the opportunity of housing and safety to homeless while addressing the most common cause of homelessness which is drug and alcohol addiction. These programs are effective, cost efficient and inclusive for nearly all who request their services.

In 2004, the Office of Drug Control Policy was allocated funding to develop substance abuse recovery programs in local jails across the Commonwealth. Nine programs were funding as pilots in the initial round of funding. In the 2008 General Assembly, funding was appropriated to the Department of Corrections to provide residential services in the existing fourteen jail sites and to expand to approximately ten more counties. The Department of Corrections is currently providing residential substance abuse recovery services to state inmates housed in the following county jails:

Breckinridge	Christian	Clark	Daviess
Floyd	Grayson	Hardin**	Hopkins
Fulton	Marion	Mason	Pike**
Powell	Lee	Shelby	Boyle
Grant			

In addition to the programs in local jails, the Department of Corrections also offers programs in six correctional institutions:

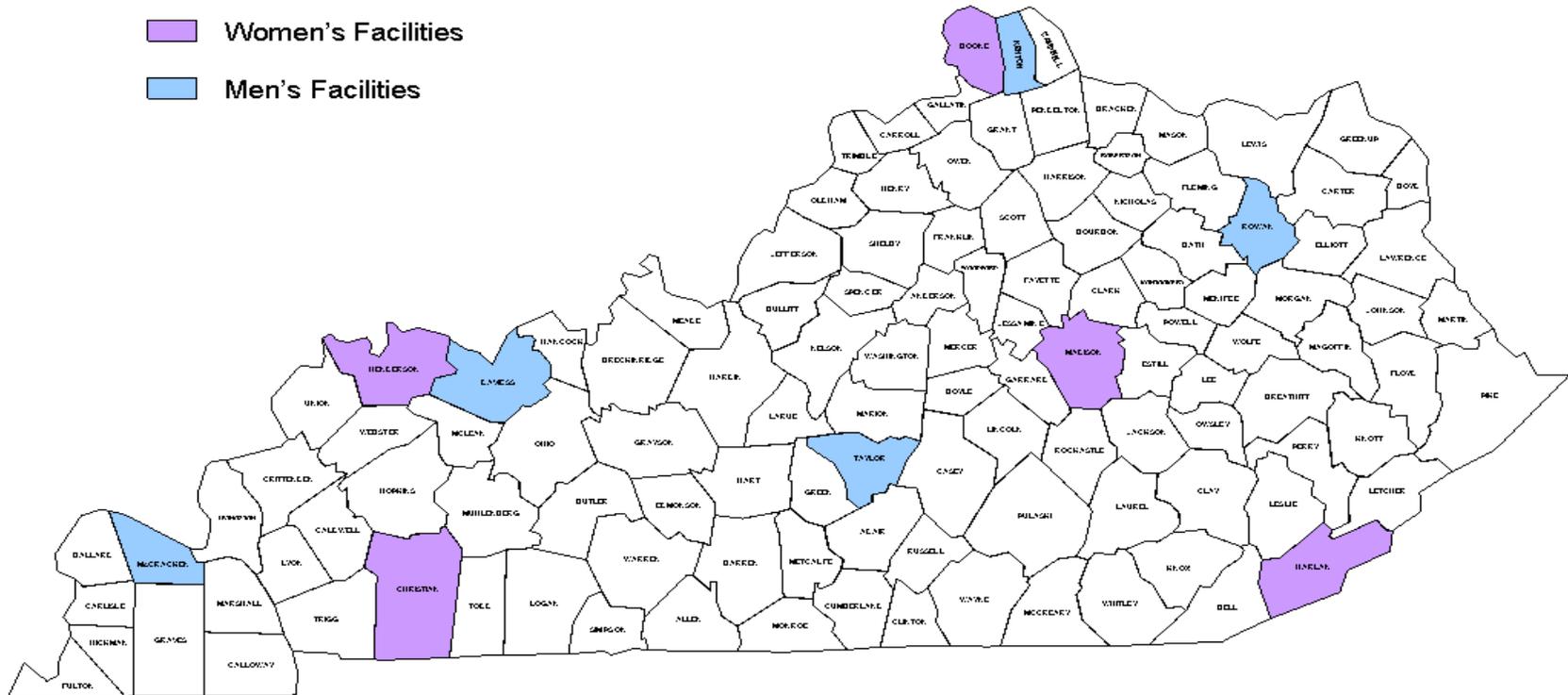
Green River Correctional Complex	Marion Adjustment Center
Luther Lockett Correctional Complex	Roederer Correctional Complex
Kentucky Correctional Institution for Women	Otter Creek Adjustment Center

