THE KENTUCKY

YOUTH SUBSTANCE ABUSE PREVENTION STRATEGY

Adopted by the Office of the Governor--April 1999

The Kentucky Youth Substance Abuse Prevention Strategy

Adopted April 1999
Published December 1999

The Governor's Kentucky Incentives for Prevention (KIP) Project

Additional copies can be obtained from:

KIP Project

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Acknowledgments

This document is the result of collaboration of many professionals throughout the Commonwealth of Kentucky. The principal writer was Dianne Shuntich, staff of the Division of Substance Abuse Prevention Branch. Layout and editing was overseen by David Meredith and R. Michael Hatchett, the Front Cover was designed by David Meredith, and photos were taken by Carrie Morris and Connie Smith, KIP Project staff.

Special Acknowledgments

Barb Stewart, Project Director
David Mawn, Associate Director
Larry Carrico, Office of the Governor

This booklet is paid for in part by the Center for Substance Abuse Prevention (CSAP), the Kentucky Division of Substance Abuse (DSA), and the Governor's Kentucky Incentives for Prevention (KIP) Project.

COMMONWEALTH OF KENTUCKY
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To the Citizens of the Commonwealth of Kentucky:

I entered the Office of the Governor in 1995 fully believing that our administration should employ every available resource to help ensure that Kentucky would continue the tradition of being a positive contributor to American society, and in particular, a contributor to the healthy development of our young people.

The Governor's Kentucky Incentives for Prevention (KIP) Project is one of several initiatives now underway to help make sure young people in Kentucky have every opportunity to succeed. The goal of the KIP Project is very important for all of us and that is to significantly reduce the use of alcohol, tobacco, marijuana and other illicit drugs among youth ages 12-17.

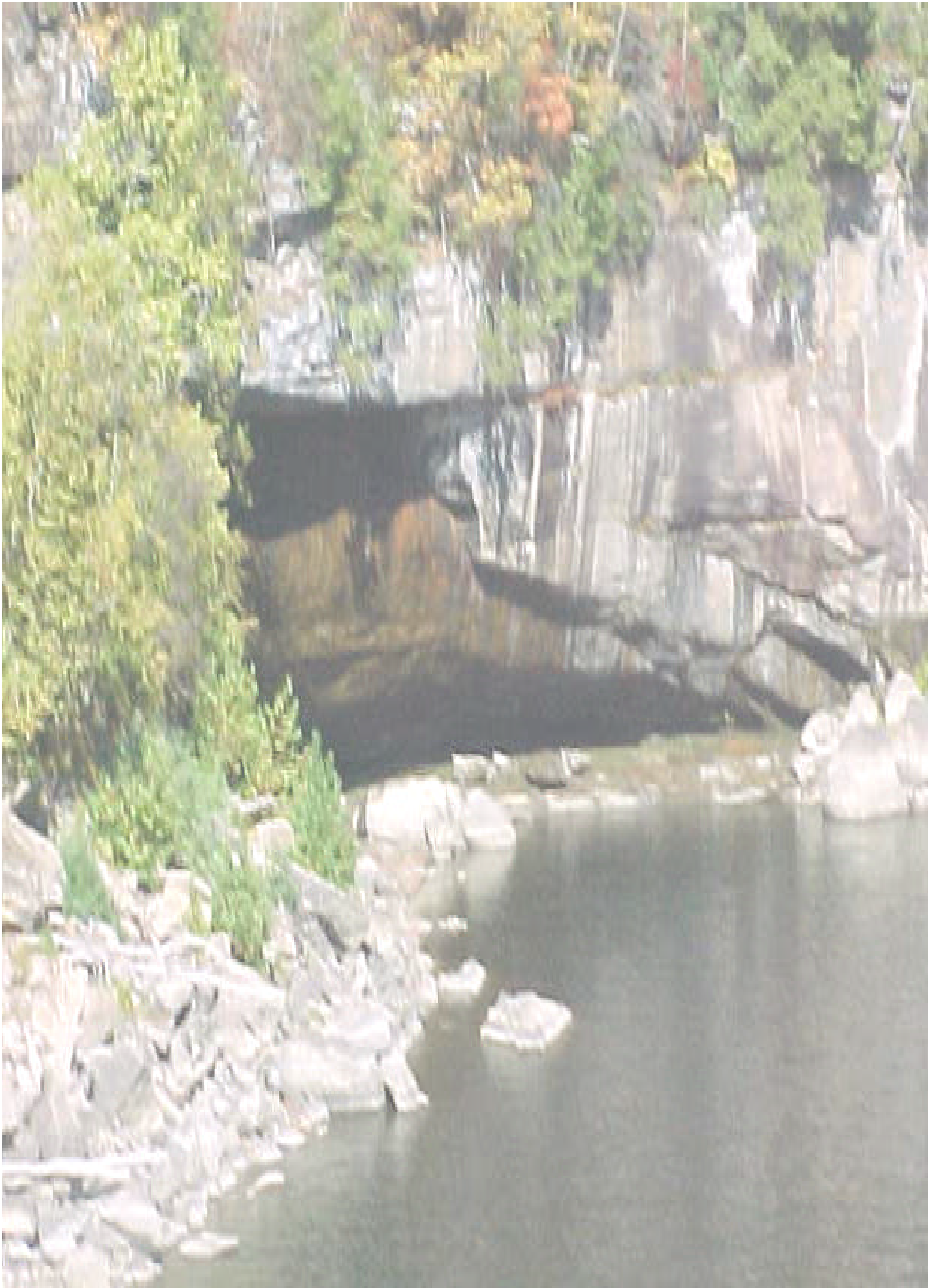
With this in mind, federal, state and community resources were allocated to develop the Governor's Kentucky Incentives for Prevention Project designed to establish a state-level course of action for reducing drug use among Kentucky's youngsters. Additionally, with initial funding available through the KIP Project, 20 local projects involving 29 counties are developing Community Youth Substance Abuse Prevention Strategies to address youth substance abuse in their locales. I am proud of their commitment to collaborate with a broad spectrum of individuals and organizations in an effort to create and sustain more healthy environments for youth.

I invite and encourage your support and participation in helping to offer our youth a more positive atmosphere in which to grow. Your contributions to this effort are greatly appreciated.

Sincerely,

Paul E. Patton

EDUCATION PAYS



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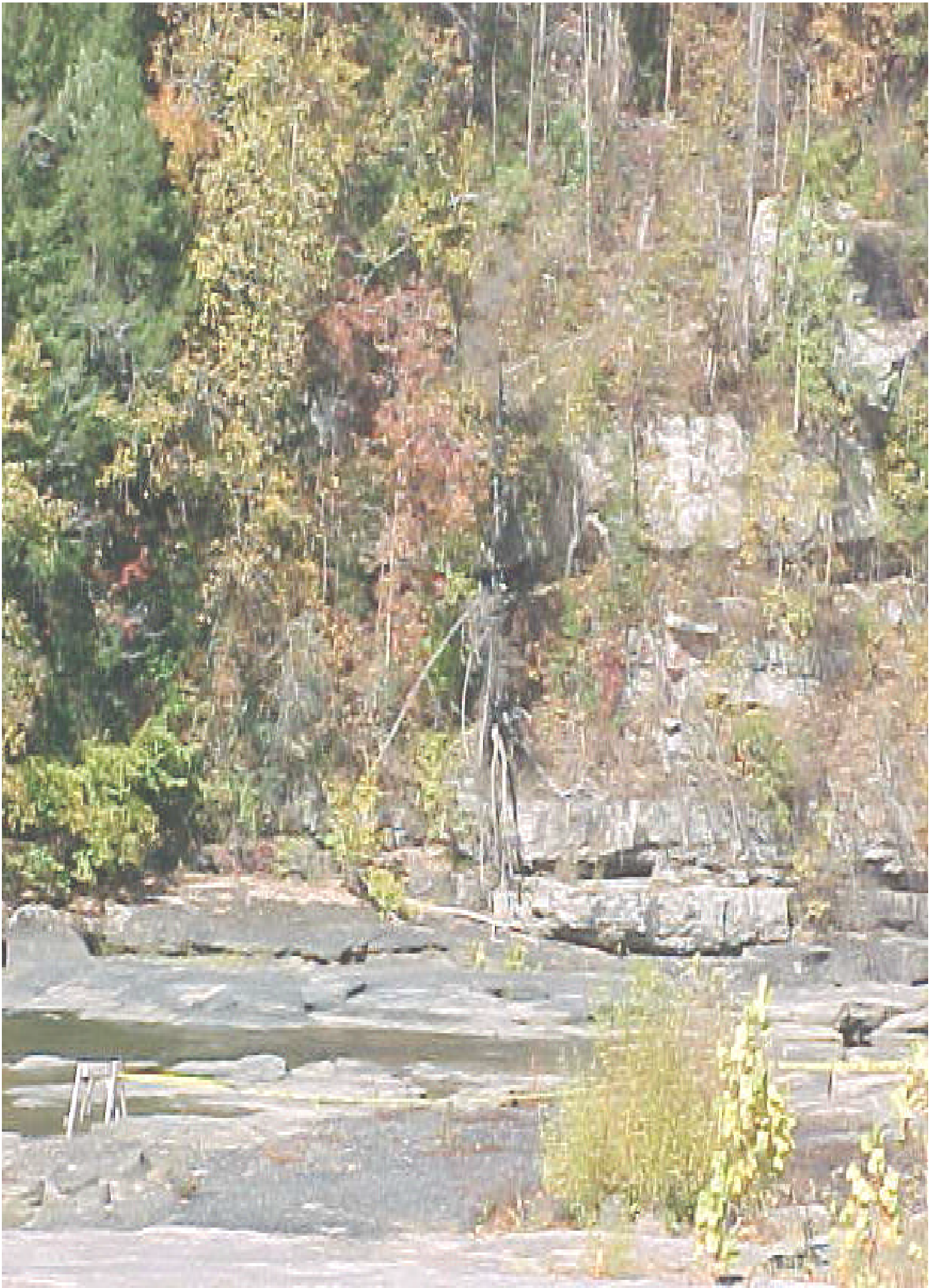


The Strategy at a Glance

The Kentucky Youth Substance Abuse Prevention Strategy (referred to as the Strategy) is a plan to change the statewide approach to preventing alcohol, tobacco, and other drug (ATOD) use by adolescents. The Strategy focuses on how to improve the efforts of the Commonwealth, through the action of state government agencies in partnership with local agencies, as well as private, corporate, and non-profit organizations. The Strategy proposes a 5-year plan that will be revised and updated every two years, thus serving to provide ongoing guidance for prevention efforts statewide.

Principles of the Strategy

Certain basic principles of prevention programming were applied in the development of the Strategy. The Strategy proposes that prevention programming be **science-based**, i.e., based on reliable scientific evidence of effectiveness. It should be **comprehensive** – including the application of strategies targeting both the supply and the demand for drugs, and efforts aimed at both youth and adults. The Strategy calls for a **long-term commitment**, reflecting an understanding that discouraging adolescent drug use will be an ongoing challenge, rather than a "war" that can be definitively won and consequently abandoned. **Collaboration** among all those involved in substance abuse prevention is basic to the purpose of the Strategy. In summary, the goal of this document is to outline a process for applying scientific knowledge in a coordinated approach to prevention.

Basic Elements and Action Plans

The four basic elements of the Strategy are listed below, each followed by a summary of the action plans for that element of the Strategy.

Utilize scientific findings about effective programs and strategies.

- Provide a mechanism for analyzing and disseminating scientific information about successful programs and promising practices.
- Support the implementation of science-based practices and programs.

Design a system for planning, funding, and evaluating prevention efforts that coordinates the efforts of all state agencies and organizations involved in prevention, and can be applied to efforts at the local level.

- Develop a data collection system to support needs assessment and planning at the state and community levels.
- Use a common core of survey items to measure youth ATOD use, risk factors, and the consequences of ATOD use.
- Identify needs and gaps in services.
- Develop a process for establishing priority outcome targets.
- Define outcomes in terms of measurable changes in drug use, drug-related problems, and/or risk and protective factors.
- Identify commonly agreed-upon indicators of success.
- Develop standard procedures for evaluating prevention efforts.
- Institute policies and procedures for redirecting funds towards science-based prevention.
- Establish mechanisms for leveraging additional resources.

Work from a comprehensive prevention framework.

- Focus on risk and protective factors.

- Reduce both supply and demand.
- Build community environments that deliver clear and consistent messages discouraging drug use by youth.

Encourage widespread involvement in prevention activities.

- Foster government/private sector collaboration.
- Provide guidance and support for state and local involvement through a cadre of professional prevention specialists, training opportunities, and a network of prevention resource centers.
- Engage and train volunteers.
- Support community coalitions.

Initiatives and Task Force Recommendations

The Strategy is designed to build on existing prevention initiatives. Many of these are described in this document. In addition, the recommendations of four task forces are included. These recommendations give specific suggestions for how the action plans listed above may be carried out.

Development of Community Strategies

The Strategy is meant to serve as a model for the development of comprehensive approaches to prevention within each local community. Training on strategy development will be provided to promote involvement of local communities.

Support for the Strategy

Scores of individuals representing state government and other agencies and organizations involved in prevention helped to design the Strategy. Successful implementation of the Strategy will involve even more individuals. It is with great appreciation for these collaborative efforts that we look forward to realizing the vision of the Strategy.

I. Youth Substance Abuse Prevention Strategy: An Overview

Introduction

Substance abuse is one of the most serious threats to the health, safety, and maturation of youth in Kentucky. Not only can the use of alcohol, tobacco, and other drugs (ATOD) trigger a life-damaging addiction, such use contributes to injury accidents, school dropouts, teen pregnancy, interpersonal violence, and other societal problems. While progress was made in reducing substance use in the 1980s, the decade of the nineties has brought a renewed increase in illegal drug use by young people.

Government, particularly at the federal level, has made a significant commitment to ATOD abuse prevention by providing funding through various agencies. Leadership has also been provided at the state level through Governors' initiatives and financial support from the legislature. Additionally, nonprofit and corporate entities have become involved to some extent. Much of the money for prevention efforts has been provided to schools, volunteer task forces, police departments, prevention resource centers, and other community level agencies and organizations.

With the increase in drug use in the nineties, citizens and government began to question how effective the prevention expenditures have been. Do all prevention efforts really make a difference? What have we learned about prevention that can be applied to future efforts so we can get a better return on our investment? How can we develop mechanisms that will direct funding to the most effective strategies?

Another major issue is the challenge of coordinating the prevention activities of all the various players so that they complement, rather than duplicate or compete with each other. An overall strategy that can help organize efforts at the state and community levels is needed to increase both efficiency and effectiveness.

The goal of this document is to outline a process for applying scientific knowledge in a coordinated approach to prevention.

A Comprehensive 5-Year Plan

The Strategy proposes a 5-year plan to develop an effective statewide approach to prevention. Some of the action plans are very specific and can be implemented immediately. Others provide a general direction for action, but implementation procedures will have to be developed.

This Strategy is envisioned as the first in an ongoing series of prevention plans that will become increasingly specific over time. For example, the Strategy presented here suggests a framework for understanding youth substance abuse that can be utilized by anyone involved in prevention. Future editions of the Strategy will explain how various state agencies and other organizations are actually using the framework in their planning.

The activities recommended are expected to take five years to complete. However, the Strategy will be revised at least biennially, to reflect accomplishments and refine the recommendations. Some recommendations may be deleted and others added based on the experience of the many individuals involved, needs that arise, and facts revealed by new scientific findings.

Scope of the Strategy: Youth Substance Abuse Prevention

This strategy focuses on:

Youth aged 12 – 17

Youth in this age group are targeted for a number of reasons. Many youth begin experimenting with tobacco, alcohol, marijuana, and other dangerous drugs during these years, and a significant number of them become regular users. Drug abuse has a particularly deleterious effect on youngsters because of their immaturity and the developmental challenges of adolescence. The teen years are critical to the acquisition of intellectual, emotional, and social skills. These are very difficult to master while under the influence of alcohol or other drugs. Problems that occur during adolescence, often as the direct or indirect consequence of alcohol or drug use, tend to have long-term effects on an individual's potential for success and happiness. While adults also experience serious ATOD problems, youth are perceived by parents and the general public as more vulnerable and in greater need of protection.

Substance abuse

A variety of substances are abused by youth during adolescence. Each has its own particular pharmacological effect and problems associated with it. Tobacco, for example, is of concern because it is a highly addictive substance with significant long-term effects on physical health. Heavy use of alcohol is linked to injuries and fatalities from drunk driving, accidents, aggressive behavior, and alcohol poisoning. Drugs such as alcohol, marijuana, and inhalants[1] create a state of impaired judgment and mental functioning along with their addictive potential. Other drugs that are the focus of prevention efforts include cocaine, amphetamines ("speed, crank"), illegal steroids, and medications ("uppers" and "downers") that are improperly used to get "high." Any other drugs that are regularly misused and create significant problems would be appropriate targets for the Strategy.

[1] Inhalants are volatile substances such as gasoline, paint and glue that are sniffed (inhaled) for their psychoactive effects.

Prevention

The Strategy focuses on preventing ATOD problems before they occur, rather than on providing treatment programs for youth who have already developed an addiction. Prevention is accomplished by increasing the number of youth who abstain from ATOD use, delaying the age of onset of the use of ATOD, and reducing regular and heavy use of these substances.

Mandate for the Strategy

The impetus for creating this strategy comes from various initiatives on both the federal and state levels:

Governor Patton has called for the development of a coordinated, interagency approach to substance abuse prevention, for greater accountability in the expenditure of public funds for prevention, and for the application of scientific principles to prevention efforts.

The Kentucky Legislature, in **KRS 222**, designates the Division of Substance Abuse as responsible for coordinating the prevention efforts of state government.

The federal **Center for Substance Abuse Prevention** has provided funding for the development of a comprehensive, science-based prevention strategy for Kentucky through a special 3-year grant named the Governor's Kentucky Incentives for Prevention (KIP) Project.

The federal **Departments of Education and Justice** have recently established new policies that encourage the use of programs that have been found effective in research studies.

The **National Institute of Health**, other governmental agencies, and some nonprofit and private organizations have recently published summaries of the findings of prevention research to help guide the development of federal and state strategies.

The public health community has endorsed the **Healthy People 2010** initiative, which sets

measurable goals for the nation for the reduction of alcohol, tobacco, and other drug use.

Congressional leaders, in the process of approving budgets for prevention programs, have repeatedly called for evidence that prevention "works." They have been clear that continued funding will be dependent on the ability to demonstrate reductions in ATOD use as a result of prevention efforts.

Involvement in Development of the Strategy

The development of the Strategy involved gaining input and approval from key leaders in the prevention field in Kentucky. The Governor's Kentucky Incentives for Prevention (KIP) Project mentioned above provided the following mechanisms for input, review, and comment:

The **Advisory Committee** was chaired by a representative of the Governor's Office and included key government and community leaders involved in prevention. The Strategy was reviewed and approved by this committee.

The **Task Forces**: Five task forces chaired by members of the Advisory Committee drew additional constituents from state government, as well as community agencies and organizations. Each Task Force worked on a specific set of recommendations to be included in the Strategy. These recommendations may be found in Chapter IV, Initiatives to Support the Strategy.

A **Steering Committee**, composed of the chairs of each task force, along with the KIP Project Director, Associate Director, and Governor's representative, oversaw the work of the task forces. This committee reviewed various drafts of the Strategy.

The **Governor's Implementation Council**, consisting of the heads of 15 state government agencies and a community advocate, reviewed and affirmed all recommendations that would be implemented by those agencies.

A **Regional Summit** was held in Louisville in October 1998. During the summit, Advisory Committee Members were given an opportunity for input into the articulation of the prevention framework proposed in the Strategy.

Principles of the Strategy

Science-based

Sensible ATOD policy is based on scientific findings about which prevention approaches work best. The Strategy calls for the development of methods for identifying and funding prevention efforts that have scientific support showing them to be effective. Prevention research studies published in peer-reviewed journals are considered to be the most valid and reliable sources of scientific information. Knowledge in the prevention field continues to be developed, as study methods are refined and programs are replicated and reexamined. Efficient mechanisms for analyzing, disseminating, and applying the growing body of scientific knowledge are key to the success of the Strategy.

Comprehensive

Youth cannot be inoculated against ATOD problems by the administration of one prevention program, or protected by a single community strategy. Successfully preventing youth ATOD problems requires the coordinated efforts of many different agencies and organizations, targeting both the supply and the demand for ATOD. Changing community environments that support ATOD use entails a multifaceted approach that gives youth clear and consistent messages discouraging ATOD involvement. Such an approach includes both education and public policy changes. Prevention efforts should be targeted at all youth in Kentucky since the majority of adolescents have some level of involvement with one or more substances.[2] Youth with additional risk factors should receive more intensive programming. Since adult attitudes and behaviors influence youth, these must also be addressed in a comprehensive approach. Younger children also are often exposed to ATOD in their environment or have other risk factors that increase the likelihood of ATOD involvement, and their prevention needs should be addressed.

[2] KIP Needs Assessment Task Force report.

Long-term

There are no quick, easy fixes for ATOD problems. Prevention efforts must be ongoing and constantly refined in light of new scientific findings. Strategies that work today may become ineffective as their novelty wears off, or become irrelevant as youth culture changes. Each new cohort of youth coming of age must be educated about ATOD, and factors that contribute to ATOD use in community environments must be constantly reassessed. Each new ATOD fad carries its own dangers and demands for prevention programming. The Strategy does not envision the drug problem as a "war" that can be definitively won and consequently abandoned, but rather as a long-term commitment to protecting children from a constantly changing threat to their well-being.