The Department of Corrections also participates in the Recovery Kentucky Initiative, purchasing up to one-half of the available beds for those in the custody or monitoring of the DOC who have substance abuse problems. The DOC also has 30 Social Service Clinicians across the state to assist in the assessment, referrals and re-entry issues of correctional clients with substance abuse issues.

Additionally, the Department of Corrections has initiated substance abuse programs in three halfway houses. These programs located in Ashland, Louisville and Owensboro provide services for those individuals who have achieved Community Custody statues, yet still require substance abuse intervention services.

****Men's and Women's Programs**

Recovery Kentucky



Source: SAC - Office of Drug Control Policy

Funding

The Office of Drug Control Policy was awarded funding for specific programs by the General Assembly for the 2008-2010 biennium. Allocations included:

- \$2 Million to fund Operation UNITE (Unlawful Narcotics Investigations, Treatment and Education)
- \$1 Million to fund 14 Multi-Jurisdiction Drug Task Force Operations
- \$564,000 received through a grant from the Department of Justice COPS division to fund the MethCheck program.

The Office of Drug Control Policy oversees the KY-ASAP funds allocated from the Phase I Tobacco Settlement Funds. In SFY 09, the ODCP distributed \$1.8 million to the KY-ASAP local boards in 113 of Kentucky's counties.

The Governor's portion of the Title IV, Safe and Drug Free Schools and Communities federal funds are managed by the GMB. These dollars are used to fund the network of coalitions known as Champions for a Drug Free Kentucky. In SFY 2009, the GMB distributed more than \$342,000 to Champions Coalitions across the state.

The ODCP was also the recipient of federal grant awards from the Substance Abuse Mental Health Services Administration Center on Substance Abuse Treatment.

- \$1.2 Million (over 3 years) to develop Kentucky Youth First, an infrastructure grant for adolescent treatment
- \$1.2 Million (over 3 years) to implement a Family Drug Treatment Court in Fayette County
- \$1.2 Million (over 3 years) to fund the KY River Co-Occurring Methamphetamine Project

Cabinet Reports

●Cabinet for Economic Development

No specific program aimed at curbing substance abuse. If the Cabinet suspects someone of alcohol and /or substance abuse, they would recommend them to the state KEAP program for referral to professional help.

●Education Cabinet

Vocational Rehabilitation expends consumer service funds for substance dependence treatment on a very limited basis. Generally, we provide employment counseling and job placement as part of a facility's overall treatment program rather than fund direct treatment. We are very active partners in drug courts, treatment facilities, and half way houses across the state so a good deal of staff time is spent working with this population particularly later in the treatment cycle. Individuals with diagnoses of SD who are actively pursuing a substance free lifestyle are eligible just as any other individual with a disability and may receive a wide array of services dependent on that individual's needs (training, transportation, etc.).

The Title IV program (Safe and Drug Free Schools) has been in existence for 15 years and provides funds to public school districts to implement research-based programs in the areas of drug, alcohol and violence prevention. As you can see, the funding has steadily declined over the last five years.

KDE distributes the funds to our 174 public school districts using a formula prescribed by USDOE. To give an example of the amount of funding that school districts receive, the largest school district is compared to the smallest. These funding amounts represent the current year 2009-2010.

Jefferson County Public Schools: \$509,203.00
West Point Independent Schools: \$ 835.00

●Energy and Environment Cabinet

No reported state substance abuse programs.

●Finance & Administration Cabinet

No reported state substance abuse programs.

●Cabinet for Health and Family Services, Department for Behavioral Health, Developmental and Intellectual Disabilities Division of Behavioral Health

The Department of Behavioral Health, Intellectual and Developmental Disabilities, Division of Behavioral Health (DBH) was involved with a number of collaborative efforts and initiatives during SFY 2009 to provide essential substance abuse prevention and treatment services throughout the state. These efforts and initiatives include the following programs and funding sources:

Kentucky Sobriety Treatment and Recovery Team (S.T.A.R.T.) Program – This is an on-going collaborative effort with the Department of Community Based Services (DCBS) which involves five (5) START sites in Kentucky which utilize \$2 Million of funding provided by DCBS to support intensive case management services to address the needs of drug affected families with DCBS involvement. The program integrates best practices in substance abuse treatment services and child welfare/family preservation into an approach that can work with the special needs of families struggling with the negative consequences of substance abuse. This program has assisted 164 adults and 209 children who were at risk for out-of-home placement, due to substantiated abuse and neglect, to be able to maintain their family unit. Only 20 children have been placed outside their family home and those have been placed with relatives. The primary focus of this program is to treat the substance abuse problems of the parent which led to the abuse and neglect of the children. By successfully treating these issues and working to stabilize the family unit, these high-risk children are able to remain safely in their home environment. The success of this program greatly reduces the amount of funding which is spent on expensive out-of-home placement for at-risk children.

KIDS NOW PLUS – This program is funded by Tobacco Settlement funds through the Early Childhood Development Authority within the Department of Education. This funding supports services to women experiencing high-risk pregnancies due to involvement with substance abuse. The referrals to the program come from the local public health departments, private doctors, school programs, and other sources who utilize the screening tool to refer women to the program. Services are provided in eight (8) regions of the state in response to a request for proposal (RFP). Services include basic prevention information, referrals to indicated agencies, and intensive case management that is based on individual need. Follow-up after the birth is continued for six weeks. Women who receive case management services complete a baseline and postpartum assessment. The information is used for planning with the woman as well as data for evaluation of the program that is completed by the Center for Drug and Alcohol Research. Frontline staff has been trained in Motivational Interviewing and the use of Motivational Incentives. In FY 2009, this program provided:

- 1,295 prevention events

- 8,501 project-funded case management services
- 438 pregnant women with substance use, mental health, and trauma exposure assessments
- 296 pregnant women with an array of clinical services and interventions based upon a very complex array of individual needs. The positive fiscal impact of this program is realized in the reduction of problems related to drug-affected births as well as the improved health of the mothers. The long-term effect of this program is healthier mothers, healthier babies, and decreased utilization of special services to address the needs of children who would otherwise have been in need of specialized care across the lifespan.

In addition to these collaborative projects, the Division of Behavioral Health supports several federal grants for prevention and treatment services.

The Strategic Prevention Framework State Incentive Grant (SPF SIG) is restricted to building substance abuse prevention infrastructure and reducing substance abuse and its negative consequences through the implementation of effective substance abuse prevention strategies. The SPF SIG funding and activities engage the Office of Drug Control Policy (ODCP), the DBH, local and state KY-ASAP boards, and local Champions groups in all regions of the Commonwealth. The activities are guided by the Regional Prevention Centers (RPCs) of the Community Mental Health Centers (CMHCs). The success of this program in Kentucky has led to our state office prevention staff being asked to provide guidance and mentoring to other states in the development and implementation of their programs. In addition to the original counties identified for SPF SIG funding, we have been able to fund 28 SPF SIG mini-grants to assist other counties to develop community coalitions to build their local infrastructure and address the problems related to youth substance abuse. This grant is scheduled to end in October 2010. Staff working with the project is working diligently to assist communities to find ways to sustain the activities created as a result of the SPF SIG.

Although the grant ended in July 2009, the Kentucky Youth First (KYF) grant was instrumental in building the infrastructure within Kentucky which supported expanded services to adolescents and youth with co-occurring substance abuse and mental health issues. This grant also engaged the ODCP, DBH, Department of Juvenile Justice, the Adolescent Treatment Consortium, the community mental health centers (CMHCs), and multiple community, county, state, and federal partners. The staff associated with KYF worked diligently with their mental health peers to incorporate best practices associated with co-occurring disorders and they also incorporated the Reclaiming Futures model which has worked successfully in the southeastern region of Kentucky and has been expanded to include other sites. The staff was successful in working with the Department of Juvenile Justice to implement a standardized assessment process for youth entering the Juvenile Justice system utilizing the GAIN-Q assessment instrument. This is a nationally recognized and approved instrument which assesses for substance use and co-occurring disorders.