Collaborative

Collaboration among all those involved in prevention is basic to the purpose of the Strategy. Many agencies and organizations have been involved in formulating the Strategy, and many more will be involved in its implementation and future development. The Strategy suggests ways people can work together to build a strong infrastructure to support prevention efforts throughout the state. This can happen only through intensive collaboration.

Basic Elements of the Strategy

The following four elements are the basic components of the Strategy:

- **Utilize scientific findings about effective programs and strategies.**
- **Design a system for planning, funding, and evaluating prevention efforts that coordinates the efforts of all state agencies and organizations involved in prevention, and that can be applied to efforts at the local level.**
- **Work from a comprehensive prevention framework.**
- **Encourage widespread involvement in prevention activities.**

Chapter III explains each of these basic elements and provides a list of action items detailing how each element may be implemented.

Evolution of the Strategy

The development of a statewide strategy for prevention is an incremental process. Ideally, a general consensus about how to approach prevention in Kentucky will gradually develop. This first Strategy presents some fundamental principles and recommendations for systems development. As the recommendations of this Strategy are implemented, common ground will be established on which to build more detailed policies and procedures. These will then be incorporated into future Strategies.

Implementation of the Strategy: Who Should Be Involved?

The Strategy is meant to provide guidance for collaborative prevention efforts throughout the state. Therefore, anyone planning, funding, or delivering prevention services should be involved in the development and implementation of the Strategy. At the state level, the Strategy will be implemented by the Governor, state government agencies, private, corporate, and nonprofit organizations involved in prevention, and state legislators.

It is hoped that the Strategy will also serve as a model for strategic planning at the community level, as well as by other states.

II. Kentucky's Youth Substance Abuse Profile

How widespread and serious are substance abuse problems among youth in Kentucky? Chapter II attempts to answer this question by presenting findings from surveys of the youth population in Kentucky and data collected at the state level on problems related to substance abuse. The information is drawn from the report of the KIP Project Needs Assessment Task Force. A statistical report of this task force, which provides citations for the facts presented here, may be found as an appendix.

This profile of youth substance abuse will also explore some risk factors that are widely believed to contribute to adolescent ATOD use and problems, as well as some conditions that may help to protect youth from substance abuse.

Substance Use among Kentucky Adolescents

The use of ATOD is not unusual among Kentucky teenagers. Contrary to popular belief, substance abuse is prevalent not only in groups of deviant youth, but common in the general population. The following statistics should provide a "wake-up call" to all those concerned with our youth's health and well-being.

Teen tobacco use

One out of every three children in Kentucky smoked a whole cigarette (not just a few puffs) prior to age 13.

Almost half of Kentucky youth under 18 are current smokers (defined as having smoked on one or more of the past 30 days).

Nearly one third of teenaged males use chewing tobacco or snuff.

Of Kentucky twelfth graders who smoke, almost 60 percent (%) have tried to quit during the past six months.

Teen alcohol use

Many children in Kentucky had their first drink, more than just a few sips, before age 13. (38% of boys and 23% of girls).

Almost half of the boys and one third of the girls reported drinking large quantities (five or more drinks in a row) during the past month.

More than one third of young people reported riding in a car with someone who had been drinking, during the past month.

About one out every of five boys and one out of every ten girls reported driving a car under the influence of alcohol, during the past month.

Other drug use

About half of Kentucky teens have tried marijuana at least once, up from roughly a third in 1993.

One out of four teens have sniffed glue, breathed the contents of aerosol spray cans, or inhaled paint or spray to get high.

Ten percent (%) of males and 6 percent (%) of females have used cocaine (powder, crack or freebase), at least once.

Twenty-one percent (%) of males and 14 percent (%) of females have used another type of illegal drug (LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills without a doctor's prescription).

Three percent (%) of males and 1 percent (%) of females had injected ("shot up") an illegal drug.

Why Should We Be Concerned?

For some youth, experimentation with substances is a passing phase, with no serious and lasting consequences. However, the risks

associated with these behaviors are high, and problems related to ATOD use are common and often tragic.

Many of the difficulties resulting from adolescent ATOD use are not captured in current data collection mechanisms. For example, heavy involvement with some substances tends to delay normal maturational processes, particularly the development of academic and social skills, but the resulting problems may never be linked to substance abuse. Other substances, such as tobacco, trigger addiction for many individuals within a short period of time, but the resulting health problems may not show up until later in life.

This section will present a few indicators that are used to demonstrate the most immediate and direct effects of heavy substance involvement among our youth.

Juvenile arrests

In 1995, the Kentucky State Police reported the number of juvenile arrests related to alcohol and drug abuse as follows:

- Violations of narcotic drug laws: 1,647
- Driving under the influence: 487
- Violations of liquor laws: 717
- Drunkenness: 730

In considering these figures, remember that the vast majority of adolescents who violate these laws are never caught and/or arrested.

School problems

During the 1994-95, the Kentucky Department of Education recorded the following problems related to drugs:

- Disciplinary actions: 9, 026
- Alternative placements: 1,260
- Suspensions: 5,298
- Expulsions: 201

Drunk driving fatalities

As reported above, an alarming number of teens drink or use drugs before driving, and many ride in cars with drunk drivers. Kentucky State Police records show that about 30 percent (%) of teen drivers involved in fatal traffic crashes were under the influence of alcohol.

Teen pregnancy

Young people under the influence are more likely to be less inhibited about sexual activity, and less likely to use good judgment about contraception. A significant proportion (between 10 percent (%) and 27 percent (%) depending on grade and gender) of teens reported on the 1997 Youth Risk Behavioral Survey that they drank alcohol or used drugs before their last sexual intercourse.

Contributing Factors

Much research has been conducted in recent years in an effort to identify factors that appear to influence the alcohol and drug choices of young people. The following risk and protective factors are now generally accepted as appropriate targets for prevention programming.

Community norms, attitudes, and beliefs

Community environments in which young people grow up have a strong influence on the choices they make about ATOD use. The attitudes and example of adults and older youth create an atmosphere that either tolerates or discourages the use of particular drugs. Community norms often vary according to the drug in question. For example, teen use of tobacco is much more socially acceptable in Kentucky than it is in many other states, because of the economic benefits of tobacco as a crop. Many adults model the use of tobacco, and it is widely available. Alcohol use is generally less acceptable in Kentucky and other "Bible Belt" states than in other parts of the country. However, alcohol is also a major industry in Kentucky, and that affects the norms in some areas. Within every state and most communities there are various cultural groups with different norms. Norms that encourage ATOD abuse may be challenged by prevention efforts that raise awareness of ATOD-related problems and persuade people to change their attitudes and beliefs.

Availability of ATOD

Drug use is higher where drugs are readily available. In Kentucky, laws restrict the sale of alcohol and tobacco to minors, and many "dry" counties prohibit all sales of alcohol. On the

other hand, tobacco, marijuana, and alcohol are all major products of the state, providing economic benefits to many people. These drugs are easily available to most youth, despite law enforcement efforts. Young people can acquire these drugs from various sources, including young adult friends, siblings, and sometimes even parents.

Other drugs are also widely available in many communities. The interstates that crisscross the state are major traffic routes for illegal drugs, which are disseminated from there to even the most rural areas. Some inner-city neighborhoods are known for crack cocaine trafficking. In other locations, prescription drugs are widely available for illegal use.

Efforts to reduce both retail and social availability should be viewed as essential components of a comprehensive approach to prevention, keeping in mind that laws and enforcement efforts are most effective when community attitudes support them.

Laws and community policies

Effective laws and policies can act as protective factors for youth. School policies that implement fair and reasonable sanctions against ATOD use, for example, make such use less likely in the school environment. Many schools in Kentucky have developed substance abuse policies in recent years. The effectiveness of these policies is yet to be assessed.

Laws and community policies can either support or undermine prevention efforts. In Kentucky, state law prohibits communities from passing any ordinance that is more restrictive than the state law concerning the sale, use, display, and distribution of tobacco products. This precludes many potentially effective policies that communities might wish to implement, such as requiring that tobacco products be placed behind the counter in retail establishments.

Community policies may also be informal, such as commonly accepted procedures for addressing ATOD use issues. In Kentucky, many parents participate in the "Safe Homes" program that involves agreeing to supervise all adolescent gatherings in their home to assure that ATOD are not being used.

Under the leadership of the Division of Substance Abuse in collaboration with the Kentucky Medical Association, Regional Prevention Centers across the state recently implemented a policy initiative aimed at primary care physicians. Physicians were visited by community volunteers, who asked them to routinely discuss tobacco use with their patients and communicate their approval or concern depending on whether or not the patient was using tobacco. Reports generated by this effort indicated that many physicians had already adopted such procedures. As a result of the visit, most others agreed to do so.

Individual beliefs and attitudes

Individual beliefs and attitudes have been found to correlate highly with substance use. For example, national surveys of students show that when youth believe that using a particular drug will result in problems for them, they are less likely to use. A reduction in the perception of risk is believed to explain the rise in marijuana use in Kentucky and other states over the last few years.

A number of other specific beliefs and attitudes that influence youth substance use have been identified in national surveys and other research studies. These include youth beliefs about whether their parents and peers would disapprove of the use of a particular drug, and their perceptions of how widespread use of the drug is among their peers. Reliable data about these beliefs and attitudes among youth in Kentucky is needed to inform prevention planning efforts.

High-risk Groups

Some risk factors are most useful for identifying subsets of the youth population whose risk for developing substance abuse problems is particularly high. These youth are more vulnerable for a variety of reasons, including genetic predisposition and social and psychological conditions. The KIP Project Needs Assessment Task Force has identified the risk groups described below. Other groups, not mentioned below, may also be at risk.

Family history of substance abuse

Children whose parents or other close relatives have suffered from alcoholism or drug

dependency run a higher risk of developing these illnesses themselves. Research indicates that genetic factors contribute most to this vulnerability, rather than the effects of parental modeling. A 1995 state survey by the University of Kentucky concluded that 7.4 percent (%) of the state population meet the criteria for chemical dependency (not including tobacco dependency). Based on this estimate, many youth in Kentucky have genetic factors that place them in a high-risk group.

Family conflict

Family conflict creates a risk factor for substance abuse. No data on the number of youth living in high-conflict families is available for the state. However, in Kentucky there were over 26,000 cases of abuse or neglect substantiated in 1996. Another significant indicator is the incidence of divorce. In 1996 there were over 20,000 divorces in the state.

School factors

Children who are not attached to school tend to develop more serious drug problems. Dropping out of school is, of course, a key indicator of low school attachment. In Kentucky, about 4 percent (%) of students dropped out of school during the 1996-97 school year.

Students who do poorly in school are more likely to experience drug problems than those who do well. Department of Education statistics showed that about 3 percent (%) of Kentucky students failed to progress to the next grade level or graduate in the 1996-97 school year.

Antisocial behavior

Children who display early and persistent antisocial behavior are at high risk for substance abuse. A significant number of Kentucky youth fall into this high-risk group and should be targeted for special prevention programs. Some indicators of the number of youth involved in antisocial behaviors are listed below.

The number of youth placed in alternative educational settings during the 1994-95 school year was 11,184.

In 1995 over 2,000 juveniles were arrested for violent crimes (murder, manslaughter, forcible rape, and aggravated and other assaults).

Adequacy of the Data

One of the biggest challenges to prevention planning in Kentucky is the lack of valid and reliable data about substance use and problems that are representative of youth in the state. The information provided in this chapter is adequate to indicate a compelling need for preventive action. But this data is based on relatively small samples of students in Kentucky schools and is not sufficient for an in-depth needs assessment. Nor is this data a solid benchmark against which to measure the success of preventive efforts. One of the most important action steps recommended in this first Strategy is the development of a statewide data system to inform prevention planning. This is discussed further in Chapters III and IV.

III. Strategic Plan

This chapter summarizes the 5-year plan to develop an effective statewide approach to prevention. The four major elements of the Strategy are presented, along with an action plan for each element. Also incorporated in the plan are the findings and primary recommendations of the KIP Project Advisory Committee, Governor's Implementation Council, and Task Forces. The next chapter will present initiatives to support the Strategy, including those that are already begun, and more specific recommendations of the Task Forces.

Utilize Scientific Findings about Effective Programs and Strategies

The need to apply scientific processes to prevention efforts is one of the most essential principles of the Strategy. Much research has been published on prevention theories, risk and protective factors that influence youth substance abuse, and the outcomes of prevention programs. Although there are still many unanswered questions and controversial issues, it is now possible to apply well-established scientific principles to the planning and evaluation of prevention programs. Decisions about which approaches should be funded by public dollars can now be informed by the findings of scientific research. Despite these advances, a significant number of resources are still directed toward programs and approaches that show little or no scientific evidence of effectiveness. Federal and state governments (as well as some private funding agencies) are just beginning to experiment with methodologies for applying scientific findings to funding decisions. The following action items are proposed to facilitate the utilization of science in prevention efforts in Kentucky.

Provide a mechanism for analyzing and disseminating scientific information about successful programs and promising practices

Although scientific knowledge is widely published in both scientific journals and government documents, keeping up with the latest developments in the field is an almost impossible challenge for the busy prevention practitioner, as well as for staff in agencies that fund prevention programs. Most preventionists also lack the technical expertise and broad knowledge of the literature necessary for critically analyzing the results reported in research studies. A mechanism will be developed to make scientific knowledge practical and easily accessible to policy makers and prevention practitioners in Kentucky.

Support the implementation of science-based practices and programs

Agencies that fund prevention programs are being challenged to make the most effective use possible of the dollars entrusted to them. Along with scientific knowledge about effective prevention approaches must come a commitment to apply that knowledge when making decisions about the funding of programs. Scientific principles will be applied at all levels of the funding process, from needs assessment to the selection of strategies and program evaluation.

In addition to financial support, training and technical guidance will be provided to assist state and community level preventionists in the application of science to prevention efforts.

Design a System for Planning, Funding, and Evaluating Prevention Efforts that Coordinates the Efforts of All Agencies and Organizations Involved in Prevention

For the Strategy, coordination may be defined as collective agreement and action to improve prevention outcomes or the use of resources. Coordination of efforts is necessary for an efficient prevention system. A unified planning, funding, and evaluation system will be developed to guide prevention programs at the

state and local levels. An efficient system would eliminate duplication of services, foster cooperation over competition among agencies, define commonly held priorities and goals, and provide a mechanism to measure the effectiveness of efforts statewide. However, the design of a coordinated system for applying science to prevention is a complex endeavor, fraught with political challenges. It will be undertaken with significant interagency collaboration and the recognition that refinement of the Strategy will be a long-term, incremental process. Steps toward a coordinated statewide system that applies science to prevention are detailed below.

Develop a data collection system to support needs assessment and planning at the state and community levels

Many different kinds of data are useful in the planning of prevention efforts at the state and community levels. These include, but are not limited to, the following:

- Data about problems related to substance abuse (e.g., drug-related crime, driving fatalities, and birth defects) and the social and economic costs of these problems
- Data about the incidence and prevalence of ATOD use in the target population and specific patterns of ATOD use (What forms of the drug? What subgroups of the population are using it? Under what circumstances and in what settings is the drug used? etc.)
- Data about factors that influence youth to use substances, or to avoid them (commonly known as risk and protective factors)
- Data about the effectiveness of past and current prevention efforts
- Data describing the number and type of prevention services delivered statewide and in targeted areas
- Data explaining expenditures for prevention services by various organizations
- Data describing the involvement of various agencies and organizations in prevention efforts
- Demographic and economic data about target populations and communities

Some of this data is currently available from federal government agencies, state agencies and organizations, universities, local agencies and organizations, surveys of the population, and prevention service providers. The Strategy will support and capitalize on these efforts. But, at present, there is no coherent system for either gathering or summarizing the data. Employing computer technology and Internet resources, steps will be taken toward the development of an information management system that will collect and integrate this data and deliver it in a usable format to prevention planners.

In some cases, the data needed is not available. For example, there is no representative survey of adolescents in Kentucky that provides reliable data about their ATOD use and related risk and protective factors. Instead, there are fragmented efforts by several agencies using a variety of different indicators, the results of which cannot be compared to each other or compared from year to year. A set of core indicators of ATOD use and risk and protective factors will be developed. These can then be utilized in state and local surveys, yielding much more meaningful data.

Training and technical guidance will be provided to preventionists statewide on data collection techniques.

Identify needs and gaps in services

Data on ATOD problems, ATOD use patterns, and risk and protective factors provide the basis for determining the needs of a given target population relative to substance abuse prevention. Examination of data about who received prevention services and what programs were funded may indicate gaps where resources need to be directed. Needs assessment activities are currently conducted at both the state and local levels, but tools and methodologies are crude, and efforts are not coordinated. Collaboration is greatly needed to reduce duplication of efforts and establish common priorities that can then be addressed cooperatively. A unified plan for needs assessment will be developed and applied to all state government-funded prevention programs in Kentucky.

Develop a process for establishing priority outcome targets

Reliable needs assessment lays the groundwork for defining the outcomes one hopes to achieve through prevention efforts. Using a collaborative process, state priority outcome targets will be defined. These priorities will guide the selection of target populations, as well as program goals and objectives. Although different agencies may pursue different goals and objectives and serve different target populations, all efforts will address the priorities defined in the collaborative planning process.

Define outcomes in terms of measurable changes in ATOD use, ATOD problems and/or risk and protective factors

The expenditure of public funds on prevention is premised on the hope that it will reduce both the human misery and the social costs associated with substance abuse. If, ultimately, these hopes cannot be realized, the wisdom of continued investment in prevention is questionable. Currently, we cannot be certain that our prevention efforts are successful because most of today's programs are simply not evaluated. One reason for this is that the resources and technical expertise necessary for conducting reliable outcome studies has not been made available to prevention practitioners. Practical technologies for outcome evaluation are just now emerging. State government agencies will work together to develop a coordinated approach to outcome evaluation that can be used to assess the efficacy of prevention efforts statewide.

Identify commonly agreed upon indicators of success

Measuring changes in ATOD problems, ATOD use, and risk and protective factors involves identification of valid and reliable indicators of these phenomena. Scientifically sound indicators will be identified with the assistance of experts in prevention research, and applied to the state prevention planning system.

Develop standard procedures for evaluating prevention efforts

Through a long-term, collaborative process, standard procedures will be developed for evaluating prevention efforts at the state and local levels. Although the application of the procedures may vary somewhat in different agencies, consistent standards for measuring program effectiveness will be established.

Institute policies and procedures for redirecting funds towards science-based prevention

A commitment to move toward scientifically defensible prevention implies a willingness to redirect funds toward programs with greater evidence of effectiveness. Policies and procedures to guide the selection of promising approaches will be developed. This will include setting standards for the evaluation of new and innovative programs, as well as the replication of programs with proven effectiveness.

Establish mechanisms for leveraging additional resources toward prevention

Leveraging directs more resources toward prevention or increases the effect of the resources already available. Redirecting funds into more promising approaches, as explained above, is a form of leveraging. Other leveraging mechanisms include solicitation of funds from outside agencies or organizations, offering grants that require matching funds from the grantee, and garnering support in the form of in-kind donations. Leveraging also occurs when an already existing prevention program aimed at a social problem, such as teen pregnancy or domestic violence, begins to devote some of its resources to addressing the connection between substance use and the problem behavior. Mechanisms will be established to identify and cultivate such opportunities for leveraging.

Work from a Comprehensive Prevention Framework

A prevention framework explains some basic assumptions underlying prevention efforts. The framework shows how various factors have a direct or indirect influence on ATOD use in any given target population. How factors interact and influence each other is also illustrated. Working from a common prevention framework is essential to cooperative interagency planning efforts. The framework allows each agency or organization to see where their activities fit in a comprehensive approach to prevention. The framework proposed for the Strategy is presented in an appendix (see p. 31). The key features of the framework are explained below.

Focus on risk and protective factors

Prevention programs aim at decreasing risk factors and increasing protective factors associated with substance abuse. The prevention framework organizes the risk and protective factors into general categories, highlighting those that research indicates are most important.

Reduce both supply and demand

The framework recognizes that an effective approach to reducing substance use will balance efforts aimed at both supply and demand. Supply refers to the availability of a particular drug in the community, which can be influenced by various prevention efforts such as increased law enforcement. Demand refers to the desire to use a particular drug, which is a function of individual and community attitudes and beliefs about that drug.

Build community environments that deliver clear and consistent messages discouraging ATOD use by youth

Youth receive implicit and explicit messages about the acceptability of ATOD use in many community settings. Families, schools, law enforcement agencies, social services agencies, coaches, and medical professionals can all send clear messages discouraging ATOD use, or fail to do so. When communications and consequences are not clear and consistent, youth lack the guidance they need to make healthy choices. Clear messages expressed in effective community policies help all youth in the community, and are key factors in the prevention framework.

Encourage Widespread Involvement in Prevention Activities

One of the fundamental premises of the Strategy is the engagement of all key players in a coordinated approach to prevention. For many of these players, substance abuse prevention is not the primary focus of their endeavors. They may be administering schools, health care services, or social services agencies, serving youth in classrooms, on playing fields, and in community recreation centers. Yet their efforts are critical to the success of the Strategy. The following action items are designed to facilitate the involvement of a wide variety of public and private agencies and organizations, as well as individual volunteers.

Foster government/private sector collaboration

Government alone does not have the resources necessary to solve ATOD problems. The Strategy will include efforts to bring private, corporate, and nonprofit entities together with government to increase support for prevention programming. Such collaboration will be fostered at both the state and community levels.

Provide guidance and support for state and local involvement through a cadre of professional prevention specialists, training opportunities, and a network of prevention resource centers

Persons involved in prevention need education, guidance, and support. Without a basic understanding of prevention principles, individuals and organizations can waste precious time on misguided activities. Resources for training, technical assistance, and consultation have already been developed in Kentucky but need to be expanded and made more readily accessible. The Strategy includes plans for support of a training system, a cadre of community prevention specialists, and prevention resource centers.

Engage and train volunteers

Volunteers have made significant contributions to prevention efforts over the years, and continue to do so. They often provide the energy and enthusiasm so vitally important to the success of community coalitions and programs. The Strategy recognizes the significance of volunteer involvement, and commits to supporting volunteers as well as professionals through the system of training and technical assistance described above.

Support community coalitions

Community coalitions draw together agencies, organizations, and individuals committed to prevention efforts. They are the key to implementing the coordinated prevention system envisioned in the Strategy. Policies at the state level will be developed to encourage the formation of coalitions in more communities and to strengthen those already operating.

IV. Initiatives to Support the Strategy

The Strategy builds upon a strong foundation of prevention efforts, past and present. All the efforts would be too numerous to mention in this document. This chapter describes a few of the state and federal initiatives that are most relevant to the four basic elements of the Strategy. Each section ends with a list of new initiatives recommended by the KIP Project task forces to be included in the Strategy.

Initiatives to Support the Utilization of Scientific Findings about Effective Programs and Strategies

The Governor's Kentucky Incentives for Prevention (KIP) Project

In 1997, the federal Department of Health and Human Services began a new "Secretary's Youth Substance Abuse Initiative." Part of this initiative was a competitive solicitation of proposals from states that were interested in building a statewide prevention infrastructure supportive of science-based prevention efforts. Kentucky applied for and received one of these grants, and named the program the Governor's Kentucky Incentives for Prevention (KIP) Project. The KIP Project has brought together representatives of agencies and organizations involved in prevention throughout the state. Several KIP Project task forces worked diligently to suggest ways to coordinate, leverage, and redirect resources into a science-based prevention approach. The Strategy is a major outcome of the KIP Project. For the KIP Project, the members of the Governor's Council will lead the implementation of the Strategy.

KIP Project subcontracts to replicate effective programs

Under the Governor's Kentucky Incentives for Prevention (KIP) Project, twenty Kentucky communities have recently been awarded contracts to replicate prevention programs documented as effective in research studies. Significant technical guidance on scientific procedures will be offered to these communities.

DOE Principles of Effectiveness

The federal Department of Education (DOE) has recently published Principles of Effectiveness to which the programs they fund must adhere. These Principles favor the replication of programs with scientifically documented effectiveness. They also give guidance on scientific methods to use in planning, implementing, and evaluating programs.

DJJ initiative

The Department of Juvenile Justice (DJJ) has recently released Blueprints for Violence Prevention, an initiative supporting the replication of science-based programs. Ten Blueprints programs have been identified by the Center for the Study and Prevention of Violence to be scientifically proven to reduce the onset, prevalence, and individual offending rates of violent behavior, as well as to deter drug use.

Science-based Practices in Substance Abuse Prevention: A Guide

This guidebook from the federal Center for Substance Abuse Prevention (CSAP) provides an operational definition of the term "science-based" that may be applied to existing prevention programs. The definition is based on the level of peer review the program has undergone. A Type 1 review consists of program recognition that does not meet the requirements of scientific rigor. Type 2 represents a more rigorous review, but not enough to produce scientifically defensible findings. Types 3, 4, and 5 represent increasingly rigorous review processes, the results of which can be deemed scientifically defensible.

KIP Project task force recommendations

The KIP Project task forces recommended two specific strategies to support the utilization of scientific findings in prevention programming funded by state government. These

recommendations are presented in an abbreviated version below. The full text of each recommendation, including greater detail and a rationale for each, may be found in the task force reports.[3]

- All entities receiving prevention funds should provide programs with Type 2 validation as defined by the federal Center for Substance Abuse Prevention (see **Science-based Practices in Substance Abuse Prevention: A Guide** above). Establish a goal of increasing the dissemination of programs with Type 3 or higher validation over time. New programs should be funded only if they are able to demonstrate that they are based on established scientific principles and utilize scientific methodology.
- A technical assistance group should be formed to address the issues involved in science-based programming. This could either be a select group of agency representatives, or a university contract. Functions of the group would include program review, the recommendation of programs to meet identified needs, review of innovative program proposals, and information clearinghouse activities.

Initiatives Toward a Coordinated Planning, Funding, and Evaluation System

Governor's support for the KIP Project

Another major thrust of the KIP Project initiative is the coordination of state government prevention efforts. Governor Patton has provided strong support for the KIP Project by encouraging the involvement of state agencies in the project.

The GIC[4]

The Governor's Implementation Council (GIC) consisted of the leaders of the 15 state agencies most involved in prevention and a community advocate. Their commitment and involvement will be critical to the success of any coordination effort, as carried out by the Governor's Council. The Governor's Council has endorsed the Strategy, and its members have agreed to work together on its implementation as the Governor's Council established by Executive Order.

The KIP Project Advisory Committee

The KIP Project Advisory Committee brought state agency representatives together with other stakeholders in the prevention field in Kentucky. The Committee has endorsed the coordination plan included in the Strategy. Remaining members of the Committee stand ready to assist the Governor's Council in the work of implementing the Strategy as the reconstituted Commonwealth Coalition.

Work of the KIP Project task forces

KIP Project task forces were set up to design the Strategy. These task forces were led by members of the Advisory Committee, and they include broad representation from state and local preventionists. The task forces worked diligently for almost a year, investigating and making recommendations related to the following aspects of the Strategy:

- Needs assessment
- Resource assessment and allocation (originally two task forces, Resource Assessment and Resource Allocation, which worked together on several products)
- Coordination and leveraging
- Subcontracting policies and procedures

The major findings and recommendations of four of five task forces have been incorporated into Chapter IV of the Strategy. Recommendations from the Subcontracting Policies and Procedures task force were integrated in the design of two requests for proposals issued by the KIP Project. The full task force reports provide much more detail about task force findings and recommendations.

Adoption of a common prevention framework

The members of the Advisory Committee and the GIC agreed to adopt the prevention framework proposed in the Strategy. This step lays the groundwork for coordination efforts

[3] The reports are available on the KIP web site at http://dmhmrs.chr.state.ky.us/kipproject, or via the order form at the end of this document.
[4] The Advisory System was reconfigured after a four-month study and are presented in an appendix.

because it establishes a common conceptualization of prevention efforts. Employing the framework facilitates a unified approach to prevention. This will ease some of the difficulties of interagency communication that often create barriers to coordination.

Core indicator definitions

The Center for Substance Abuse Prevention (CSAP) has funded a consortium of states who are working together to develop common measures of substance abuse problems and risk and protective factors. This technology is still under development and needs refinement, but should be considered for adoption in a state needs assessment and evaluation approach.

The KIP Project Needs Assessment task force has identified a number of other core indicators in addition to those identified by CSAP. A student survey has been developed that incorporates both the CSAP core indicators and the ones identified by the task force. This survey will be tested in Kentucky communities receiving funding from the KIP Project. Additional work on identifying core indicators should build on these efforts.

KIP Project task force recommendations

The task force recommendations listed below provide strong support for the action plans toward the development of a coordinated planning, funding, and evaluation system. Many of the recommendations provide specific guidance on how those action plans might be implemented.

- **All plans to expend government dollars on prevention programming should be based on needs assessment**. Collaboration at the state and local levels is essential to eliminate duplication of needs assessment efforts.
- The Commonwealth should use a **common core of survey items** to measure youth ATOD use, risk factors, and the consequences of ATOD use.
- The common core items (especially if administered in school settings) should **include indicators of violent, disruptive, and criminal behavior,** as well as substance use, to decrease the need for multiple surveys and to assess correlation/connections between various problem behaviors.
- The state-sponsored student survey should provide measures of the levels of youth abstinence, experimentation, use, and abuse.
- The state-sponsored student survey should **measure use of a variety of specific drugs** (marijuana, cocaine, inhalants, etc.), rather than combining these drugs into a single category of "other drugs."
- Examine the request for proposals for state needs assessment offered by the federal Center for Substance Abuse Prevention (CSAP) to determine if the project would be advisable to implement in Kentucky.
- Determine through further study and analysis the **key indicator data** that should be collected in the needs assessment system.
- Provide guidance to preventionists in the use of indicator data in needs assessment, as well as for the evaluation of their targeted interventions.
- **State and local school personnel should be represented in discussions about the content of the statewide survey**; they should also be given latitude to formulate questions that can be added to the survey at the local level. State survey items should be responsive to the data collection requirements of the Kentucky Education Reform Act (KERA) and the consolidated school planning process.
- Provide training and technical assistance to state-funded prevention programs on the use of a needs assessment system and specific data collection techniques.
- **Integrate data collection efforts among state agencies** and other entities statewide to promote increased coordination of efforts and standardization of data.
- The Governor's Implementation Council should develop a **process for responding to needs and service gaps** identified in state needs assessments.
- **Coordination should be instituted among all state agencies** that allocate ATOD abuse prevention dollars. Such coordination

should ensure that all prevention expenditures by Kentucky state government have been jointly planned and are fully consistent with the Strategy. A biennial Interagency Substance Abuse Prevention Budget should be instituted to identify and document prevention dollars that appear in the state executive budget.

- State government agencies should adopt **substance abuse prevention funding rules and procedures**. These guidelines would apply to the allocation of funds to local organizations and state government agencies by grant, contract, or any other means. The rules and procedures should require all agencies to provide basic information needed to conduct a regular assessment of the prevention funds the state is receiving--identify what is being done with them and evaluate the outcome. The rules and procedures should include incentives to encourage leveraging and redirection of prevention funds at the local and state government levels, including, but not limited to, shared and blended funding. All agencies should be required to meet at least annually to plan how their expenditures will be consistent with the Strategy.
- Programs funded by government dollars should have an **outcome evaluation design** with specific goals and objectives. Benchmarks for success should be established, and funding should be contingent upon demonstrated positive results.
- A **standardized "application for funding"** should be utilized by all agencies that either fund prevention programs or receive funds directly from sources other than state government. This would not preclude gathering any other detailed information an agency might require, but would ensure collection of the basic information needed to conduct a regular assessment of the prevention funds the state is receiving, to know what is being done with them and to measure the outcome.
- All local agencies (in a given community) that receive state ATOD abuse prevention dollars should be required to coordinate their efforts. These agencies should develop **community youth substance abuse prevention strategies** to ensure that all local prevention expenditures have been jointly planned and are fully consistent with the Strategy. Before instituting this requirement, however, two pilot projects, one in an urban and one in a rural area, should be implemented and evaluated. The findings from these pilots should provide guidance to other communities.
- All local agencies that receive state ATOD abuse prevention dollars **should have a knowledge of prevention program licensure** regulations and adopt those standards that are applicable to their program. Those that are not licensed should collaborate with a licensed agency where possible.
- The **Safe School Center** created by HB 330 should include in its staff a person knowledgeable in substance use and abuse and its relationship to violence.

Initiatives Toward Adoption of a Common Prevention Framework

Review of frameworks used by CSAP, NCAP, and other states

In researching the prevention framework proposed in the Strategy, staff of the KIP Project reviewed the frameworks employed by the Center for Substance Abuse Prevention (CSAP) and the National Center for the Advancement of Prevention (NCAP), as well as those used by a number of other states. All of these utilized the concepts of risk and protective factors commonly accepted by most preventionists today. Along with these factors, NCAP's framework placed significant emphasis on the role of community norms and public policy. The framework proposed in the Strategy also emphasizes these environmental influences, while recognizing the importance of individual risk and protective factors. All the factors highlighted in the framework are supported by research.

Proposal of a framework that reflects the comprehensive nature of prevention programming

The framework of the Strategy reflects the many possible approaches to prevention programming and illustrates why combined approaches are the most powerful. Addressing individual, family, peer, school, and community factors are all part of the Strategy, with a dual focus on reducing both supply and demand. Central to the framework is the concept of community norms – the generally accepted attitudes and behaviors in the community that either support or impede prevention efforts. Risk and protective factors are viewed as directly influencing adolescent ATOD use behavior, while also having a synergistic effect on other factors and on community norms.

Review and endorsement of the framework during the process of approval of the Strategy

The Strategy's proposed prevention framework was first presented at a conference in Louisville in October 1998, attended by many of the KIP Project Advisory Committee members. At a state planning session held during the conference, Advisory Committee members made suggestions about what risk and protective factors should be considered in the framework. Subsequently, as the KIP Project Steering and Advisory Committees reviewed the Strategy in its various drafts, members had an opportunity to comment on its usefulness, and make suggestions for refinements. Finally, the framework was reviewed and adopted by the Governor's Implementation Council (GIC). Approval of the Strategy by the Advisory Committee and the GIC included endorsement of the framework as the basis for cooperative planning efforts at the state and local levels.

Application of the framework in Kentucky community planning efforts

Kentucky communities that received contracts under the Governor's Kentucky Incentives for Prevention (KIP) Project are expected to build collaborative approaches to prevention on the local level, similar to the efforts implemented at the state level. Each contractor will be asked to develop a community youth substance abuse prevention strategy in collaboration with other community partners. The prevention framework of the Strategy will be used as the foundation for these community plans.

State government agency commitments to adopt and utilize the framework

State government agencies have committed to adopting and utilizing the framework to orient their interagency prevention planning efforts.

Initiatives Encouraging Widespread Involvement in Prevention Efforts

Many initiatives encouraging widespread involvement in prevention efforts are already being implemented. Some of these include the following:

Champions

The Governor's Office of Champions for a Drug Free Kentucky has been in operation since 1986. The program focuses on voluntary involvement by individuals, agencies, and organizations who are committed to working together on community prevention efforts. Champions Regional and County Action Groups have been funded through the Governor's portion of the Safe and Drug Free Schools and Communities grant from the federal Department of Education. Champions groups exist in all regions of the Commonwealth and are involved in a variety of youth-oriented prevention efforts.

RPCs

Sixteen Regional Prevention Centers funded by the Division of Substance Abuse have been in operation since 1992, and they serve the entire state. The Centers were an outgrowth of regional prevention programs in Community Mental Health Centers beginning in the early 1980s. The Centers offer resources and trained prevention professionals to support the development of prevention programs by providing expert consultation and technical assistance to community agencies and organizations.

Juvenile Delinquency Prevention Councils

The Department of Juvenile Justice has facilitated the development of eight pilot Juvenile Delinquency Prevention Councils for the purpose of encouraging interagency collaboration in addressing juvenile crime. Councils will identify and address those risk

factors in their communities that increase a youth's chance of becoming delinquent. One of those risk factors is substance abuse.

CADCA

The Community Anti-Drug Coalitions of America is a national membership organization that offers information, training, and technical assistance to community coalitions engaged in local prevention efforts. CADCA also serves as a strong political advocate for grassroots efforts. The Champions program is the state affiliate of CADCA in Kentucky, and many Champions regional and county action groups are CADCA members.

CSAP and other training resources

The federal Center for Substance Abuse Prevention has been very supportive of community involvement in prevention efforts, offering training, technical assistance, and grants for "community partnerships." Many individuals, agencies, and organizations throughout the state have benefited from the resources provided by CSAP over the years. As part of the Secretary's Initiative, CSAP has funded regional Centers for the Application of Prevention Technology (CAPTs). In cooperation with the KIP Project, the CAPT for the southeast region has already begun implementation of several training and technical assistance programs reaching Kentucky communities.

KPN

The Kentucky Prevention Network is an association of preventionists that works to support prevention professionals. Meetings of the Network provide an opportunity for members to learn from each other. Training events are planned to meet the needs of the prevention community, and special activities are arranged to address issues of concern to the members.

Kentucky ACTION

Kentucky ACTION is a statewide coalition of over sixty public health organizations who share the mission of facilitating, supplementing, and coordinating efforts of organizations and individuals committed to comprehensive tobacco control. The coalition is anchored by the leadership of the American Lung Association, American Heart Association and American Cancer Society, as well as state educational and governmental organizations. Kentucky ACTION's two primary goals are to decrease tobacco use and strengthen tobacco control policy. Kentucky ACTION's youth division--Project START (Students Teaching Awareness Regarding Tobacco)--implements projects and programs designed to educate young people about the serious health risks of smoking, and works to complement the tobacco policy advocacy efforts of the coalition.

Kentucky Community Partnerships in Tobacco Prevention

The Department of Public Health, with a grant from the federal Office on Smoking and Health, has recently funded four local health departments to develop tobacco use prevention and control capacity through community partnerships. These partnerships will enhance any prevention coalitions that already exist and establish new collaborative efforts to address tobacco policy issues.

Web-based information resources

A variety of prevention resources are now available via the Worldwide Web. The National Clearinghouse for Alcohol and Drug Information (NCADI) offers free public information as well as technical materials. Many other national and federal agencies, universities, and nonprofit organizations offer free access to information relevant to prevention efforts.

State training system

The Kentucky Division of Substance Abuse offers a variety of prevention training opportunities to prevention professionals and volunteers. A two-week Prevention Academy has been designed to ground beginning prevention professionals in basic concepts and approaches. Additional training is sponsored during the Kentucky School of Alcohol and Drug Studies held each July, and at other times during the year as needs and opportunities present themselves.

Certification of prevention specialists

Kentucky has instituted a system for credentialing prevention professionals administered by the Kentucky Certification Board for Prevention Professionals. The credentialing process serves as a guide for

professionals new to the field of prevention and establishes minimum standards for preventionists serving Kentucky communities.

Steering Committee recommendation

A work group should be established to determine how requirements for **prevention professional certification** can best be applied to support statewide prevention efforts.

KIP Project task force recommendation

Should the work group described above recommend that certification requirements be broadened to include multiple agencies, a mechanism should be developed to advise those who are seeking certification of relevant training.

V. Supporting the Strategy: Kentucky's Prevention Budget

The vision of the Strategy is to coordinate all the prevention efforts funded by state government into a unified system. All agencies would collaborate on funding decisions and procedures. To take the first step toward implementation of this vision, the KIP Project Resource Assessment and Allocation Joint Task Force conducted an assessment of the financial resources available to state government.[5] This chapter drew from the report of the task force and follow-up conversations with agency representatives. The chapter also points to some additional funding sources that may become available in the near future to support the Strategy.

Total Funds Available

The task force estimated that Kentucky state government agencies received in excess of $20 million for substance abuse prevention programs in state fiscal year 1998. These funds came from a variety of federal, state, and local sources. Not all this money is used exclusively for adolescent substance abuse prevention. Some of the funding is devoted to prevention of other problems related to substance abuse, and some goes to programming for younger children or adults. The report below lists the agencies the task force was able to identify and collect information from.

Sources of Funding

The three largest sources of funds were the federal Department of Education, the federal Center for Substance Abuse Prevention (CSAP) and Kentucky's executive budget (state general funds).

Other contributors include federal IV-B funds, the National Guard, the federal Centers for Disease Control and Prevention, the federal Food and Drug Administration, and the Campaign for Tobacco Free Kids.

Spending by State Agencies

This section lists state agencies that received funding for prevention in state fiscal year (FY) 1998, the amounts and sources of each agency's funds, and a brief description of each agency's prevention expenditures. The list is not complete because all agencies receiving funding may not have been identified by the task force, and some agencies were contacted, but had not provided information in time to be included in the report. Agencies whose information is not listed include Family Resources and Youth Services Centers, University of Kentucky, Department for Housing and Urban Development, and Kentucky Educational Television (KET).

The Governor's Office--$3,166,320

The Governor's office was awarded a State Incentive Grant ($2,970,000) from the Center for Substance Abuse Prevention (CSAP) that is used to fund the KIP Project. The Division of Substance Abuse administers the project in partnership with the Governor's office. Fifteen percent of this money helps to support the program at the state level, including project staff, the work of the KIP Project advisory bodies, and the evaluation of the project. (The Division of Substance Abuse provides additional funding for these state level KIP Project activities.) Eighty-five percent was scheduled to flow through to communities, beginning in fiscal year 1999, for implementation of science-based prevention programs and the development of community youth substance abuse prevention strategies. (A list of the twenty communities

[5] The reports are available on the KIP web site http://dmhmrs.chr.state.ky.us/kipproject, or via the order form at the end of this document.

receiving KIP Project contracts is included as an appendix.) The Governor's Office also received $196,320 from state general funds for the operation of the state level office of Champions for a Drug Free Kentucky.

Division of Substance Abuse--$6,425,834

The federal Substance Abuse Prevention and Treatment Block Grant ($3,685,999) funded 16 Regional Prevention Centers that serve the entire state, and was also used to supplement the federal funding for the KIP Project. Student Assistance Programs in selected schools ($337,500), Early Intervention Programs for high risk youth in the juvenile justice system ($400,000), Champions for a Drug Free Kentucky regional and county action groups ($272,000), and the D.A.R.E. program ($160,000) were all funded by the Governor's portion of the federal Safe and Drug Free Schools and Communities grant (Title IV). (Of the $160,000 for D.A.R.E., $77,540 was given to the State Police and the rest [$82,460] was used for direct funding of community D.A.R.E. programs). State general funds ($1,090,247) were used for personnel and operating expenses of the Branch and to support the Regional Prevention Centers and the KIP Project.