Kentucky River Community Care (KRCC) currently operates the Assertive Community Living for Appalachian Dual Diagnosed Adults (ACCLADA) project using funds provided through Center for Substance Abuse Treatment. These funds are a Targeted Capacity Expansion grant for treatment of persons involved with Methamphetamine. This project has been extremely successful and KRCC has greatly expanded their Assertive Community Treatment capabilities with these monies.

The Governor's portion of Safe and Drug Free Schools and Community funding is restricted and can only be used to fund Champions for a Drug-Free Kentucky and the Early Intervention Program. Champions for a Drug-Free Kentucky are a network of anti-drug community coalitions. Since 1986 the coalitions have promoted the prevention of the abuse of alcohol, tobacco and other drugs and the reduction of violence in Kentucky communities. There are currently 82 counties in Kentucky with a local Champions coalition. The Champions portion of this funding is allocated by the Justice and Public Safety Cabinet (through a Memorandum of Agreement with the CHFS). The Early Intervention Program provides services for those under 21 old that have received an alcohol or drug related charge but are not yet chemically dependent. The goal of this program is to reach at-risk youth before their drug and alcohol abuse reaches the point of substance dependence. The federal funding for the Early Intervention and Champions programs has continued to decline over the past several years and the funding for the program has not been included in the President's proposed budget or the Senate's proposed budget for next fiscal year. Due to the statutory requirement of the Early Intervention Program to address Zero Tolerance Driving Under the Influence convictions as outlined in KRS 189A, the Division is working to provide the funds necessary to continue these imperative services, however due to declining state budgets, it is unlikely that the Division of Behavioral Health alone will be able to provide the funds necessary to sustain the program in its current state.

In addition to grants and other federal funding streams, the Division of Behavioral Health utilizes agency funding to address other specific projects and initiatives. Listed below are some of those initiatives:

Driving under the Influence (DUI) fines. A portion of the court fines assessed to persons convicted of DUI are returned to the Department and are restricted to the funding of treatment and education programs for DUI clients. DUI clients are required by law to pay for their services "up to their ability" to pay. These DUI funds are utilized to assist in the payment of fees for services for clients whom the court identifies as indigent.

Alcohol Intoxication Fees. A portion of the fines collected from Alcohol Intoxication offenders is available to the Department and is restricted to the provision of substance abuse treatment and counseling programs for persons suffering from alcohol abuse and dependence. These funds are included in the Maintenance of Effort required by the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant and help to

ensure that Kentucky is able to maintain the Maintenance of Effort necessary to avoid reduction of our SAPT Block Grant allocation.

Through the Cabinet and Department, the Division of Behavioral Health also provides the following funding to support substance abuse education, prevention, intervention, and treatment:

- Boys & Girls Club
- Kentucky State Police-DARE
- Healing Place - homeless recovery & detoxification beds
- Department of Corrections - services at Kentucky Correctional Institute for Women
- Alcohol Beverage Control-Annual Synar survey

Via our relationship with the Community Mental Health Centers, funding and support is provided to associates and affiliates within various regions across the state as well as supporting activities within the Department. These include support for:

- Chrysalis House (women's treatment)
- Hope Center
- Services to the Deaf and Hard of Hearing
- Grace House
- People Advocating Recovery (PAR)
- Faith-based Initiatives
- Suicide Prevention
- Training and technical assistance

Many of these initiatives receive one-time funding if funds are available at the end of the fiscal year. This assists with meeting immediate needs, but is not a sustainable funding stream.

The Division has a number of training initiatives that have been successful over the past year. Kentucky Youth First provided training and coaching for Trainers of Motivational Interviewing with adolescent treatment providers and substance abuse service providers (including KIDS NOW PLUS and START teams). Seeking Safety training (a curriculum to address violence issues) was provided with follow-up coaching. Trauma Informed Care training was done to ensure that services are provided that are appropriate for dealing with clients who have experienced trauma in their lives. Several Know Your Rights presentations were provided by attorneys from Protection and Advocacy as a result of a grant from the Legal Action Center in New York. These trainings were provided for both professionals and consumers. Integrated treatment training was provided to mental health case managers to ensure that they were aware of the significance of providing appropriate screening, assessment, referrals and treatment to those who suffer with co-occurring disorders.