Department of Education--$6,598,350

This money came from the federal Safe and Drug Free Schools and Communities grant (Title IV). Activities funded included violence prevention as well as substance abuse prevention. Funds were disbursed, according to a formula based on student population, to all school districts in the commonwealth and the Kentucky schools for the deaf and blind. Thirty percent of the total award was set aside for competitive grants to high needs districts (those with a high incidence of juvenile crime).

Department of Juvenile Justice--$650,000

In FY 1998 the Department of Juvenile Justice received $650,000 in state general funds for delinquency prevention activities in a variety of settings. An undetermined portion of these activities involve substance abuse prevention.

Department for Public Health--$426,158

This funding came from a Core Capacity Building for Tobacco Prevention Control Programs grant from the federal Centers for Disease Control. Funds were used to support staff of the Community Health Branch, provide training and technical assistance to local health departments and community organizations, and to fund four health departments ($188,034) to implement a comprehensive public awareness and education campaign within their service area.

Alcoholic Beverage Control--$501,000

Sums in the amount of $250,000 from Kentucky's executive budget and $1,000 from the Campaign for Tobacco Free Kids funded enforcement efforts related to the law prohibiting the sale of tobacco products to minors. ABC also receives $250,000 from the federal Food and Drug Administration for enforcement of tobacco regulations.

The newly established Education Branch is currently updating the Alcohol Servers Awareness Program (ASAP). This program will be available for all licensed establishments in the commonwealth to help educate servers in the areas of alcohol laws and their penalties and server awareness and responsibilities. ASAP will also teach them how to identify false identification cards. This program will also educate and train establishment owners (licensees) and local administrators. They will begin work on an Educational Program for Kentucky schools and universities dealing with underage drinking and tobacco laws. The funding for the Education Branch is Approximately $350,000, and is derived from the general budget and agency fee receipts.

Kentucky State Police--$388,340

The State Police administered $77,540 from the Division of Substance Abuse (Title IV monies) and $130,800 from local school districts boards of education for the D.A.R.E. program. In addition, the State Police were awarded a grant for $360,000 to be spread over two years (FY 1998-99) for an underage drinking prevention initiative. This grant will be extended again, in the same amount, for FY 1999-2000.

Kentucky National Guard--$120,000

These monies from the National Guard Counter-drug Program paid for demand reduction activities implemented by members of the Guard.

Cabinet for Families and Children--$61,000

Funding was provided by the federal IV-B funds.

Budget Changes Expected for Fiscal Year 2000

Division of Substance Abuse

Fifty percent of an expected increase in the federal Substance Abuse Prevention and Treatment Block Grant will be allocated for prevention activities. This will amount to an increase in the prevention budget of approximately $1.3 million.

The Governor's portion of the federal Safe and Drug Free Schools and Communities grant will be cut by 20 percent (%).

Department of Education

The federal Safe and Drug Free Schools and Communities grant is scheduled for a 20 percent (%) cut next year.

Department of Juvenile Justice

The state general fund allocation for the Department of Juvenile Justice for FY 2000 is $3,750,000. Funds will be distributed to communities based on local delinquency prevention council assessment and planning. A yet-to-be-determined portion of these funds will be used for substance abuse prevention.

Future Funding Sources

Malt Beverage Educational Fund--$348,304 (estimated)

The Kentucky General Assembly recently passed Senate Bill 207 that provides for the establishment of a fund to combat underage drinking. The bill sets up a Malt Beverage Educational Corporation with a board of directors to include representatives from seven state government agencies. Money for the fund will come from donations from the malt beverage industry consisting of one percent of the excise tax and wholesale tax imposed on malt beverages. The money is earmarked for educational materials and programs to combat underage drinking, including support for Project Graduation.

Tobacco settlement

Kentucky will receive more than $3 billion over 25 years as a result of the settlement of the suit between states and the tobacco industry. The FY 2000 amount is $112,921,085. Disposition of this money has not yet been decided. The Governor's Implementation Council for the KIP Project recommended that some tobacco settlement money be devoted to the implementation of the Strategy.

VI. Conclusion

Chapter VI will present plans for implementation of the Strategy at both the state and community levels. The vision for the future evolution of the Strategy will be presented.

Implementation of the Strategy at the State Level

Leadership

The Governor's Council (GC) will lead the implementation of the Strategy at the state level. Members of the Council represent the heads of all the state agencies that fund prevention programs in Kentucky, as well as a Community Advocate.

Oversight and involvement from the Governor's Office will help assure that the project remains focused and on track.

A challenging task

Implementation of the Strategy will be a complex and demanding endeavor. It will involve the work of many people and a high level of cooperation. The Strategy does not propose "business as usual." On the contrary, it asks government officials to collaborate more intensively than ever and to create innovative methodologies for program administration. Undoubtedly, many obstacles and difficulties will have to be faced along the way. But in accepting the challenge embodied in the Strategy, state leaders are embracing a progressive approach with the potential of a very high payoff – the demonstrable reduction of substance abuse problems among our citizens.

Who will be involved?

Several work groups and task forces are likely to be formed to address various aspects of implementation of the Strategy. Members of the KIP Project Advisory Council and task forces will be invited to serve in groups and forums designed to provide consultation on issues related to the systems they represent. Other professionals, both inside and outside of state government, will be called upon to share their expertise and make contributions to the Strategy. Staff of the KIP Project will provide technical guidance and consultation.

Development of Community Youth Substance Abuse Prevention Strategies

The Strategy will serve as a model for the development of community youth substance abuse prevention strategies. These strategies will be aimed at infrastructure development at the local level, particularly the coordination, leveraging, and redirection of funds toward more effective, science-based prevention efforts. Communities that received KIP Project contracts will be expected to develop these strategies. Local strategy development, like the efforts at the state level, will challenge community policy makers to take innovative approaches to planning and service delivery.

Plans for Updating the Strategy

The Strategy will be updated biennially. While this first Strategy focuses primarily on general goals for infrastructure development, with each new release the Strategy will become more specific. For example, future editions will lay out increasingly specific methodologies to be implemented for needs assessment and will endorse particular coordination mechanisms.

Future editions of the Strategy will become more specific in envisioning government's design for a comprehensive statewide approach to substance abuse prevention programming. This will become more feasible as agencies begin working together, utilizing the prevention framework adopted in this Strategy. The implementation of the needs assessment activities recommended in this Strategy will generate more informative data, laying the groundwork for developing definite plans to address the needs that are identified. The

products of the recommended work group on science-based issues should also contribute greatly to the planning of specific prevention approaches.

Vision

It is with great excitement that this first Kentucky Youth Substance Abuse Prevention Strategy is introduced. The many dedicated professionals and volunteers who have provided input and endorsed the Strategy share a vision for the development of a model approach to prevention. With hope, hard work, and a continuing spirit of cooperation, the vision of the Strategy will unfold and become a reality.

Appendixes

Kentucky's Prevention Framework

Adoption of a common prevention framework is a major element of the Strategy. Kentucky's framework is illustrated on the attached page. This paper will provide a brief explanation of the framework and suggest possible uses.

What Is a Prevention Framework?

A prevention framework is a conceptualization of the process of substance abuse prevention. Prevention, by its very nature, aims at behaviors that have not yet occurred. Therefore, prevention efforts must target conditions that make these behaviors more or less likely to occur. A prevention framework identifies a number of important factors that contribute to the behavior that is to be prevented, and illustrates how these factors interact and influence one another.

How Is a Prevention Framework Used?

Persons utilizing the same conceptual framework share a common understanding of the objectives of prevention programming. Persons from various professional and experiential backgrounds begin to "speak the same language" when discussing prevention strategies. A shared vocabulary facilitates clear communication, a basic requirement of effective collaboration.

The framework provides a model of a comprehensive approach to prevention. Prevention program developers can use the model to guide discussions of specific strategies. Seeing where each proposed activity fits within the prevention framework helps to keep planners focused on the overall vision of a comprehensive approach. To this end, the model helps planners to integrate program components so that they support each other. Examining the various elements of the framework also helps planners identify program elements that may have been overlooked.

The Graphic Illustration

Kentucky's prevention framework is depicted in the graphic illustration attached to this document (see p. 35). An explanation of the framework follows.

Elements of the Framework

A basic explanation of each element of the framework is provided below.

Youth use of alcohol, tobacco and other drugs (ATOD)

This element is found in the oval shape toward the bottom center of the framework. Youth ATOD use is the behavior prevention activities seek to prevent. All other elements in the framework focus on this target, either directly or indirectly through their effect on other elements. Thus, the framework illustrates the "bottom line" in assessing the success of prevention efforts--i.e., did they have an effect on the rates of ATOD use within the targeted population?

Consequences

This box at the bottom of the framework lists a few examples of societal problems resulting from ATOD use. These consequences are highlighted to remind policy makers of why government dollars are allocated for efforts to reduce youth substance abuse--to diminish the problems stemming from this behavior. Focusing on consequences has strong implications for prevention program design. If

planners wish to see a reduction of problems as a result of their prevention efforts, they first need to identify the specific ATOD patterns of use that appear to be associated with those problems. For example, youth who engage in a pattern of heavy party drinking on weekends generally run more of a risk of accidental injuries than youth who take a single drink in their own homes every once in a while. While the prevention program would not want to condone any level of drinking by youth, it may choose to focus efforts on preventing heavy drinking because of its link to negative consequences. The program would then want to select messages and strategies aimed at reducing heavy drinking, which would be quite different from strategies that might be employed to convince light drinkers to abstain. Utilizing the framework, then, helps policy makers identify which negative consequences (if any) they wish to reduce, target the specific ATOD use behaviors responsible for those consequences, and select the most appropriate strategies.

Supply and Demand

Supply and demand influences are represented by the three large arrows pointing at the oval that represents alcohol, tobacco and other drug use. The most effective prevention strategies are tailored to address both supply and demand. The other elements of the Strategy are arranged to show their effect on supply and/or demand.

Community norms

This prevention framework places community norms--represented by the large diamond at the top of the page--in a central position. This illustrates the strength of community norms as an influence on youth ATOD use. Norms are commonly held beliefs, attitudes and behaviors that, in this case, express approval, disapproval, or tolerance of ATOD use. Norms vary according to the drug in question. Youth are likely to engage in ATOD use behaviors that are accepted (or at least tolerated) by the community. The framework illustrates how community norms affect both the supply and the demand for ATOD, as well as how supply and demand affect community norms.

ATOD availability to youth

This box in the lower left quadrant of the framework represents how available a particular drug is to youth--i.e., how easy it is for youth to obtain ATOD. Drug use is higher where drugs are readily available. Availability is viewed in the framework as a function of the other factors illustrated on the left side of the page and explained below.

Enforcement and regulation

Laws and community policies, represented in the box at the bottom left of the framework, are helpful in regulating the supply of ATOD to youth. The arrows that link this box and community norms illustrate the reciprocal influence between these two elements. Community attitudes can support or hinder policy efforts. On the other hand, effective policies can lead to changes in community attitudes and beliefs. Policies supported by the community are most likely to be effective in preventing ATOD use.

Retail (or illegal) availability of ATOD to youth

This refers to the sale of tobacco and alcohol to minors by community retail establishments and also to the illegal trafficking of other drugs. Arrows to and from this box show that the effectiveness of enforcement and regulatory efforts affects this factor, as does the overall community supply of particular drugs.

Social availability

Social availability is the extent to which a particular drug is available to youth within their social environment--at parties, from friends, family members, etc. As the framework illustrates, community norms exert the greatest influence on this factor. Overall community supply of the drug interacts with norms to increase or decrease social availability.

Overall community supply of ATOD

This box at the top left of the framework represents the overall availability of specific drugs in the community through drug trafficking, alcohol retail outlets, bootleggers, tobacco outlets, or any other source. This factor has an effect on community norms, as well as on the retail and social availability of ATOD to youth. Perhaps more important, community norms that encourage use of a particular drug support the easy availability of that drug in the community.

Risk and protective factors

The four shapes at the right side of the framework illustrate categories of risk and protective factors that might exist within a given community or within an identified group of youth. A large number of factors correlated with drug use have been identified by researchers in recent years. The predictive value of these factors--i.e., the extent to which they are believed to influence drug use--varies greatly. The prevention framework only illustrates the categories of factors. Some of the most important risk and protective factors that fall within these categories are identified in the sections below.

The arrows pointing back and forth between each of the risk factor categories and community norms illustrate the fact that these conditions have a strong influence on each other. Many of the risk and protective factors prevalent in a community result, in part, from community norms. For example, in communities where heavy drinking is viewed as an accepted and admired adult activity, individuals will tend to have the risk factor of attitudes favoring that behavior. On the other hand, individual attitudes favoring heavy drinking form the basis for community norms related to that behavior.

The demand arrow pointing from the risk and protective factors toward the oval representing youth use of alcohol, tobacco and other drugs illustrates the observation that some factors appear to increase the likelihood of ATOD use in a process not significantly moderated by community norms. For example, close supervision of adolescent activities by parents may serve as a protective factor even where youthful alcohol and drug use is generally tolerated in the community.

Community risk and protective factors

Formal and informal community policies implemented in a variety of community systems--the medical community, schools, social services agencies, law enforcement, and the media--have a strong influence on youth ATOD use. Effective policies communicate clear messages that discourage youth ATOD use. As with the other risk and protective factor categories, community risk and protective factors are influenced by norms and also influence the norms. Community policies are believed to be a very important area for prevention activity.

Family risk and protective factors

Certain family factors appear to have a strong influence on youth ATOD choices. A strong attachment to family appears to reduce the likelihood of drug problems, while high conflict within the family seems to increase that likelihood. On the other hand, parents who provide appropriate supervision of teen activities appear to assert a protective influence.

Individual risk and protective factors

Two specific beliefs and attitudes have been identified as predictive of ATOD use: the perception of risk associated with the use of a particular drug and the perception of social disapproval of using the drug. It is easy to see how community norms would have an effect on these individual beliefs and attitudes.

Other individual characteristics that place a person at high risk include a family history of alcohol and drug dependency, failure in school, and early and persistent antisocial behavior. Prevention program developers may identify groups of youth with these characteristics and plan specialized activities that address their particular needs.

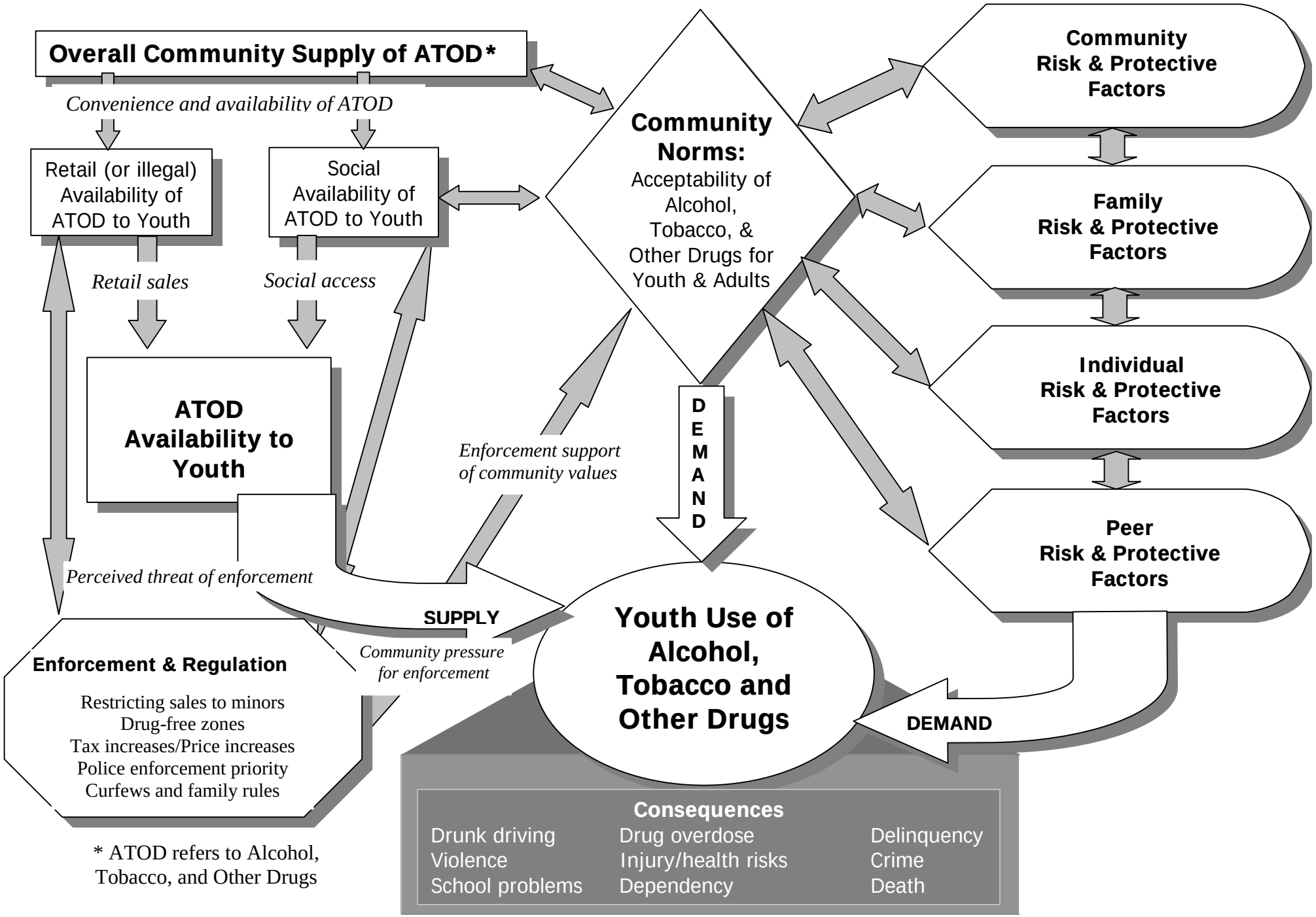
Peer risk and protective factors

Association with ATOD using peers or having peers who are accepting of ATOD use constitutes a risk factor for youth. Prevention programs that seek to influence the norms in the general population or among an identified group of youth might positively change these peer attributes.

Conclusion

Although the framework presented here can serve as a guide for prevention efforts, the process of prevention is much too complex to be illustrated in a graphic model. Also, the explanation provided in this summary could be elaborated in much more detail. The preliminary framework presented here is likely to be modified and expanded as new data about risk and protective factors becomes available and preventionists learn more about the interactions among the factors. Through this process of evolution, the framework will continue to hold a central place within the Kentucky Youth Substance Abuse Prevention Strategy.

FRAMEWORK FOR PREVENTING YOUTH SUBSTANCE ABUSE



* ATOD refers to Alcohol, Tobacco, and Other Drugs

KIP Project Advisory System Members

Advisory Committee/Task Force Members
December 1997 – May 1999

NAME		AGENCY	COMMITTEE/TASK FORCE
1.	Joanie Abramson	Administrative Office of the Courts	Coordination & Leveraging Task Force
2.	Alberta Akin	Champions for Drug Free Kentucky	Ad Hoc Organizational Group
3.	Paul Andis	MH: Children & Youth Services	Advisory Committee
4.	Mike Armstrong	State Interagency Council	Ad Hoc Organizational Group
5.	Bob Arnold	Dept. for Local Government	Governor's Implementation Council
6.	Roger Barnett	Salvation Army Boys & Girls Clubs	Advisory Committee
7.	Allan Bauger	Ky. Certification Board Prevention	Advisory Committee Funding & Resource Allocation Task Force
8.	Lynncarol Birgmann	Kentucky Action	Advisory Committee
9.	Kathy Black-Dennis	Dept. of Juvenile Justice	Governor's Implementation Council
10.	Don Blue	Fayette County Public Schools	Funding & Resource Allocation Task Force
11.	Linda Bowling	Dept. of Juvenile Justice	Subcontract Policies & Procedures Task Force
12.	Lisa Broaddus	Administrative Office of the Courts	Funding & Resource Assessment Task Force
13.	Denise Bryant	Community Systems Research Institute	Subcontract Policies & Procedures Task Force
14.	Jennifer Bryson	Department for Public Health	Advisory Committee Ad Hoc Organizational Group Subcontract Policies & Procedures Task Force
15.	Jim Call	Health Program/Mental Health	Funding & Resource Assessment Task Force
16.	Larry Carrico	Champions for a Drug Free Kentucky	Advisory Committee (Chair), Governor's Implementation Council Steering Committee
17.	Richard Carroway	UK-Extension Service	Advisory Committee
18.	Christopher Cecil	Administrative Office of the Courts	Funding & Resource Allocation Task Force
19.	A.B. Chandler, III	Attorney General's Office	Advisory Committee Governor's Implementation Council
20.	E. Daniel Cherry	Justice Cabinet	Advisory Committee Governor's Implementation Council

21.	Joe Clark	Department of Education	Advisory Committee Funding & Resource Assessment Task Force
22.	Richard R. Clayton	UK-Center for Prevention Research	Advisory Committee Needs Assessment Task Force
23.	Wilmer S. Cody	Department of Education	Advisory Committee Governor's Implementation Council
24.	Don Coffey	Division of Substance Abuse	Need Assessment Task Force (Staff) Subcontract Policies & Procedures Task Force (Staff)
25.	Kimberly Coleman	Alcohol Beverage Control	Governor's Implementation Council
26.	David Collins	KIP Project	Need Assessment Task Force (Staff)
27.	Warrenetta Crawford	C.O.P.E.S.	Advisory Committee
28.	Stephanie Creighton	Department for Public Health	Governor's Implementation Council
29.	Patricia Cummings	Seven Counties Services	Advisory Committee
30.	Aroona Dave	Ky. Congress of Parents/Teachers Kentucky Medical Association	Advisory Committee Funding & Resource Assessment Task Force
31.	Tom DeLoe	US Dept. Health & Human Services	Advisory Committee
32.	Jackie M. Dickerson	Juvenile Services Division	Subcontract Policies & Procedures Task Force
33.	Glenda Donoho	Department of Education	Funding & Resource Allocation Task Force
34.	Abby Drane	Communicare, INC.	Funding & Resource Assessment Task Force
35.	Danna Droz	Department of Public Health	Advisory Committee Funding & Resource Allocation Task Force
36.	Jason Dunn	Cabinet for Families & Children	Need Assessment Task Force
37.	Lynne-Margaret Dunn	Ky. Association of Regional MH/MR	Advisory Committee Steering Committee Need Assessment Task Force (Chair)
38.	Betsy Farley	Commission on Human Services	Advisory Committee Need Assessment Task Force
39.	Danny Fenwick	Kentucky National Guard	Advisory Committee Ad Hoc Organizational Group Funding & Resource Allocation Task Force
40.	Judy Flavell	Kentucky Educational Television	Advisory Committee
41.	Paula B. Freeman	Mothers Against Drunk Drivers	Advisory Committee Funding & Resource Allocation Task Force
42.	Rochelle Garrett	Regional Action Coalition	Subcontract Policies & Procedures Task Force
43.	Sandy Goodlett	Office of Family Resource	Advisory Committee Governor's Implementation Council Need Assessment Task Force
44.	Ellen Hahn	UK-College of Nursing	Advisory Committee Steering Committee Coordination & Leveraging Task Force

45.	Gary Hall	River Valley MH/MR Board	Funding & Resource Assessment Task Force
46.	Melody Hamilton	Department of Education	Coordination & Leveraging Task Force
47.	Ann Hanley	Ky. YMCA Youth Association	Advisory Committee
48.	Cassandra Harris-Gray	Creative Spirits	Advisory Committee Funding & Resource Allocation Task Force
49.	Michael Haynes	Ky. YMCA Youth Association	Advisory Committee Funding & Resource Assessment Task Force
50.	Pamela S. Helton	Alcohol Beverage Control	Advisory Committee
51.	Roseann Hogan	UK-Center for Prevention Research	Advisory Committee
52.	Bonnie Hommrich	Department for Social Services	Governor's Implementation Council
53.	Floyd Hunsaker	Kentucky State Police	Coordination & Leveraging Task Force
54.	Terry Hunt	Bluegrass East	Funding & Resource Allocation Task Force
55.	Paul Isaacs	Administrative Office of the Courts	Governor's Implementation Council
56.	Janice Jackson	Oldham County Partners	Advisory Committee Governor's Implementation Council Subcontract Policies & Procedures Task Force
57.	Sylvia Johnson	Dept. for Community Based Services	Governor's Implementation Council
58.	Rick Johnstone	Alcohol Beverage Control	Governor's Implementation Council
59.	Danny Jones	Cumberland River Comp. Care Center	Funding & Resource Assessment Task Force
60.	Dudley Jones	Cabinet for Health Services	Funding & Resource Assessment Task Force (Staff)
61.	Lorna Jones	Cabinet for Families & Children	Need Assessment Task Force Funding & Resource Assessment Task Force
62.	Wendi Keene	Y.M.C.A.	Subcontract Policies & Procedures Task Force
63.	Margenia Keeton	Cumberland CO. FRYSC	Subcontract Policies & Procedures Task Force
64.	Barry Kellond	Shelby County Schools	Advisory Committee Steering Committee Funding & Resource Assessment Task Force
65.	Ralph Kelly	Department of Juvenile Justice	Governor's Implementation Council
66.	Steve Kimberling	Department of Education	Advisory Committee Governor's Implementation Council Ad Hoc Organizational Group Need Assessment Task Force
67.	Carla Kirby	Department of Juvenile Justice	Governor's Implementation Council Funding & Resource Assessment Task Force
68.	Melissa Lamb	Cabinet for Families & Children	Advisory Committee
69.	Rice Leach	Department for Public Health	Advisory Committee Governor's Implementation Council
70.	Carl Leukefeld	UK-Research Center Drugs & Alcohol	Advisory Committee
71.	Ann Lilly	Bluegrass Mental Health	Coordination & Leveraging Task Force

72.	Ralph Lipps	Cumberland River Comp. Care Center	Funding & Resource Allocation Task Force
73.	Anna Lucas	UK-Extension Office	Advisory Committee
74.	Ventra Mapp	Justice Cabinet	Advisory Committee Governor's Implementation Council Steering Committee Funding & Resource Allocation Task Force Subcontract Policies & Procedures Task Force
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76.	David Mawn	KIP Project (Associate Director)	Advisory Committee Governor's Implementation Council (Staff) Ad Hoc Organizational Group (Chair) Steering Committee (Staff)
77.	Carol Mayab	YWCA of Lexington	Funding & Resource Allocation Task Force
78.	Karen Mayes	Alcohol Beverage Control	Advisory Committee Common Set of Funding Principles and Procedures – Task Force
79.	Angie McClure	Alcohol Beverage Control	Governor's Implementation Council
80.	Bob McDonald	Governor's Press Office	Advisory Committee
81.	Deborah McGovern	Justice Cabinet	Steering Committee Funding & Resource Allocation Task Force
82.	Sara McKinney	Mothers Against Drunk Drivers	Coordination & Leveraging Task Force
83.	Rebecca Mercier	Department of Social Services	Funding & Resource Assessment Task Force
84.	Debra Miller	Kentucky Youth Advocates	Advisory Committee
85.	Viola P. Miller	Cabinet for Families & Children	Advisory Committee
86.	Dennis Mills	Dept. of Criminal Justice Training	Need Assessment Task Force
87.	Lisa Minton	Administrative Office of the Courts	Governor's Implementation Council
88.	Jeff Morrison	UK-Center for Prevention Research	Need Assessment Task Force
89.	Doris Morrow	Prevention Research Institute	Advisory Committee
90.	John Morse	Cabinet for Health Services	Governor's Implementation Council (Chair)
91.	Jean Ann Myatt	Office of the Attorney General	Advisory Committee Governor's Implementation Council Funding & Resource Allocation Task Force
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93.	Tammy Nalle	Bluegrass Regional MH Board	Funding & Resource Assessment Task Force
94.	Ronne Nunley	Alert Regional Prevention Center	Funding & Resource Allocation Task Force
95.	Diana J. Pack	US Department of HUD	Advisory Committee Subcontract Policies & Procedures Task Force
96.	Rhonda D. Parker	Taylor County High School	Advisory Committee Subcontract Policies & Procedures Task Force

97.	Sharon Perry	Cabinet for Families & Children	Advisory Committee
98.	Margaret Plattner	Alcohol Beverage Control	Advisory Committee Subcontract Policies & Procedures Task Force
99.	Mary Joyce Pruden	US Dept. Health & Human Services	Advisory Committee
100.	Debra Rattle	Seven Counties Services	Advisory Committee
101.	Vicki Reed	Department of Juvenile Justice	Governor's Implementation Council Steering Committee Funding & Resource Assessment Task Force Subcontract Policies & Procedures Task Force
102.	Sarah Renner	Kentucky Action	Advisory Committee
103.	Carol Rich	Comp Care Centers of Northern KY.	Need Assessment Task Force
104.	Jimmy Richardson	Kentucky State Police	Governor's Implementation Council Coordination & Leveraging Task Force
105.	James P. Roach	Kentucky Action	Advisory Committee
106.	Tom Robeson	Accountability & Research Branch	Funding & Resource Allocation Task Force
107.	Suzanne Rogers	Bluegrass Area Development District	Coordination & Leveraging Task Force
108.	Mike Rodriguez	Kentucky River RPC	Coordination & Leveraging Task Force
109.	Judy Rosacker	Communicare RPC	Coordination & Leveraging Task Force
110.	Gary Rose	Kentucky State Police	Governor's Implementation Council
111.	Pat Sammon	UK-College of Medicine	Advisory Committee Need Assessment Task Force
112.	Kathy Schiflett	Administrative Office of the Courts	Advisory Committee Need Assessment Task Force
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114.	Michael Scrivner	Department of Local Government	Governor's Implementation Council
115.	Hendy Seelbach	Department of Social Services	Need Assessment Task Force
116.	Pauline Shackleford	Administrative Office of the Courts	Advisory Committee Need Assessment Task Force
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120.	Dianne Shuntich	KIP Project	Steering Committee (Staff) Subcontract Policies & Procedures Task Force
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123.	Darlene Starnes	Mountain Comprehensive Care Center	Funding & Resource Assessment Task Force

124.	Cindy Steele	Bourbon County Health Department	Need Assessment Task Force
125.	Nelda Stephens	KY. Certification Board – Prevention	Need Assessment Task Force
126.	Robert Stephens	Justice Cabinet	Governor's Implementation Council
127.	Barbara Stewart	KIP Project (Director)	Advisory Committee Governor's Implementation Council (Staff) Steering Committee (Chair)
128.	Betty Waters Straub	Kentucky Prevention Network	Advisory Committee Steering Committee Subcontract Policies & Procedures Task Force
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130.	Susan Swinford	Hospice of the Bluegrass	Ad Hoc Organizational Group
131.	Merita Lee Thompson	EKU – Dept. of Health Education	Advisory Committee Need Assessment Task Force Subcontract Policies & Procedures Task Force
132.	Michael Townsend	Cabinet for Health Services	Advisory Committee Governor's Implementation Council (Chair) Funding & Resource Assessment Task Force
133.	Cheryl Tuttle	Office of Dean of Students	Subcontract Policies & Procedures Task Force
134.	Elizabeth Wachtel	Department for MH/MR Services	Governor's Implementation Council
135.	Erin Wallet	UK-Center for Prevention Research	Coordination & Leveraging Task Force
136.	Todd Warnick	Department for Public Health	Advisory Committee Governor's Implementation Council Subcontract Policies & Procedures Task Force
137.	Deena Watson	UK-Center for Drug & Alcohol Research	Need Assessment Task Force
138.	Anne M. Weston	Girl Scouts Wilderness Road Council	Advisory Committee Steering Committee Subcontract Policies & Procedures Task Force
139.	Alayne White	UK-Institute on Women & Sub. Abuse	Coordination & Leveraging Task Force
140.	Donna Wiesenhahn	Ky. Certification Board Prevention	Advisory Committee Need Assessment Task Force
141.	Debra Williamson	Administrative Office of the Courts	Advisory Committee
142.	Judy Wilson	Regional Prevention Center	Funding & Resource Allocation Task Force
143.	Carter Wind	Mothers Against Drunk Drivers	Advisory Committee
144.	Eddie L. Woods	Bluegrass West Regional Prevention	Advisory Committee Need Assessment Task Force
145.	John Wyatt	Department of Education	Subcontract Policies & Procedures Task Force
146.	Martha Young	Flaget Memorial Hospital	Subcontract Policies & Procedures Task Force

Abstracts of Task Force Reports

Resource Allocation Task Force

Mission

This task force was charged with recommending award criteria (policy and procedure) for prevention funding allocation. Also, it was to recommend policies and procedures to provide or redirect funds to address gaps in service.

Process Pursuant to Mission

This task force began meeting in March of 1998 and subsequently met an additional six times. The last three meetings, convened in September, were with the Resource Assessment Task Force. All meetings were recorded for purposes of accurate summaries. Summaries were provided to task force members within one week after each meeting. Since the work of this task force relied to a great extent upon information from the Resource Assessment task force, minutes from the meetings of that task force were also provided. Decisions were generally made by consensus. Although attendance shifted somewhat from session to session, participation was enthusiastic and constructive.

Themes and Issues

There were two fundamental barriers to determining the current status of how prevention resources are allocated in the Commonwealth. A phone survey of all agencies that have prevention dollars revealed that the multiple levels of management and division of labor in government make such surveys difficult at best. Second, communication was impeded by the fact that among the various agencies contacted, "prevention" was defined in very different ways.

The recommendations of this task force were based in large part upon the results of the agency survey. Some were made in conjunction with the Resource Assessment Task force. In general terms, the task force recommended funding only programs meeting the criteria developed in the resource assessment; i.e. programs based on needs assessment that are either science based or promising and have an outcome evaluation design. Documentation of the criteria would be provided by standardized questions either in a new application for prevention funds or included in existing forms. (This is the same funding streams assessment tool recommended by the Resource Assessment task force.) This information, combined with other data collected in a needs assessment, could indicate both gaps in service and duplication of effort.

As a protection to the public it was recommended that all agencies providing prevention services have knowledge of Prevention Programs Licensure Regulations. Finally, the task force recommended that a person knowledgeable in substance use issues be included in the staff of the Safe School Center created by HB 330.

The difficulties encountered in the work of this task force were valuable in that they clearly illustrated the need for consistent knowledge and the vital need to coordinate and collaborate among agencies in order to ensure the most effective use of scarce prevention dollars. The formation of the various task forces of the KIP Project and the willingness of people from multiple agencies to work together was an excellent first step to eliminating the barriers to efficient and effective allocation of substance abuse prevention dollars.

Resource Assessment Task Force

Mission

The mission of this task force included the following:

Develop criteria for assessing prevention funding streams in terms of intervention characteristics.

Develop criteria for assessing funding streams in terms of infrastructure/agency funding policy. (The resource Allocation task force ultimately accomplished this task.)

Conduct an inventory of all agencies receiving prevention funds. (This inventory was conducted by the Community Systems Research Institute and was augmented by this task force.)

Assess each resource based upon the already developed criteria mentioned above.

Identify gaps in service based upon the needs assessment survey and recommend a strategy to address these gaps as well as to eliminate duplications.

Develop a plan for ongoing funding streams assessment.

Process Pursuant to Mission

This task force convened eight times beginning in February. Three of these meetings were joint meetings with the Resource Allocation task force. A written agenda was prepared for each meeting and all business was recorded for purposes of insuring accurate summaries. Summaries prepared by staff were sent to task force members within a week after each meeting. In general, decisions were made by consensus, although some votes were taken.

Themes and Issues

The attempt to discern the amount of prevention funds coming into the Commonwealth proved to be difficult for a number of reasons. Two approaches to conducting the assessment presented themselves: the funding source perspective and the recipient perspective. In terms of the funding source approach (the federal government for the most part), numerous methods were attempted: telephone survey, Internet, and a written survey utilizing a list of known funding sources. The numerous levels of government rendered the telephone and Internet approach insurmountable given the time constraints. The written survey of Federal Agencies yielded one response out of fifteen. A telephone follow-up of that response revealed that the funds were actually not expended on ATOD prevention. Inquiry was also made to the state government single Point of Inquiry office. While this office has records of all Federal Grants applied for, information about which grants had been awarded was not available.

The Community Systems Research Institute (the agency contracted to conduct the evaluation of the KIP Project) also initiated an effort to inventory state agency prevention funds, in coordination with the Task Force efforts. Information received in response to the inventory, while in some instances informative, was often incomplete. In addition, not all agencies responded. Some barriers to a more complete inventory included an inconsistent definition of prevention, prevention funds not tracked separately from other funds, and multiple subrecipients with individual plans.

The inherent difficulties encountered by the task force in conducting the initial assessment served to define and strengthen the recommendations ultimately made. The task force called for the creation of a mechanism to facilitate resource assessment in the future. This recommendation will enhance the ability to assess whether scarce funds are being spent in the most efficient and effective way, and facilitate any efforts to leverage funds.

In the process of conducting the initial assessment, the task force also defined criteria for assessing intervention characteristics and used the criteria to assess current interventions being funded by agencies. The recommendations that programs be based on needs assessment, be promising or science-based and have outcome evaluation were the result of this exercise. The choice to focus on science-based programs gave rise to the recommendation for a mechanism for analyzing and disseminating scientific information about successful programs and promising practices.

In summary, the task force suggested steps toward a unified planning, funding and evaluation system that coordinates the efforts of all agencies involved in prevention and that enables a more efficient utilization of prevention funds.

Subcontract Policies and Procedures Task Force

Mission

Written and verbal guidance issued at the *Task Force Chair Orientation Meeting*, January 30, 1998, broadly charged the task force as follows:

> Review drafts prepared by the Division of Substance Abuse regarding criteria for selecting KIP Project subrecipients (i.e., contractors) and policies for issuing such contracts; and make recommendations to the Division during the Division's preparation of the Request for Applications (RFA); also, after the Division has developed the RFA, review the criteria and policies in the RFA and "make any needed recommendations" to the Division.
>
> "The task force may also make suggestions of what governmental barriers may exist in how grants, contracting, and monitoring functions take place among other entities, based on learnings from the task force's experience."
>
> "The task force will also be responsible for reviewing sub-contract monitoring policies and procedures already initiated by the Division, and will make recommendations to the Advisory Committee."
>
> "The task force, with assistance from project staff, will produce the Subrecipient Policies and Procedures Report, a document to be reviewed and approved by the Advisory Committee which will then make recommendations to the Governor's office and the Division of Substance Abuse."

Process Pursuant to Mission

The process initially followed meeting agendas largely devoted to reviews of draft sections of the RFP (Request for "Proposals") which was at that time being developed within the Division. By about the third meeting the potential that some members were very likely to become applicants made conflict of interest an issue. Staff therefore requested that task force members confine their deliberations to producing guiding policies and principles, rather than the level of detail inherent to RFP content. This shift occurred to a degree, though members' interest -- and discussions -- never fully made the transition away from the initial emphasis on quite detailed aspects of contracting criteria and process. All meetings were tape-recorded, and staff compiled and distributed comprehensive summaries of each meeting's deliberations, including the task force's draft recommendations which became more developed with each session. Staff drafts of the unfolding recommendations were provided to the chair who then revised them. The final report was completed by the chair.

Themes and Issues

Among the five task forces, this task force had in substantial measure the strongest initial interest by persons willing to be named as members. Over time, however, as the members began to understand that the task force would not be involved in actual selection of contract recipients, there followed a discernible decline in members' attendance at meetings.

More importantly, the scheduling demands of producing and publicly distributing an RFP had to proceed expeditiously from the earliest days of the KIP Project. Inevitably this exigent action would be occurring concurrently with task force deliberations which were intended to influence that same RFP formulation process. Because of this unfortunate but unavoidable juxtaposition some task force members' enthusiasm for the task waned. In addition the final report reveals a different perception of task force responsibilities than does the original guidance cited above -- e.g., the report posits a mandate to "develop" criteria and procedures, not to merely review drafts prepared by the Division. This misunderstanding is evident in the wording of the final recommendations. Finally, the task force did not reconvene after the summer months to address the issues of subcontracting policies and procedures.

Coordination and Leveraging Task Force

Mission

The task force was broadly charged as follows:

Develop a consensus vision for coordination and leveraging of prevention funding, both during the KIP Project and 3 to 5 years hence.

Complete and disseminate an *Initial Funding Streams Assessment Report* that identifies opportunities for improved coordination among state agencies, between state agencies and local agencies, and among local agencies.

Create a plan for developing necessary infrastructure for ongoing coordination of prevention funding.

Develop leveraging techniques and mechanisms, such as graduated matching grants, performance incentive grants, and comparable innovative devices.

Produce a Funding Coordination and Leveraging Report containing recommendations to the Advisory Committee.

Process Pursuant to Mission

After a somewhat slow start, task force business moved quickly and deeply into all aspects of the mission. The initial chair took a great deal of the initial work upon herself, drafting extensive "think" pieces for members' use as a basis for discussions in the first 2-3 meetings. Meetings were generally characterized by excellent, wide-ranging discussions. Though one or two members were noticeably strong participants, all members made substantive contributions. Staff contributions contributed to keeping the discussions organized and focused on coordination and leveraging per se. This task force's product may be regarded as a reasonably accurate reflection of the consensus of the members.

Themes and Issues

The task force's products are substantially responsive to the mission. Three recommendations encompass most aspects of the mission in a three-part strategy focused on (1) coordination among state agencies, (2) uniformity in state agencies' relationships (prevention/contractual) with their constituent local prevention agents, and (3) coordination among those local agents. The recommendations are less specific in addressing "leveraging," though one of six recommended definitions anticipates that the recommended coordination features, if implemented, will accomplish leveraging much as intended in the mission statement above.

The task force's semifinal report, dated November 2-3, 1998, is an accurate and fairly comprehensive representation of the task force's deliberations and work products. This document contains a substantive introduction with six recommended definitions, the three coordination recommendations, an attachment spelling out the definitions, and a before-and-after chart spelling out details of the recommended state and local coordination features. Of these report components, only the three coordination recommendations appear in the final version that was reviewed at higher/other levels within the KIP Project.

Needs Assessment Task Force

Mission

This task force had three mandates:

Identify all significant and current assessments (if any) of need for substance abuse prevention in Kentucky, and the resources and methods used to produce these assessments.

Determine potential usefulness to the KIP Project of these need assessments and the resources and methods used to produce them.

Recommend needs assessment resources and methods that may be used *by the KIP Project* for coordination of state-level planning and evaluation activities and of its *local contractors*.

Process Pursuant to Mission

The basic process consisted of vigorous discussion, which was kept in focus by the chair. Discussions were influenced by the fact that members tended to have technical capabilities and backgrounds relevant to the task force's subject. Technical expertise was particularly strong with both the initial and subsequent chairpersons, Bill Scott and Lynn Dunn, both of whom took major participative roles while guiding the proceedings.