Substance Abuse Prevention and Treatment (SAPT) Block Grant Requirements-The federal requirements of the SAPT Block Grant include:

Primary Prevention Set-Aside

No less than 20% set aside for primary prevention programs for individuals who do not require treatment for substance abuse. This prevention set aside is what is utilized to fund the work of the Regional Prevention Centers (RPCs) associated with the Community Mental Health Centers (CMHCs). These prevention funds allow the RPCs to implement community-based strategies in line with the Strategic Prevention Framework to reduce substance use by youth and adolescents and to build community coalitions to support prevention efforts. The RPCs are excellent community consensus builders and many have been instrumental in supporting their communities in establishing tobacco and alcohol related ordinances.

Pregnant Women and Women with Dependent Children Set-Aside

The state must maintain expenditures for services for pregnant women and women with dependent children at a level that is not less than the FY 1994 expenditures. We accomplish this portion of the requirements by restricting a portion of the CMHCs allocations for use in the treatment of pregnant and post-partum women. This is a priority population as defined by the Federal government and Kentucky. The only current Medicaid reimbursement for substance abuse services is associated with pregnant and 60-day post-partum women. A portion of the state set-aside is utilized to expand upon these Medicaid funds.

The remainder of the SAPT Block Grant funds is restricted to use for substance abuse treatment services. These services are provided through the provider network of the Community Mental Health Centers who provide substance abuse and co-occurring treatment services for those persons in the Commonwealth who suffer with a substance abuse problem. Included in this portion of the Block Grant funding is support for two state-funded programs which provide Opiate Replacement Therapy for persons addicted to opiates. The two state-funded and nine private Opiate Treatment Programs (OTPs) are monitored by the central office staff and provide services under administrative regulations which are some of the strictest regulations nationwide.

An additional requirement of the Block Grant funding is the Synar survey. This survey is conducted by the Division in collaboration with the Office of Alcoholic Beverage Control. This survey provides information concerning retailers who sell tobacco products to underage youth. The survey is conducted by ABC personnel and recruited youth who attempt to buy tobacco products from a number of randomly selected retailers. This year Kentucky has achieved the lowest non-compliance rate ever. Kentucky's baseline rate in 1997 was 24%. This meant that 24% of the retailers surveyed sold tobacco products to underage youth. The requirement for the Block Grant compliance is that the state's non-compliance rate must be under 20% of the retailers or the state risks loss of Block Grant funds. Starting in 1997, Kentucky's non-compliance rate has fallen from

the baseline of 24% to this year's accomplishment of a non-compliance rate of 3.5%. This rate is one of the lowest in the nation and is truly an accomplishment for Kentucky.

The Division of Behavioral Health, through its substance abuse prevention and treatment block grant, agency and federal grant funding, has achieved excellent results in addressing issues related to substance use and abuse across all populations. However, the need for substance abuse services far outweighs the resources available to address treat and prevent substance abuse. Much is said about the rate of substance use within our state and the impact it has across multiple systems including education, employment, justice, corrections, public health, children's health, primary health care, mental health, brain injury, developmental disabilities, and many more. People with addiction problems fill our hospital emergency rooms and overflow our state corrections system. Those with substance abuse problems have complex needs and long-standing problems which often require intensive services. Substance abuse is a primary health care problem often coupled with a co-occurring disorder and/or a physical health condition.

Kentucky is one of few states nationwide which conducts a follow-up study of persons who have been treated in our service network. The 2007 Kentucky Treatment Outcome Study (KTOS) report issued by the Center on Drug and Alcohol Research (CDAR) provides one-year follow-up information on 906 substance abuse treatment clients who consented to participate. Highlights of that report include:

- Illicit Drug use decreased 70% at follow-up
- Full-time employment increased 65% at follow-up
- Reported arrests decreased 66% at follow-up
- Kentucky saved \$4.98 for every dollar spent on treatment

Treatment works and Kentucky treatment providers can be very proud of these results. However, the 2007 Kentucky Needs Assessment Project report issued in January, 2008 and based upon telephone interviews with 3,312 adults randomly sampled indicates:

- There are an estimated 115,702 adult Kentuckians who are daily alcohol drinkers
- There are an estimated 221,273 adult Kentuckians who used illicit drugs in the last year
- There are an estimated 81,859 adult Kentuckians who met criteria for alcohol dependence in the last year
- There are an estimated 385,761 adult Kentuckians who currently need substance abuse treatment

This needs assessment was developed to attempt to estimate the level of substance use within Kentucky as well as the estimated need for substance abuse treatment services. Although these are estimates of need and both the needs assessment and the KTOS

follow-up are conducted via telephone interviews and subject to the restrictions of self-report information, it is clear that there is a substance abuse problem of some magnitude yet to be addressed.