Most meetings, accordingly, covered a great deal of ground, typically more than was reflected by the recorded summaries. In general, staff support and preparation for meetings consisted of technical items prepared in response to direction from the chair. Meetings generally followed an agenda and most were tape-recorded.

Themes and Issues

The task force's work in aggregate was dynamic and far-ranging, addressing essentially all the many significant factors involved in assessing need for local areas and Kentucky as a whole. The task force presented its findings in three increments. The three products and their general contents are listed below:

1. "Interim Report." Completed in August 1998, this informative 8-page document contains ten specific recommendations. With four attachments, it is by far the most descriptive and representative of the task force's broad work.
2. "Phase 1 Report, - Part II." Assembled at about the same time as the Interim Report, this 18-page document is an essentially verbatim copy of a state-level assessment of status and need completed in 1996 by the Division of Substance Abuse.
3. "Phase II Report." Completed several weeks after the other two products, its five generally worded recommendations differentiate from the ten specific recommendations in the task force's initial product. The five recommendations appear oriented primarily to evaluation- and survey-related concerns of the KIP Project, specifically the immediate work of the project.

A subsidiary issue involved task force members' belief that their mandate required identifying a survey (or at least elements of a survey) sufficient for local need assessment. However, the time frame, resulting in concurrent design of the KIP Project school survey, preempted the survey component of their deliberations.

Needs Assessment Task Force
Phase 1 Report, Part II

An April 1996 report by the Kentucky Division of Substance Abuse, titled An Assessment of Substance-related Status and Needs of Kentucky Adolescents, included results from the 1993 Kentucky Youth Risk Behavior Survey (by the Kentucky Department of Education with the Centers for Disease Control). Included in the current report are results from both the 1993 and the 1997 Kentucky Youth Risk Behavior Surveys. The Youth Risk Behavior survey was identified by the Needs Assessment Task Force as the only survey that collected data representative of the state as a whole. The first section of this report shows the findings from this survey from 1993 and 1997 arrayed according to the Division of Substance Abuse's Substance Behavior Continuum (i.e., abstinence, experimentation, use, and abuse). Included in section one is secondary data, primarily from Kentucky State Police, that indicates the level of ATOD use by youth in the state. Section two of the report includes other secondary data sources arranged according to the risk factors identified by the Needs Assessment Task Force.

In this report, data is presented for multiple years from the same data sources, (i.e., the Kentucky Youth Risk Behavior Survey and Kentucky State Police *Crime in Kentucky* data) in an effort to examine the data for trends in substance use among youth in the state and among secondary data related to the risk factors identified as salient by the task force. Note that *Crime in Kentucky* data is for the years 1994 and 1995. Data for 1997 will be available around the end of October 1998, and will be included in this report at that time. All other data sources that are identified will be updated and included in this report as possible.

I. Primary Data Sources

Examination of the April 1996 report by the Kentucky Division of Substance Abuse, titled An Assessment of Substance-related Status and Needs of Kentucky Adolescents, indicates that there is a lack of useful data sources measuring abstinence, as defined by the substance behavior continuum, at the statewide level.

Recommendation:
Any primary data survey developed by the state should include measures of abstinence to accurately assess the entire substance behavior continuum.

Tobacco Experimentation

- Of Kentucky high school students surveyed in 1993 and again in 1997, the following percentages reported "ever" having tried cigarette smoking (even one or two puffs):

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	76%	74%	77%	79%	77%
Females	72%	65%	72%	76%	71%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
77%	76%	80%	75%	79%	78%	76%

- Of those who reported ever smoking cigarettes, those who reported they had smoked a whole cigarette for the first time prior to age 13 were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	65%	63%	57%	45%	56%
Females	45%	55%	26%	38%	40%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
33%	44%	28%	31%	25%	36%	29%

Tobacco Use

- Percentages of responding high school students who reported in 1993 and 1997 that they smoked cigarettes on one or more of the past 30 days were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	34%	31%	45%	40%	38%
Females	36%	28%	37%	31%	33%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
47%	48%	44%	42%	55%	48%	45%

- Percentages who reported that they smoked two or more cigarettes per day on the days they smoked were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	27%	24%	39%	33%	31%
Females	22%	17%	26%	23%	22%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
37%	36%	34%	36%	41%	40%	33%

- Percentages of Kentucky high school respondents who reported they ever smoked cigarettes regularly (at least one cigarette every day for 30 days) were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	32%	30%	37%	33%	33%
Females	27%	23%	29%	25%	26%

...and those who reported they started smoking cigarettes regularly prior to age 13 were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	50%	40%	35%	29%	37%
Females	43%	36%	18%	14%	26%

- Percentages who reported smoking cigarettes on school property on one or more of the past 30 days were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	28%	16%	35%	19%	24%
Females	20%	12%	24%	15%	17%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
25%	26%	27%	23%	25%	28%	22%

- Those who reported (YRBS) using chewing tobacco or snuff during the preceding 30 days were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	32%	46%	41%	36%	39%
Females	1%	2%	2%	3%	2%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
16%	17%	15%	14%	16%	29%	2%

- Percentages (YRBS) who reported using chewing tobacco or snuff on school property during the past 30 days were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	19%	30%	31%	27%	27%
Females	1%	0	1%	1%	1%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
10%	12%	7%	9%	11%	18%	1%

- Percentages who reported using any tobacco products (cigarettes, chewing tobacco, snuff) on school property during the past 30 days were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	38%	36%	48%	37%	40%
Females	20%	12%	24%	15%	17%

Tobacco Abuse

- Of Kentucky high school respondents who reported ever smoking cigarettes, percentages who reported they tried to quit smoking cigarettes during the past six months were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	71%	53%	58%	52%	57%
Females	68%	55%	63%	50%	58%

- Of Kentucky high school respondents who reported ever smoking cigarettes, percentages who reported ever trying to quit smoking cigarettes:

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
40%	42%	36%	41%	40%	39%	40%

Note: The data sources available for this needs assessment do not address "abuse" of tobacco per se. This response is categorized as abuse based on the specific language of the question to which these teens responded, i.e., they reported that they "tried" to quit. Trying to quit using tobacco, regardless whether successful, may be deemed equivalent to any other substance where use has become addictive, so that quitting necessitates "trying" rather than being a simple decision immediately carried out without particular need to "try."

Alcohol Experimentation

- Percentages of Kentucky high school respondents who reported having their first drink of alcohol prior to age 13 were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	57%	53%	42%	36%	45%
Females	35%	33%	21%	20%	26%

- Percentages of Kentucky high school respondents who reported having their first drink of alcohol (other than a few sips) before age 13 were:

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
30%	48%	23%	26%	21%	38%	23%

...and percentages who reported having at least one drink of alcohol on one or more days during their life:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	72%	80%	82%	86%	81%
Females	71%	70%	75%	78%	74%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
78%	76%	75%	79%	86%	80%	77%

Alcohol Use

- Percentages of responding students who reported having at least one drink of alcohol on one or more of the preceding 30 days:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	49%	50%	56%	57%	54%
Females	40%	40%	47%	47%	44%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
49%	46%	46%	49%	59%	54%	45%

- Percentages (YRBS) who reported having at least one drink of alcohol on school property on one or more of the preceding 30 days:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	8%	9%	13%	7%	9%
Females	6%	2%	4%	4%	4%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
7%	10%	3%	6%	6%	7%	6%

Kentucky State Police data record the following arrests of juveniles in 1994/1995 for alcohol-related offenses:

AGE:	<11	11-12	13-14	15	16	17	TOTAL
Liquor laws	1/1	1/2	53/51	98/96	224/218	395/349	772/717
Drunkenness	33/18	6/7	59/64	110/107	191/208	271/326	670/730

Alcohol Abuse

- Percentages of respondents (YRBS) who reported they had five or more drinks in a row on one or more of the past 30 days were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	37%	36%	50%	42%	42%
Females	21%	28%	34%	27%	28%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
37%	36%	33%	36%	45%	43%	30%

Other Drugs Experimentation

- Percentages of Kentucky high school respondents who reported they had used marijuana one or more times during their life were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	34%	31%	45%	42%	39%
Females	20%	21%	32%	29%	26%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
48%	44%	49%	46%	55%	52%	44%

- Percentages of Kentucky high school respondents who reported they had sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paint or spray to get high during their life were:

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
25%	36%	20%	21%	20%	27%	23%

- Of students who reported ever having tried cocaine, these percentages reported they had tried a form of cocaine (powder, crack, freebase) prior to age 13:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	43%	16%	13%	14%	19%
Females	0%	25%	20%	0%	10%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
1%	2%	0%	1%	0%	1%	0%

- Of students who reported ever having tried marijuana, these percentages reported they had tried marijuana for the first time before age 13:

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
9%	14%	9%	7%	5%	11%	7%

Other Drugs Use

- According to the 1993 Youth Risk Behavioral Survey, an average 15.5% of all Kentucky students in grades 9-12 report use of marijuana in the past month; boys average 19.9% and girls average 11.3%[1]. In this sample, use by males was higher in the 9th grade (24%) than in the 12th grade (18.1%). - Percentages of responding Kentucky high school students who reported using any form of cocaine (powder, crack, freebase) one or more times during their life were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	7%	5%	12%	8%	8%
Females	2%	3%	3%	5%	3%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
8%	9%	7%	8%	10%	10%	6%

...and percentages who used the crack or freebase forms of cocaine one or more times during their life:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	5%	2%	8%	5%	5%
Females	0%	2%	3%	5%	3%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
6%	8%	5%	4%	6%	7%	4%

- Percentages of respondents who ever injected (“shot up”) any illegal drug during their life:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	8%	3%	6%	3%	5%
Females	1%	1%	3%	1%	2%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
3%	5%	1%	2%	2%	3%	1%

- Percentages of high school respondents who, one or more times during their life, used any other type of illegal drug (e.g., LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills without a doctor’s prescription):

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	17%	19%	27%	19%	20%
Females	16%	13%	23%	23%	19%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
18%	19%	15%	16%	22%	21%	14%

- Percentages of respondents (YRBS) who, one or more times during their life, took steroid pills or shots without a doctor's prescription:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	6%	8%	9%	6%	7%
Females	1%	0%	1%	2%	1%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
6%	10%	4%	5%	4%	7%	5%

Other Drugs Abuse

- Percentages of Kentucky high school survey respondents who reported using marijuana one or more times during the preceding 30 days were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	24%	15%	24%	18%	20%
Females	12%	9%	12%	13%	11%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
29%	29%	29%	24%	33%	34%	23%

...and percentages who reported using marijuana on school property one or more times during the preceding 30 days were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	6%	3%	7%	4%	5%
Females	4%	2%	1%	4%	2%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
8%	12%	7%	4%	7%	11%	4%

- Percentages of respondents who reported trying any form of cocaine (powder, crack, freebase) one or more times during the preceding 30 days were:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	5%	3%	5%	2%	4%
Females	1%	1%	1%	1%	1%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
4%	6%	4%	3%	4%	5%	3%

Kentucky State Police record the following numbers of juvenile arrests for violations of narcotic drug laws in 1994/1995:

<Age 11	11-12	13-14	15	16	17	Total
13/18	25/17	140/195	219/284	320/484	469/649	1,186/1,647

II. Secondary Data

A. Early and Persistent Antisocial Behavior

Weapons

- Of students surveyed in grades 9-12, an average 47% of males and 8% of females carried a weapon (such as a gun, knife or club) on one or more of the past 30 days. Among male students, this practice was the most frequent in grade 9 and declined steadily by grade 12:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	55%	53%	46%	39%	47%
Females	11%	5%	10%	7%	8%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
26%	38%	23%	20%	21%	46%	7%

- Of those who carried a weapon during the past month, the following percentages carried a weapon on school property on one or more of the 30 days preceding the survey:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	40%%	53%	62%	47%	51%
Females	36%	43%	50%	50%	46%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
15%	23%	11%	13%	12%	27%	4%

- A gun was carried within the past 30 days by 18% of males and 2% of females:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	15%	22%	21%	14%	18%
Females	1%	1%	4%	2%	2%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
9%	15%	7%	6%	7%	16%	2%

- These respondents reported being threatened or injured with a weapon on school property one or more times during the preceding 12 months:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	13%	9%	11%	6%	9%
Females	6%	8%	3%	2%	5%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
7%	12%	6%	4%	3%	10%	4%

- Crime statistics maintained by the Kentucky State Police record the following numbers of arrests for weapons-related offenses (e.g., carrying, possession, manufacture, sale, use, etc.) by juveniles in 1994/1995:

< Age 11	Age 11-12	Age 13-14	Age 15	Age 16	Age 17	TOTAL
4/3	7/12	48/52	62/57	77/85	114/102	312/311

Physical Violence and Fear of Physical Violence

Kentucky State Police statistics for 1994/1995 record the following number of arrests of juveniles for offenses involving violence:

AGE:	<11	11-12	13-14	15	16	17	Total
Murder & Non-negligent Manslaughter	0/0	0/0	6/3	3/8	10/7	11/12	30/30
Forcible rape	0/2	5/4	17/17	25/9	20/10	15/18	82/60
Aggravated assault	32/25	57/50	224/187	181/148	337/213	276/202	1,107/825
Other assaults	47/31	53/70	188/269	143/233	177/235	194/279	802/1,117

- The following percentages of respondents did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	9%	2%	5%	3%	5%
Females	3%	2%	4%	5%	3%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
4%	7%	3%	4%	2%	5%	3%

- These percentages of respondents reported being in a physical fight one or more times during the preceding 12 months:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	62%	41%	48%	34%	44%
Females	34%	33%	26%	28%	30%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
33%	44%	35%	23%	23%	42%	23%

- Of those reporting being in a physical fight in the past year...these percentages were injured and had to be treated by a doctor or nurse one or more times during the preceding 12 months:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	14%	4%	5%	1%	5%
Females	0	1%	1%	1%	1%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
3%	4%	2%	2%	1%	4%	1%

...and these reported being in a physical fight on school property one or more times during the preceding 12 months:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	35%	20%	23%	10%	20%
Females	14%	8%	7%	6%	8%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
13%	22%	13%	8%	4%	19%	6%

...and these said the last time they were in a physical fight the person they fought with was a friend or someone they knew:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	70%	74%	62%	63%	67%
Females	82%	80%	77%	82%	80%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
28%	28%	33%	26%	22%	37%	19%

Theft and Vandalism

- Significant percentages reported property (such as a car, clothing or books) stolen or deliberately damaged on school property one or more times during the preceding 12 months:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	38%	30%	36%	24%	31%
Females	19%	29%	28%	18%	24%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
30%	38%	28%	27%	27%	33%	28%

Violence to Self

- Of Kentucky high school students surveyed, 28% reported they had seriously considered suicide during the past year, 17% had made a plan to commit suicide (62% of all who considered it), and 8% actually attempted suicide but survived (half of all who made a plan)...Seriously considered suicide:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	18%	21%	29%	19%	22%
Females	34%	35%	37%	26%	33%

...Seriously considered suicide during the past twelve months:

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
22%	29%	20%	18%	21%	18%	26%

...Made a suicide plan (of those who seriously considered suicide):

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	71%	59%	66%	70%	66%
Females	57%	55%	72%	55%	60%

...Made a suicide plan during the past twelve months (of those who seriously considered suicide):

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
17%	20%	19%	13%	16%	13%	21%

...Actually attempted suicide (of those who seriously considered suicide):

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	29%	22%	36%	18%	33%
Females	37%	24%	39%	34%	27%

...Actually attempted suicide during past twelve months (of those who seriously considered suicide):

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
8%	13%	7%	4%	6%	7%	9%

- Of those who seriously considered suicide, these percentages made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	29%	29%	33%	33%	32%
Females	20%	15%	28%	19%	21%

- Of those who seriously considered suicide, these percentages made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past twelve months:

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
3%	5%	2%	1%	1%	3%	2%

Part II: Statistical Indicators of Youths at High Risk

Data presented in this section represent known, named individual young people. Unlike survey data which assure anonymity through nameless survey instruments, these data aggregate the personal case records of thousands of Kentucky adolescents who were arrested or otherwise got into trouble with school or civil authorities who then placed their names on official documents. These teens thus are self-identified candidates for targeted prevention programs focused on youths at high risk by virtue of their status offenses.

Education

The following table presents data on statewide aggregate numbers of students who got into trouble with their schools during the 1994-95 school year. The data are not statistically reliable in that they lack 20 local districts (Kentucky has 176 school districts) that have not yet reported to the state and, of those districts that have reported, some failed to provide all fields of data requested. As indicators, however, these data are reasonably reliable for suggesting the general scope of youths who, through the school system, can be identified as "at high risk" and considered accordingly in planning for substance/violence prevention programming.

	TOTAL	Drug-related Incidents	Violence-related Incidents	Gun-Free Schools Act Violation	Smoking Violation
Disciplinary Actions	**na**	**9,026***	**6,825***	**na**	**na**
Alternative Placements	**11,184**	**1,260***	**2,134***	**42***	**na**
Suspensions	**46,501**	**5,298**	**11,798**	**na**	**na**
Expulsions	**540***	**201***	**129***	**60***	**na**
Violations	**na**	**na**	**Na**	**98***	**259***

Source: Kentucky Department of Education[2] (na = not available) *incomplete data

Violence by students is further indicated by the following "numbers of districts reporting" -- i.e., these are the numbers of districts that reported "yes," they experienced some of the four types of youth violence indicated; they are not a count of actual acts of violence per se. Note also that these numbers do not include Louisville/Jefferson County, Kentucky's largest metropolitan area.

Students have been seriously injured as a result of a violent act ON school grounds	Students have been seriously injured as a result of a violent act OFF school grounds	School STAFF have been attacked or injured by students	Students have participated in illegal GANG activity
43 districts	**56 districts**	**49 districts**	**32 districts**

Source: Kentucky Department of Education[2]

Arrests

Kentucky State Police record the age of every person arrested for any reason, including the ages of juveniles. These juvenile arrest data for **1994/1995** are the latest available (percents do not add to 100 due to rounding). Part I crimes are defined as "violent" and Part II crimes as "non-violent." Offenses involving substances are highlighted.

PART I CRIMES	Total Arrests	%	Age 10 and Under	11-12	13-14	15	16	17
Murder & Non-Negligent Manslaughter	**30/30**	**0.3%/ 0.3%**	**0/0**	**0/0**	**6/3**	**3/8**	**10/7**	**11/12**
Forcible Rape	**82/60**	**0.9%/ 0.7%**	**0/2**	**5/4**	**17/17**	**25/9**	**20/10**	**15/18**
Robbery	**321/413**	**3.5%/ 4.8%**	**3/4**	**9/17**	**82/79**	**65/ 104**	**73/98**	**89/ 111**
Aggravated Assault	**1,107/825**	**12.3%/9.6%**	**32/25**	**57/50**	**224/187**	**181/ 148**	**337/ 213**	**276/ 202**
Burglary	**1,539/1,263**	**17.2%/14.7%**	**45/38**	**131/106**	**419/336**	**324/ 242**	**303/ 266**	**317/ 275**
Larceny-Theft	**5,158/5,250**	**57.6%/61%**	**215/205**	**600/572**	**1,545/1,527**	**955/ 951**	**987/ 1,020**	**856/ 975**
Auto Theft	**707/771**	**7.9%/ 9%**	**4/4**	**23/26**	**170/223**	**184/ 176**	**174/ 193**	**152/ 149**
TOTAL PART I CRIMES	**8,944/8,612**	**100%**	**299/278**	**825/ 775**	**2,463/2,372**	**1,737/ 1,638**	**1,904/ 1,807**	**1,716/ 1,742**

For comparison, the U.S. Justice Department reported the following violent crime arrest rates for juvenile offenders in 1990 (rates are per 1,000 male population)[3]:

Age	Murder/Non-negligent Manslaughter	Rape	Robbery	Aggravated Assault
<15	**0.03**	**0.08**	**0.36**	**0.54**
15-19	**0.45**	**0.62**	**4.42**	**6.33**

PART II CRIMES	Total Arrests	%	Age 10 and Under	11-12	13-14	15	16	17
Manslaughter by Negligence	4/2	.03%/.02	0/0	0/0	0/0	1/0	2/2	1/0
Other Assaults	802/1,117	6.6%/8.4%	47/31	53/70	188/269	43/233	177/235	194/279
Arson	123/134	1.0%/1.0%	20/20	30/22	36/44	12/16	15/21	10/11
Forgery/Counterfeiting	205/217	1.6%/1.6%	0/0	0/2	7/16	29/41	58/51	111/107
Fraud	219/189	1.8%/1.4%	45/14	4/5	26/14	16/10	48/72	80/74
Embezzlement	3/1	.02%/.01%	1/0	0/0	0/0	0/0	0/1	2/0
Stolen Property: Buying, Receiving, Possession	1,045/1,075	8.6%/8.1%	19/20	50/52	290/266	213/226	210/281	263/230
Vandalism	801/862	6.6%/6.5%	53/54	102/80	203/241	123/136	148/182	172/169
Weapon Offenses	312/311	2.5%/2.3%	4/3	7/12	48/52	62/57	77/85	114/102
Prostitution and Comm. Vice	7/12	.05%/.09%	0/0	0/2	1/2	4/3	1/3	1/3
Sex Offenses	216/191	1.7%/1.4%	12/10	19/12	58/68	67/28	29/37	31/36
Gambling	21/24	0.1%/.18%	0/0	0/1	2/6	4/3	7/8	8/6
Offenses Against Families/Children	30/32	0.2%/.24%	2/4	1/0	2/6	4/2	10/4	11/16
Disorderly Conduct	1,231/1,309	10%/9.9%	23/34	91/67	301/336	245/266	265/281	306/325
Curfew and Loitering Laws	97/60	0.8%/.45%	2/0	4/6	31/10	22/19	14/17	24/8
Runaways	673/981	5.5%/7.4%	8/8	26/35	230/290	152/242	158/247	99/159
Narcotic Drug Laws	1,186/1,647	9.7%/12.4%	13/18	25/17	140/195	219/284	320/484	469/649
Driving Under Influence	447/487	3.6%/3.7%	15/13	3/1	10/3	11/14	118/147	290/309
Liquor Laws	772/717	6.3%/5.4%	1/1	1/2	53/51	98/96	224/218	395/349
Drunkenness	670/730	5.5%/5.5%	33/18	6/7	59/64	110/107	191/208	271/326
Subtotal Substance Related:		25%/27%						
All Other Offenses (except traffic)	3,249/3,185	27%/24.2%	102/58	135/124	774/798	760/665	689/738	789/802
TOTAL PART II CRIMES	12,113/13,283	100%	400/306	557/517	2,459/2,731	2,295/2,447	2,761/3,322	3,641/3,960

	Total Arrests	Age 10 and Under	11-12	13-14	15	16	17
TOTAL JUVENILE ARRESTS	21,057/21,895	699/584	1,382/1,292	4,922/5,103	4,032/4,085	4,665/5,129	5,357/5,702
Percent by Age:	100%	3%/2.7%	7%/5.9%	23%/23.3%	19%/18.7%	22%/23.4%	25%/26%

All arrests, including all adults and juveniles arrested, totaled 242,146 in Kentucky in 1994. The 21,057 juvenile arrests constitute 8.6% of these total arrests. It will be noted that beyond the age of 12 years there is relatively little variance in arrests of adolescents ages 13-17 (another major increase occurs at age 18; from age 18 through 22, the arrest rate is roughly twice that of teens).