●**Labor Cabinet**

Utilizes the services of the Kentucky Employee's Assistance Program (KEAP) to refer employees who are suspected of drug or alcohol abuse. The Cabinet makes such referrals with every letter of reprimand and/or disciplinary action issued. Other than the routine use of KEAP services, the Cabinet has no other drug and alcohol abuse program.

●**Personnel Cabinet**

No reported state substance abuse programs.

●**Public Protection Cabinet (Alcoholic Beverage Control)**

The Kentucky Department of Alcoholic Beverage Control (ABC) licenses and regulates the sale of alcoholic beverages in Kentucky. Along with that responsibility, ABC actively combats youth access to alcohol and empowers licensees to serve alcohol responsibly through effective programs and policies. ABC ensures compliance and understanding of ABC laws through a two-pronged approach of education and enforcement.

Education

The Education Branch within the Department of Alcoholic Beverage Control provides the Server Training in Alcohol Regulations (S.T.A.R.) training seminars throughout the state. This program is in place to train and educate the people who work with, sell and serve alcohol in Kentucky. The main goals of S.T.A.R. are to reduce alcohol sales to minors, reduce sales to intoxicated persons, to provide information on Kentucky Revised Statutes relating to alcohol sales and to inform servers of legal liabilities when serving or selling alcoholic beverages. Participation in the program results in a better-trained and informed workforce for our retailers' establishments. Upon completion of the four-hour course and passing the exam, participants are awarded a certification from the Commonwealth of Kentucky, which is valid for three years. The Department trains approximately 4,000 individuals annually. Classes are rotated to various statewide locations to provide accessibility to all retailers and their employees as well as city and county ABC Administrators, prevention groups and law enforcement officers. ABC currently has 19 contract trainers strategically located throughout the Commonwealth that provide the instruction during the S.T.A.R classes. The Education Branch sets the dates and locations of classes, on-site requests and special event trainings, along with promoting the S.T.A.R. program.

During 2009 (January through November), 240 classes were held with 4,456 individuals being trained. Since the beginning of S.T.A.R., there have been approximately 23,000 people certified through the program. The agency deems this a contributing factor to the significant decrease in sales to minors as measured by our Department's Operation Zero Tolerance Program. Sales to minors decreased from 24% in FY '01 to 6% in FY '09. This represents a reduction of 18% in the past eight years.

Forty-one Kentucky communities have mandated server training. Many have requested ABC's assistance and indications are that numerous other communities will follow suit.

In addition to the S.T.A.R. training program, the Education Branch offers Special Event training to organizations that sell and serve alcohol at temporary locations such as the Kentucky State Fair, Louisville Archdiocese, and the Shelbyville Horse Show. Agency branch personnel also develop and deliver presentations statewide to various civic organizations as well as high schools, universities and the general public. These groups include: Lexington Mayors' Alliance, Madison County Court Diversion Program, Kentucky Festivals Association, University of Kentucky, Georgetown College, and numerous other organizations upon request. The Education Branch Manager serves as the designee for the Department with The Lexington Mayors Alliance and The Kentucky Network to Reduce High-Risk Drinking among College Students. Further, upon request, staff meets with various organizations, including industry and community awareness groups, city councils, and prevention entities.

The Education Branch is responsible for the Department's yearly newsletter that is distributed to approximately 5,200 licensed premises statewide as well as other informational brochures and literature. These publications are designed to update interested parties in statutory changes dealing with the responsible sales of alcoholic beverages and to publicize the statewide S.T.A.R. training schedule.

Enforcement

The Enforcement Division of the Kentucky Department of Alcoholic Beverage Control also considers preventing youth access to alcohol a top priority. ABC Investigators are vested with full police powers to enforce all state laws. Investigators are strategically located throughout the Commonwealth to maximize their special emphasis on the enforcement of the state's alcohol laws on a daily basis. Enforcement conducts and engages in effective alcohol compliance enforcement strategies. One such program is Operation Zero Tolerance (OZT). OZT checks retailer compliance by enlisting 18-20 year old investigative aides who attempt to purchase alcoholic beverages at licensed premises throughout the state. OZT compliance checks are designed to ensure that licensees are not selling alcoholic beverages to minors. If a sale is made to an investigative aide during an OZT compliance check, the employee who makes the sale is cited to criminal court and an administrative citation is issued against the licensed establishment. OZT compliance checks are randomly conducted at licensed premises

throughout the year. The goal of the division is to raise retailer awareness of checking IDs at the point of sale and preventing youth access to alcoholic beverages.

During the calendar year 2009 (January through November), the division conducted 2,372 OZT checks resulting in 186 alcohol purchases for a compliance rate of 92%.

Another enforcement strategy utilized is Target Enforcement Details (TED), in which ABC works with local and state law enforcement agencies during special events where alcoholic beverages are sold in conjunction with a high concentration of minors. The Enforcement Division brings in ABC investigators from all over the state to work these events. Investigators walk through and observe the crowd for any alcohol violations. ABC personnel frequently receives requests to assist local law enforcement with enforcing alcoholic beverage laws so that local law enforcement can focus on traffic control, securing the perimeter, and other general law enforcement duties. As the only law enforcement agency in the Commonwealth that specifically enforces alcoholic beverage laws, the Enforcement Division is duty-bound to commit personnel and resources to these special events. It is an important part of ABC's mission in combating underage drinking.

During 2009 (January through November), the division conducted 53 TED events resulting in 623 citations, 385 of those citations were for Minor in Possession of Alcoholic Beverages.

In addition to OZT and TEDs, the Enforcement Division conducts Cops-In-Shops details. The Cops-In-Shops program is targeted at deterring minors from obtaining alcoholic beverages at the point of sale. During Cops-In-Shops details, investigators work alongside local law enforcement personnel and pose as employees or customers at a specific retail location. When an underage person purchases or attempts to purchase alcoholic beverages, they are cited to district court. During 2009, the division reported working at fifteen retail locations with a total of 35 citations issued.

A fourth prevention initiative is conducted through tobacco sales compliance checks at Kentucky retail establishments. As with OZT, investigators employ 15-17 year old aides who attempt to purchase tobacco products at retail outlets. These checks are designed to ensure retailers are not selling tobacco products to minors.

During 2009 (January through November), the division conducted tobacco 2,456 checks resulting in 83 underage tobacco purchases for a 96.7% compliance rate.

Another part of the tobacco prevention initiative is the Federal Synar Survey. This survey assesses retailer compliance regarding the sale of tobacco products. The goal of the survey is to maintain a high rate of compliance through education and prevention efforts and the data collected during the survey shows the success of those ongoing efforts. The Synar survey is part of the Substance Abuse Prevention and Treatment

Block Grant. If compliance falls below 80%, the funds can be decreased by up to 40%. The grant gives support to public health initiatives, prevention measures and educational programs for substance abuse. The Synar compliance checks are conducted during the summer when youth are not in school. Investigators are assigned to perform over 1,000 inspections at randomly selected retail outlets through the research firm, REACH of Louisville, Inc.

During the inspection, two officers enter a retail outlet. After safety is determined by the officers, the teen investigative aide enters and attempts to purchase tobacco products. If the employee and/or retailer sell tobacco products to the investigative aide, an ABC investigator will issue an administrative citation to the suspected violator for the violation of KRS 438.310. The investigator will seize the tobacco product from the investigative aide and process it as evidence until a hearing is held and/or the case is resolved. If no sale is made to the investigative aide, the investigative aide and the investigators leave and proceed to the next assigned inspection. The management of each retail outlet is later notified of the results (compliance/non-compliance) of the inspection.

In 2009, personnel of the division conducted 1,032 (Synar) tobacco checks resulting in 36 violations for a compliance rate of 96.51%.

●**Tourism, Arts and Heritage Cabinet**

No reported state substance abuse programs.

●**Transportation Cabinet**

No reported state substance abuse programs.

●**Department of Military Affairs**

No reported state substance abuse programs.

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