Indicators for violence. These statistical indicators of high risk are placed in useful perspective by a 1994 study, *The Future of Children*, produced by the Center for the Future of Children and the David and Lucille Packard Foundation[3]. The study organizes risk factors for juvenile violence into five domains:

- Social disorganization of communities;
- Poor school climate;
- Exposure to deviant peers (through gang membership and delinquent behavior, access to weapons, and substance abuse);
- Adverse family relationships; and
- Individual physical or psychological predisposition.

Some of the variables that represent these domains, and which a variety of studies have demonstrated to be the most important characteristics associated nationally with juvenile violence, are documented in the *Future* study as follows:[3]

- **Population Indicators:** Male; age 15-19; African-American or Hispanic race/ethnicity; large urban area residence; and less-than-average income.
- **Risk Factors:**

Neighborhood: High level of male unemployment; extreme poverty (40% or more of residents below poverty line); social disintegration of formal and informal networks/institutions.
School-Related: High absenteeism and dropout rates; lack of strong central authority; high proportion of students carrying weapons.
Peer Network: Association with delinquent peers or membership in a gang; peer facilitation of access to weapons, alcohol and drugs.
Family: Parental criminality; lack of supervision and involvement; parental rejection, neglect or abuse; marital discord; older sibling criminality.
Individual-Psychological: Low verbal and reading skills; poor impulse control; school underachievement; early age of onset of disruptive behavior.
Individual-Health: High lead level; history of head injury; prenatal exposure to alcohol, drugs or tobacco; substance abuse; attention-deficit hyperactivity disorder.

Other indicators of high risk. "Those who need more alcohol than others to 'get a buzz' are at greater risk of alcohol dependence." This finding from a California study, reported by the American Medical Association,[4] noted that the need for relatively large amounts of alcohol to have an effect from early on could impair ability to regulate intake. The study also found that "almost 60% of the sons of alcoholics who also had a low level of response to alcohol developed alcoholism." The study provided strong new evidence that persons with a family history of alcoholism are more likely to become alcohol dependent. These two indicators thus are excellent candidate questions for inclusion in any uniform survey instrument that might be developed in Kentucky in the future.

B. Transition and Mobility

C. Community Laws and Norms Favorable to ATOD Use

D. Perceived Harmfulness of Alcohol, Tobacco, and Other Drugs

Risks Associated with Use and Abuse of Alcohol or Drugs

- Percentages of Kentucky high school respondents who reported that, during the preceding 30 days, they rode one or more times in a car or other vehicle driven by someone who had been drinking alcohol:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	42%	30%	49%	40%	40%
Females	30%	26%	39%	36%	33%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
36%	37%	29%	32%	47%	42%	30%

...and percentages who reported that, during the past 30 days, they drove a car or other vehicle one or more times when they had been drinking alcohol:

1993	9th grade	10th grade	11th grade	12th grade	Average
Males	10%	13%	32%	27%	22%
Females	4%	5%	9%	14%	9%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
16%	12%	8%	18%	29%	21%	10%

Kentucky State Police record the following numbers of juvenile arrests in 1994/1995 for driving under the influence:

< Age 11	Age 11-12	Age 13-14	Age 15	Age 16	Age 17	TOTAL
15/13	3/1	10/3	11/14	118/147	290/309	447/487

In 1996 alcohol-involved teenage drivers (ages 13-19) represent 8% of the total number of alcohol-involved drivers and 13% of all teenage drivers in fatal traffic accidents. This represents a decrease from 1993 of 14% and 29%, respectively. The breakdown by age was (1993/1996):

Age	Number of Drivers Involved	Alcohol Involved Drivers	% Alcohol Involved
Under 16	8/7	5/0	63/0
16	25/24	2/3	8/13
17	36/40	6/2	17/5
18	45/41	7/8	16/20
19	34/48	16/8	47/17
Total	148/160	36/21	

In the years for which comparative data are available, teen driver fatality statistics present no clear trend -- improvement or otherwise:

	Teen drivers as percent of total alcohol-involved drivers in fatal traffic accidents	Alcohol-involved teen drivers as percent of all teen drivers in fatal traffic accidents
1990	15%	31%
1991	13%	29%
1992	14%	26%
1993	14%	29%

Nationally, in 1993 the percent of fatal crashes involving teenage drinking drivers (0.10+ % BAC) were 5% at age 16 and 29% at ages 17-19.

- Of high school respondents who reported ever having had sexual intercourse, the following reported they drank alcohol or used drugs before last sexual intercourse:

	9th grade	10th grade	11th grade	12th grade	Average
Males	18%	25%	26%	23%	23%
Females	27%	10%	14%	12%	14%

1997 Total	9th grade	10th grade	11th grade	12th grade	Male	Female
14%	13%	10%	15%	21%	18%	10%

E. Academic Failure

Retention Rates Statewide

(percent of students in grades 4-12 who did not progress to the next grade level or graduate in a given year) from KY DOE:

	1992-93	1993-94	1994-95	1995-96	1996-97
4th	0.68	0.64	1.06	1.05	1.15
5th	0.61	0.51	0.72	0.82	0.80
6th	1.47	1.57	1.89	1.75	1.66
7th	2.26	2.73	2.69	2.65	2.60
8th	1.37	1.73	1.61	1.89	1.81
9th	7.86	8.76	10.65	10.68	10.28
10th	5.52	5.70	6.89	6.79	6.49
11th	3.40	3.35	3.95	4.06	3.74
12th	2.59	2.23	2.26	2.17	2.26

Dropout Rates Statewide

(percent of students enrolled in grades 7-12 who did not enroll the following year and have not graduated or transferred to another school) from KY DOE:

	1992-93	1993-94	1994-95	1995-96	1996-97
7th	0.54	0.53	0.51	0.56	0.44
8th	0.97	1.11	1.08	0.92	0.82
9th	4.85	4.71	4.99	5.10	5.16
10th	5.28	5.42	5.79	5.85	5.54
11th	5.31	5.72	6.38	6.03	5.65
12th	4.81	4.71	5.06	5.20	4.88

F. Commitment to School

Attendance Rates Statewide: (average daily percent of enrolled students in attendance in the classroom) from KY DOE:

	1992-93	1993-94	1994-95	1995-96	1996-97
STATE	94.73	94.71	94.32	94.35	94.13

G. Parental Attitudes/Behaviors toward Problem Behaviors

H. Family Management/Conflict

Marriage/Divorce Rates Statewide 1996 (from Vital Statistics):

Marriages						Divorces					
Total		White & Other		Black		Total		White & Other		Black	
#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
43,910	11.3	41,174	11.4	2,736	9.7	21,192	5.5	19,754	5.5	1,438	5.1

Reported and substantiated reports of abuse and neglect statewide 1990 and 1996 (from *Kids Count*):

	1990	1996	% change
Reported incidents of physical abuse	**13,477**	**19,186**	**42.4%**
Substantiated incidents of physical abuse	**5,905**	**7,132**	**20.8%**
Reported incidents of sexual abuse	**4,344**	**5,072**	**16.8%**
Substantiated incidents of sexual abuse	**2,167**	**2,042**	**-5.8%**
Reported incidents of dependency	**1,306**	**1,628**	**24.7%**
Substantiated incidents of dependency	**885**	**1,128**	**27.5%**
Reported incidents of neglect	**33,639**	**43,088**	**28.1%**
Substantiated incidents of neglect	**14,013**	**16,994**	**21.3%**

Dependency is defined as an incidence in which a child is under improper care in a situation that is not due to an intentional act of the parent or guardian.

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[1] Current State of Knowledge Base: Drug Use among Youth in Kentucky, March 15, 1996, Richard Clayton, Ph.D., and Kit Walden, University of Kentucky Center for Prevention Research. (Unpublished draft analysis using three data sources: 1) kentucky Youth Risk Behavior Survey, 1993 ; 2) 1994 survey of 4,287 students, grades 6-12, in all public and private schools in Berea/Madison County; and 3) 1994 Tri-County survey of 8,204 public school students in Knox, Laurel and Whitley counties)

[2] Unpublished draft statewide statistics on school disciplinary actions, alternative placements, suspensions, expulsions and violations by Kentucky students, March 1996, Kentucky Department of Education.

[3] The Future of Children, Volume 4, Number 3, Winter 1994, Center for the Future of Children and the David and Lucille Packard Foundation.

[4] *High tolerance in youth can predict later alcohol abuse.* Schuckit, Marc and Smith, Tom, University of California, with Alcohol Research Center at the Veterans Affairs Medical Center, San Diego. American Medical Association's Archives of General Psychiatry, reported in American Medical News, March 25, 1996.

Summary of Organizational Ad Hoc Meeting
May l999

This Ad Hoc group worked at the appointment of Larry Carrico, Advisory Committee Chair, and Barb Stewart, Project Director. They met five times. The seven members began with a review of the present advisory system and the work of the process evaluation report.

Steering Work Group (formerly Steering Committee)

The Steering Work Group is to assist the Project Director and Governor's Council by providing guidance and insight on "tight" issues. This group will be the working hub for the remainder of the initial funding period, working with the Commonwealth Coalition, the Governor's Council, and the Task Forces, as appropriate.

Nine members shall comprise the Steering Work Group. Members include the Governor's Representative, the DSA Project Director, who will serve as chair, the Project Associate Director, and six members who will serve staggered terms. These six members consist of three people from the field of ATOD prevention appointed by the Chair and Governor's Representative, and one person from each of the following state agencies: Public Health, Justice, and Education. The three persons from the ATOD prevention field will serve one-year, such appointment is renewable in conversation with the Project Director. The individuals filling each of the seats from the government agencies (Education, Justice and Public Health) will serve one two-year term, which are renewable in conversation with the Project Director, Agency Representative, and Agency.

The Steering Work Group will meet no less than quarterly. If roles demand, the Chair may call more meetings. If a Steering Work Group member misses two consecutive meetings, she or he will be asked to remove herself or himself. A member may have an alternate but such an individual must be established in writing at the beginning of the appointment. A committee member may raise questions about removing a member who is a detriment to the group or project. All members must attend a mooring (orientation) session prior to serving. Finally, we recognize and value diverse opinions, and yet, we must move forward and in the end, judgment rests with the Chair, the Project Director, in consultation with the Governor's Office.

Commonwealth Coalition (formerly Advisory Committee)

This coalition will ground the project work in the realm of community conscience and ownership. The group would serve as the Governor's forum, a network of voices to provide feedback to the project and to share with the public the work of the project.

Membership should be as "big as it needs to be" but not to exceed 40 members during the first year to follow these recommendations. The conclusion is to include all present "non agencies" involved with the present KIP Project Advisory Committee and Task Forces, who confirm their interest.

These would include:
1. CHAMPIONS- Chair
2. At large Co-Chair
3. Kentucky Prevention Network
4. Student Assistant Program
5. Kentucky Association of Regional Programs (KARP)
6. College of Nursing
7. Center for Substance Abuse Prevention *(Project Officer)*
8. Commission on Human Services Collaboration

9. Creative Spirits
10. Girl Scouts/Boy Scouts
11. Housing and Urban Development
12. Governor's Press Office
13. Kentucky National Guard
14. Kentucky Action
15. Kentucky School Board Association
16. Kentucky Certification Board of Prevention Professionals
17. Kentucky Educational Television
18. Kentucky Association of YMCAs
19. Mothers Against Drunk Driving
20. University – Health Education
21. Salvation Army- Boys and Girls Clubs
22. College of Medicine
23. Center for Drug and Alcohol Research
24. Kentucky Prevention Research
25. University Extension Office
26. Parent Teachers Association
27. Kentucky Medical Association Auxiliary

Agencies or organizations which would be removed:
1. All government agencies
2. Agencies/groups or individuals participating with GIC
3. Agencies/groups that are same or similar to another group/agency involved
4. University of Kentucky Center for Rural Health
5. Prevention Research Institute
6. Council On Prevention and Education: Substances
7. Project Director
8. Associate Project Director

Proposed additions (as to categories):
1. CHAMPIONS Teen Chair
2. Council of Churches
3. Kentucky Youth Group
4. Kentucky League of Cities
5. Kentucky Association of Counties
6. The Community Action Agencies
7. Juvenile Justice Prevention Councils
8. Area Health Education Centers (AHEC)

The membership should also be able to expand (when a group or individual asks for participation through the Chair) or constrict when the Chair notes that the agency or individual has missed more than two consecutive meetings. The Governor's Representative, as Chair, facilitates the agenda and appoints members.

The body will meet two times a year, or as needed, or as called by the Governor's Representative serving as Chair. A quorum will not be needed. Decisions may be made through polling of members. This will allow the body to stay fluid and kinetic. Information will be exchanged in a free flow manner, e.g., e-mail or personal contact, respecting the opinions of others. The reflections of the Coalition will be reported to the Steering Work Group through the Governor's Representative. The first meeting would convene as a tie-in with the Champion's Coalition Development Conference in the Fall of 1999. The first face-to-face meeting would take place in the Spring of 2000.

If a Coalition member misses two consecutive meetings, she or he will be asked to remove herself or himself. The organization would be placed on probationary status. If a third meeting were missed, the organization would lose official membership status. A member may have an alternate but this must be established in writing at the beginning of the appointment. A committee member may raise questions about removing a member who is a detriment to the group or project. All members must attend a mooring (orientation) session prior to serving.

The possibility of having a celebrity co-chair was recommended. A co-chair of celebrity status demonstrates clearly the specific level of energy and commitment necessary to address this very critical issue. The additional participation may raise the level of conversation and urgency.

Governor's Council (formerly Governor's Implementation Council)

The Council focuses on the policy and processes necessary to implement the recommendations and accomplish the outcomes set through the Strategy and the Governor's Office. The Council would be comprised of individual agencies, departments, and individuals. While maintaining their individuality, members would respond as a whole, united by a common planning framework and guided by the Kentucky Youth Substance Abuse Prevention Strategy. The members will bring forth agency needs, provide feedback and thought, and assure agency compliance. This process would prevent duplication of offerings and integrate the advice from all facets of the system. In addition, the Council will serve as the primary forum for coordination of the state substance abuse prevention effort and to assure and monitor the implementation of the Strategy in their respective government agencies.

The present composition should be reconfigured. First, the Cabinet for Families and Children should maintain a seat as a singular entity. The Department for Community Based Services and the Family Resources Youth Services Center, both arms of the Cabinet for Families and Children, should be merged into this seat. The Justice Cabinet will maintain one seat.** The Secretary of the Health Services Cabinet chairs the body. The Cabinet is designated by statute (KRS 222.211) as the state agency responsible for coordinating matters affecting alcohol and other drug abuse in the Commonwealth. A member may have an alternate, but such an individual must be established in writing at the beginning of the appointment. All appointees should be at a policy level within their branch of government.

The Council will continue to meet bi-monthly, moving perhaps to quarterly meetings in the future. The Council needs to meet as often as possible to provide continuity, but as little as possible in order to respect the diverse and multiple demands on these particular individuals who sit as their body's representative on the Council. All members must attend a mooring (orientation) session prior to participation with the Council. The Council reports to the Governor, and the Governor may remove members at his will.

** The number of participants (one or two) will be further discussed with the Secretary of the Justice Cabinet

Additional Recommendations:

- The Home Teams should be eliminated as an official element of the Advisory System.
- The Task Forces should all be ad hoc--created and dissolved as needed--to accomplish the work as set by the Project and the Advisory System.
- The system should be titled the Cooperative Advisory System.
- The structure of the Advisory system should be revisited in no less than two years from date of adoption.

Supporting the Strategy: Kentucky Agency Integration

ADMINISTRATIVE OFFICE OF THE COURTS
100 MILLCREEK PARK
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(502) 573-2350
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JOSEPH E. LAMBERT
CHIEF JUSTICE

CICELY JARACZ LAMERT
DIRECTOR

September 27, 1999

Michael E. Townsend
Chairman, Governor's Council
KIP Project
100 Fair Oaks Lane, 4E-D
Frankfort, Kentucky 40601

Dear Mr. Townsend:

The reduction of substance abuse by youth 12-17 is certainly key to the future of Kentucky. The problem of substance abuse and any efforts to reduce it must be broad based and incorporate all aspects of society which impact youth's lives. We in the court system see the end result of substance abuse all too often-broken and wasted talents and lives which could otherwise have been valuable contributions to the Commonwealth.

We support any efforts to attack this pervasive problem and are working in three main areas to add to the prevention strategy framework. We agree with the four key elements of the framework:

- Utilize scientific findings about effective programs and strategies,
- Design a system for planning, funding and evaluating prevention efforts that coordinates the efforts of all state agencies and organizations involved in prevention, and can be applied to efforts at the local level,
- Work from a comprehensive prevention framework, and
- Encourage widespread involvement in prevention activities.

Our current efforts are in the following areas:

1) Court Designated Worker training-Court Designated Workers (CDW's) take complaints against juveniles from citizens and law enforcement. If a juvenile is taken into custody they are statutorily required to determine, through uniform criteria, if the child should be released. The criteria are used to

decide if a case should go to formal court or if it may be more appropriately handled through diversion. The CDW supervises the diversion agreement of those children in diversion, ensures that needed treatment is received and that the child is held accountable for his/her actions through restitution, community work service or other relevant conditions. A part of the annual regional meetings with all CDW's in the state will be prevention training on risk reduction with the Prevention Research Institute October -December 1999.

2) Juvenile Drug Courts - Drug Courts are becoming more and more common throughout the United States. Five federally funded juvenile drug courts in Kentucky will be in the planning stage or implemented this fiscal year. Drug courts are an intensive long term project between a judge and an individual charged with a substance offense. They involve frequent drug testing, journaling, counseling, treatment and frequent meetings with the judge. The purpose is to intervene in the substance abuse and empower the individual to build a new life without it. The juvenile drug courts will also involve working with families and schools. There have been many studies of drug courts elsewhere and evaluations here in Kentucky with positive results of its efficacy and long term value. The juvenile drug courts as well as the others are under ongoing evaluation by the University of Kentucky Center on Drug & Alcohol Research. Drug Court staff are taking the same prevention training as the CDW's mentioned above.

3) Family Courts-Family Courts are a project funded by the 1998 General Assembly now underway in 9 courts. Six of these courts have yet to hear their first cases having only become effective in September, 1999. Family courts seek to put in one place before one judge all the legal issues which might affect one family. Although there are no substance abuse prevention strategies in family court as of yet due to its just getting started, it would appear to be a good setting to look at and any such effort should incorporate the elements listed above.

Substance abuse is a major and pervasive issue, inherent and intertwined with issues of community and child health. A vigorous prevention system needs to be created and sustained which is as pervasive as the issue itself. The system needs to continue to serve each emerging generation as substance abuse is not a problem which ends and therefore the task of prevention will never be finished.

Sincerely,

Cicely Jaracz Lambert
Director

PAUL E. PATTON
GOVERNOR

RICK JOHNSTONE
COMMISSIONER-CHAIRMAN

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
1003 TWILIGHT TRAIL - SUITE A-2
FRANKFORT 40601
(502) 564-4850
FAX (502) 564-1442

October 5, 1999
Mr. Michael E. Townsend, Chairman
Governor's Council
KIP Project
100 Fair Oaks Lane 4E-D
Frankfort, Kentucky 40621-0001

Dear Mr. Townsend:

The focus of the Governor's Kentucky Incentive for Prevention (KIP) Project is to reduce the use of alcohol, tobacco and Illegal drugs by Kentucky's children. These efforts are commendable and wholeheartedly supported by the Department of Alcoholic Beverage Control. However, as a regulatory agency, we are limited in the degree that we may be involved in certain areas. This department uses every opportunity to endorse and carry out the purpose of the KIP Project.

Our enforcement branch conducts investigations for Operation Zero Tolerance, which uses underage investigative aides to catch those selling to minors. This program has significantly reduced availability of alcohol to minors. The Investigative aides are also used in the tobacco division. Noncompliance rates show a marked decline in sales since the laws took effect.

ABC has formed an education branch focused on training licensees and employees in laws regarding the sale of alcohol. In addition, we inform the general public and high school and college kids on topics such as binge drinking.

We believe in the purpose of the KIP Project and are making every effort to help with the reduction of substance abuse by the youth of Kentucky. Please feel free to contact me with any questions or comments regarding this matter.

Sincerely,

Richard N. Johnstone

Richard N. Johnstone
Commissioner

PAUL E. PATTON
GOVERNOR

THE SECRETARY FOR FAMILIES AND CHILDREN
COMMONWEALTH OF KENTUCKY
275 EAST MAIN STREET
FRANKFORT 40621-0001
(502) 564-7130
(502) 564-3866 FAX

VIOLA P. MILLER, ED. D.
SECRETARY

October 4, 1999

The Honorable Paul E. Patton
Governor
Commonwealth of Kentucky
State Capitol
Frankfort, Kentucky 40601

Dear Governor Patton:

The Cabinet for Families and Children is working diligently to address substance abuse. We are primarily focusing on the parents as the centerpiece of our prevention efforts, with the understanding that parents play the pivotal role in prevention. Recent surveys by the National Center on Addiction and Substance Abuse at Columbia University (CASA) show that "parents are the single biggest determinant in these decisions-stronger than that of friends, teachers and media." We believe that through the Governor's Council on Youth Substance Abuse Prevention, we can create an integrated support system for parents by focusing on collaboration among other Cabinets and agencies. Through this concerted effort, we can look forward to beginning the new millennium with a generation of young people who are drug-free.

Family Resource and Youth Services Centers (FRYSC's) are engaged in several activities to connect youth and families to needed services. Youth Services Centers, serving middle and high school students, have two mandated core components that address substance abuse prevention:

1. Drug and alcohol abuse counseling
2. Family crisis and mental health counseling

Most centers contract with mental health providers to provide school-based counseling. Other research-based models are Talking with Kids about Alcohol (TWKAA), Project Prom, etc. Prevention via after-school and evening activities in local FRYSC's is research based. CASA's survey of teens found that "teens who smoke, drink or use pot are less likely to tell their parents where they are on weekends or after school, less likely to have a parent at home after school, and less likely to rely on parents' opinions when making important decisions." Further, transition activities involving students and parents

for 12-year-olds entering middle schools are critical to the prevention effort. CASA's teen survey shows that "the transition from 12 to 13 years of age marks the most critical point in the lives of our children." Funding is primarily through the FRYSC grants which are based on $200.00 per free lunch eligible student or through other grant funds specifically targeting these issues. Evaluation occurs at the local level in collaboration with each school's Consolidated Planning process that looks at outcomes and impact.

The Cabinet for Families and Children currently is using multiple approaches to combat the insidious effects of substance abuse in order to do a better job of identifying and treating Temporary Assistance to Needy Families (TANF) recipients. By providing intervention services for adults we can assist parents to be effective role models for their children. These include:

- ✓ **Training of all case managers and supervisory staff in the utilization of a customized screening tool** resembling the Cage-IV, as well as training in other indicators of substance abuse. TANF funds were utilized for this training module,

- ✓ **Collaboration with local Mental Health Centers and the Division of Substance Abuse to prioritize services for TANF recipients.** This was achieved without utilization of any TANF funds.

- ✓ **Focus on Welfare to Work participants who are designated hard-to-employ because of the barriers of domestic violence and substance abuse.** The Cabinet entered into a contract with the University of Kentucky's Institute on Women and Substance Abuse to place eleven service providers and three subcontractors who offer direct services to identify, assess and refer for treatment in five pilot sites across the Commonwealth. Each of the pilot projects includes a component on education and outreach to prevent substance abuse. Evaluation of the project will include qualitative and quantitative summaries of the pilot projects, including how programs integrated with collaborative agencies to provide comprehensive services to this population. Fifteen per cent of the Welfare to Work formula grant dollars for 1998 provided these funds.

- ✓ **Twelve counties have been selected as pilots to place on-site assessment counselors in local Department for Community Based Services (DCBS) offices.** These assessments will focus on four areas:
    1. Substance abuse
    2. Domestic violence
    3. Learning disabilities
    4. Mental health

  The budget of $986,048 is from SFY 2000 TANF funds.

While we are achieving some successes in this arena, we realize that the road is long and difficult, and we need additional partners to be more effective. A comprehensive statewide strategy must involve communities, parents and agencies, both governmental and non-profit. We must engage the faith community as well, recognizing that there is a

documented correlation between religion and drug-free kids. We believe that the framework exists in each community to build a strong prevention initiative. Our present task is to begin the process of collaboration based on regular communication among partners and a review of what is currently occurring with prevention dollars in order to blend funding streams in the future. We must work from a strengths-based model as we look at community designs, and communities must be represented in that process. Systems that are working should be replicated, modifying them as necessary to reflect each community's uniqueness.

The Cabinet for Families and Children is committed to working with the Governor's Council on Substance Abuse Prevention. Our history of working directly with families in need has heightened our own awareness of the importance of addressing substance abuse prevention. We applaud your leadership in this monumental task and assure you that you have our vigorous support.

Sincerely,

Viola P. Miller
Secretary

C H A M P I O N S

FOR A DRUG FREE KENTUCKY

POST OFFICE BOX 733
FRANKFORT KENTUCKY 40602-0733

Phone 502-564-7889
Fax 502-564-6104

PAUL E. PATTON, Governor

LARRY CARRICO, Executive Director
KARA L. BOWLING, Executive Assistant
ALBERTA M. AKIN, Executive Assistant

September 20, 1999

Secretary John Morse, Chair
Governor's Implementation Council
Frankfort, KY 40601

Dear Secretary Morse:

On behalf of the Governor's Office of Champions for a Drug Free Kentucky, I am firmly committed to achieving the overarching goal of reducing substance abuse among 12-17 year olds in Kentucky. I am totally supportive of the revitalized comprehensive statewide prevention strategy as well as the implementation of effective science-based efforts.

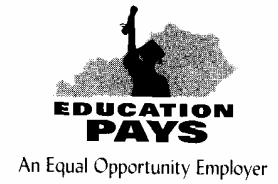
I am also committed to incorporating the Four Key Principles of the strategy into the daily operations of this office, and any projects with which we are involved.

Our office is attached to the Governor's Office, and we exist and serve totally at the discretion of the sitting Governor. Governor Patton is strongly committed to the activities of our program, and we will exist as long as he is Governor. With a strong performance record, I am still confident that the program will continue even after he is no longer governor, but there is no guarantee. With this in mind, I would like to create conditions that would assist in continuing a positive direction for the program long after we are all gone.

To do that, I will create written job descriptions for each position in this office that will insure that those employees structure their activities around the key concepts included in achieving the goals of KIP with the Key Principles as a basis.

I will also complete the following tasks:

--Revise the Champions mission statement to include the KIP Process;
--Dedicate 20% of one staff person's time to working as a part of the KIP team;
--Dedicate 30% of my time to working with the KIP team.



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My office works collaboratively with the Regional Prevention Center professional staff, but we have no administrative function with them. I can request and encourage, but not require. To that end, our office will, in all correspondence and collaborations, stress the use of the Principles of the Strategy. We will continually encourage the positive direction of incorporating the Principles into our planning and day-to-day operations. We will also use this same approach when working with Champions community based volunteer groups.

Finally, when engaged in any activity that involves a cooperative effort between our office and any other agency, whether federal, state, or local, we will constantly advocate for moving in this same direction.

It is a pleasure for me to make these recommendations and I will do everything possible to advance the incorporation of the KIP Process into our daily operations.

Sincerely,

Larry Carrico
Executive Director

CABINET FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
FRANKFORT KENTUCKY 40621-0001

DEPARTMENT FOR MENTAL HEALTH AND
MENTAL RETARDATION SERVICES
100 Fair Oaks Lane, 4E-B
Equal Opportunity Employer M/F/D

Phone (502) 564-4527 (V/TTY)
Fax (502) 564-5478

September 30, 1999

The Honorable Paul E. Patton
Governor
State of Kentucky
The Capitol
700 Capitol Avenue
Frankfort, Kentucky 40601

Dear Governor Patton:

The Department for Mental Health and Mental Retardation Services is committed to reducing use of substances by youth through a comprehensive statewide prevention strategy. We support the implementation of that strategy through effective, science-based efforts. Based on our experience and knowledge, we concur that substance abuse is a pervasive issue that affects every facet of community and child health.

Utilizing the Department's communication and technical support resources, we will take the necessary steps to integrate the four key elements of the Kentucky Youth Substance Abuse Prevention Strategy into our funding, evaluation, and planning functions. Initially, I will confer with Department staff members, who are dedicated to lessening the impact of substance abuse by youth, about the best methods to integrate the elements of the Strategy to achieve maximum effect. Department staff will review the Strategy and propose actions that assure that the programs we administer 1) use scientific findings about effective programs, and 2) develop action steps consistent with the prevention framework outlined in the Strategy. We will take the steps necessary to raise the awareness of all staff about these efforts through individual division training and staff meetings and, in turn, invite broader staff participation in substance abuse prevention.

The Department supports those strategies designated for action this year and those which will be designated in subsequent years. Presently, Department staff is committed to serve on your Council, Steering Work Group, and the present ad hoc groups. We will continue to staff and participate in those ad hoc groups, committees, and work groups necessary to support the work of the Governor's Advisory System. In addition, we have identified the initial funding to support the work of the Expert Panel and the Prevention Enhancement Sites.

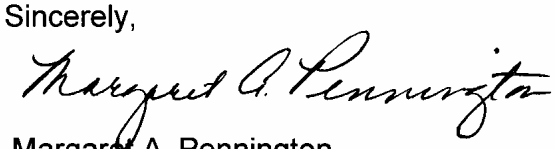
Further, we will integrate into our contracts and through our state and regional communication mechanisms the four elements of our Commonwealth's Strategy. In particular, we will develop monitoring tools to assure that our field and regional contractors:

- utilize scientific findings in regard to programming and strategy decisions as they relate to reducing youth substance use;
- collaborate with community and regional agencies to design local systems of coordinated planning, funding and evaluating of prevention efforts;
- work from the comprehensive prevention framework developed at your direction; and
- encourage widespread involvement in prevention activities.

This will help assure that our resources are supporting community responses that have the greatest potential to reduce the use of substances by youth.

In closing, we will continue to work collaboratively with all interested and committed agencies in efforts to halt the use of substances by our youth. This commitment will permeate our formal participation with the Governor's Advisory System as well as the Department's decisions that relate to funding, staffing, and programming. We can and must create and sustain a vigorous prevention system that serves each emerging generation. In so doing, we recognize that drug use is not a problem that ends and that prevention requires long-term commitment.

Sincerely,



Margaret A. Pennington
Commissioner

MAP:lgr
cc: Jimmy D. Helton, Secretary
Cabinet for Health Services

OFFICE OF THE GOVERNOR
DEPARTMENT FOR LOCAL GOVERNMENT
FRANKFORT, KENTUCKY 40601-8204

PAUL E. PATTON
GOVERNOR

BOB ARNOLD
COMMISSIONER

September 23, 1999

Mr. Michael E. Townsend, Chairman
Governor's Council
KIP Project
100 Fair Oaks Lane 4E-D
Frankfort, Kentucky 40621-0001

Dear Mr. Townsend:

In support of the Kentucky Governor's Youth Substance Abuse Preventive Initiative (KIP Project), the Department for Local Government (DLG) will take the following steps to implement the strategies outlined by the KIP Project.

One of the steps DLG will take is to educate our employees at the next department-wide meeting that will be held on November 1st. At that time, we will advise our employees of the contact people in the department should they receive inquiries or have questions regarding the KIP Project.

The department will also send out letters in November to the fifteen Area Development District Directors, the Kentucky Association of Counties Executive Director and the Kentucky League of Cities Executive Director. We will explain and ask for their support for the KIP Project.

The department shall recommend that a training session be provided by the KIP Project staff at our next Governor's Local Issues Conference that will be held in August 2000.

If you have any questions regarding this matter, please contact Mike Scrivner or me at 573-2382.

Sincerely,

Tom Graha

for Bob Arnold
Commissioner

EDUCATION PAYS

AN EQUAL OPPORTUNITY EMPLOYER M/F/D
1024 CAPITAL CENTER DRIVE, SUITE 340
(502) 573-2382

TDD (800) 247-2510

FAX (502) 573-2512
http://www.state.ky.us./agencies/local_gov/

CABINET FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
FRANKFORT 40621-0001

Department for Public Health

September 29, 1999

Michael E. Townsend, Chairman
Governor's Council
Kentucky Governor's Youth Substance Abuse
Prevention Initiative
100 Fair Oaks Lane, 4E-D
Frankfort, Kentucky 40621-001

Dear Mr. Townsend:

The purpose of this letter is to underscore the commitment by the Department for Public Health to the Governor's goal to reduce substance abuse by youth in the Commonwealth through Kentucky's Initiative on Substance Abuse Prevention. As Commissioner, I want to emphasize that prevention is the center of the mission of Public Health. I feel that it is essential to the future of our youth to have statewide programs available to prevent abuse, if possible, or to address and reduce any substance abuse which may occur. The Department will continue to be committed to working with the Governor's Counsel on Substance Abuse as this project is so important to the future of our youth.

Sincerely,

Rice C. Leach, M.D.
Commissioner

EDUCATION PAYS

THE DEPARTMENT FOR PUBLIC HEALTH

STRATEGIC PLAN FOR KENTUCKY GOVERNOR'S YOUTH
SUBSTANCE ABUSE PREVENTION INITIATIVE (KIP PROJECT)

The purpose of this document is to demonstrate how the Department for Public Health plans to integrate the Governor's goal: to reduce substance use by youth ages 12-17 through a revitalized comprehensive statewide prevention strategy and implementation of effective science-based efforts into the fabric of public health system at the state and local levels. The four essential elements of the plan are:

1 Utilize a scientific findings about effective programs and strategies,
2. Design a system for planning, funding and evaluating prevention efforts that coordinates the efforts of all state agencies and organizations involved in prevention, and can be applied to efforts at the local level,
3. Work from a comprehensive prevention framework, and
4. Encourage widespread involvement in prevention activities.

The first point to address is the mission statement for the Department for Public Health: The Kentucky Department for Public Health will protect, promote, and monitor the improvement of the health of the public.

The second point is the vision statement for Public Health: The Kentucky Department for Public Health will provide a key leadership role in making Kentucky a national model for disease prevention, health education, and advocacy of wellness. This achievement will occur through development of effective, ongoing partnerships with public and private sector organizations and the collaborative effort of Kentucky's citizens.

Kentuckians will be educated concerning the opportunities and obligation of living health lifestyles. When health care is required, they will enjoy the services of a system second to none in access, quality, and accountability. Kentucky's citizens will actively participate in programs and activities such as injury prevention, maintenance of a healthy and safe environment, wellness, immunization, and disease-screening actives. The public health system will have a stable infrastructure with sufficient resources and flexibility to response to change and to the needs of its citizens.

A third point is the main goals of public health are Assessment, Policy Development, and Assurance. The assessment goal or function rests on the knowing what is going on with our citizens, what needs to be done. The Policy Development role means making good decisions based on scientific knowledge of disease and health risks, thus becoming part of the solution. This leads public health into the function of Assurance: making sure it happens.

In practice, this means that every member of the public health system in Kentucky is committed to reducing the substance abuse problem among our youth in some way. This commitment is evident in each program activity. In the Division of Adult and Child Health that is responsible for identifying risk to good health and developing methods to reduce those risks through population and personal preventive services. The Maternal and Child Health Branch promotes the health of mothers and infants by providing prenatal, well-child, oral health, family planning, abstinence and teen-pregnancy prevention, injury prevention, and school health services through local health departments. An example is the emphasis on substance abuse in our family planning program through workshops on substance abuse, development of program for cross training family planning providers and substance abuse and social service professionals. The family planning staff continues to analyze substance abuse issues and works with local agencies if referral is needed. The Department has two certified chemical dependency counselors to assure appropriate collaboration with other state agencies. The family planning staff supports the efforts such as

National Alcoholism week by distributing pamphlets in the local health department's clinics.

Another active strategy is the local health departments 'working relationship with the Division of Substance Abuse's 17 Regional Prevention Centers for information on prevention Fetal Alcohol Syndrome.

In addition to the commitment of our Family Planning program to reduce substance abuse, our Public Health Practice Reference that is used every day in local health departments includes a health risk assessment tool. This includes an evaluation questionnaire entitled CAGE to assist local staff in assessing the signs and symptoms of substance abuse in the adolescent population that use our local health department.

In addition to the preventive strategies implemented every day through the Family Planning Program, our Chronic Disease branch is also active in prevention. The tobacco usage prevention and cessation programs are examples of our commitment to the governor's overarching goal of reducing substance use by youth ages 12-17. Our department is involved the Tobacco Settlement discussions. The Commissioner is a member of the Advisory Council that oversees the tobacco industry advertising and selling of tobacco products to minors.

The planning process for the Department for Public Health focuses on a national publication: Healthy People 2010. Healthy People is the prevention agenda for the Nation. It is a statement of national opportunities-a tool that identifies the most significant preventable threats to health. Healthy People is based on scientific knowledge and is used for decision making and for action. One of the goals of Healthy People 2010 is to reduce substance abuse and thereby protect the health, safety and quality of life of all Americans, especially the Nation's children.

The first objective of this goal is to reduce deaths and injuries caused by alcohol and drug-related motor vehicle crashes.

1a. Decrease alcohol-related motor vehicle crash death to 2.9 per 100,000 population.

lb. Decrease alcohol-related motor vehicle injuries to 65 per 100,000 population

Objective 5. Increase the percentage of youth who remain alcohol and drug free.

5a. Increase by at least I year the average age of first use of alcohol and marijuana by adolescents aged 12-17

5b. Increase to 24 percent the proportion of high school seniors reporting they have never used alcoholic beverages.

KENTUCKY DEPARTMENT OF EDUCATION
CAPITAL PLAZA TOWER 500 MERO STREET FRANKFORT, KENTUCKY 40601
Wilmer S. Cody Commissioner
(502) 564-4770

October 4, 1999

Mr. Mike Townsend, Director
Department for Mental Health
Mental Retardation Services
275 East Main Street
Frankfort, Kentucky 40601

Dear Mr. Townsend:

Thank you for your efforts in promoting sound substance abuse prevention practices among school-aged youth, The Kentucky Youth Substance Abuse Prevention Strategy is something that the Kentucky Department of Education is pleased to support.

The primary vehicle in education for funding prevention efforts at the local school level is the Federal Safe and Drug Free Schools and Communities Program. This program has adopted what are referred to as the Principles of Effectiveness. The Kentucky Department of Education wholeheartedly endorses these Principles and believes that they will serve as the basis of our support for the Commonwealth's Youth Prevention Strategy. These Principles are as follows:

- Base decisions and strategies upon objective needs assessment data
- Establish measurable goals
- Utilize strategies that have been validated by research or are considered to be promising
- Evaluate progress toward achieving established goals

Upon review of the Kentucky Youth Substance Abuse Prevention Strategy, it is apparent that our adherence to these Principles will provide for alignment and support of the broader statewide strategy. We also feel that our staff s involvement in the various planning subcommittees lends itself to a more strategic planning, funding and evaluation system. We will continue to provide staff support to these initiatives as long as there is a need.

The staff that have been assigned to the various committees are as follows:

Funding Principles and Procedures:	Ms. Nijel Clayton
Interagency Budget Committee:	Dr. Angela Wilkins
Core Survey Items/Indicators of Success:	Ms. Brigette Combs

We will continue to support the notion of a common prevention framework in the area of substance abuse prevention; however, we find ourselves in the unique position of needing to infuse violence prevention and various health related strategies aimed at this target population. We have an obligation to support these strategies that allow for a healthier student population and environments that are conducive to learning. We believe that these initiatives do not need to be mutually exclusive and should be very supportive of one another.

Again, let me offer my thanks for your efforts and leadership in this critical endeavor. I am hopeful that this correspondence provide you with the assurance that the Kentucky Department of Education will support this overarching strategy in anyway possible.

Sincerely,

Wilmer S. Cody

WSC/sk

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF JUVENILE JUSTICE
1025 CAPITAL CENTER DRIVE
FRANKFORT, KENTUCKY 40601-2638
(502) 573-2738
FAX NO. (502) 573-4308

PAUL E. PATTON
GOVERNOR

RALPH E. KELLY, ED. D.
COMMISSIONER

September 27, 1999

Michael E. Townsend, Chairman
Governor's Council
Kentucky Governor's Youth Substance
Abuse Prevention Initiative (KIP)
100 Fairoaks Lane, 4E-D
Frankfort, Kentucky 40601

Dear Mike:

I've been asked by Secretary Robert Stephens to respond to your request for the Department's plan for integrating the KIP prevention strategies into its activities. As you are aware, the Department has been involved in KJP since its inception and has provided representation on several of the Project's early planning task forces. I believe this participation is evidence of our agency's ongoing commitment to the Project and its statewide goal of reducing substance use by youth ages 12-17.

The Department is in the process of developing the plan for how we will contribute to the integration of the four key elements into our activities, Meanwhile, the following information outlines our level of commitment to coordinating efforts and participating in this important work. Since each Phase II task force is represented by a DJJ staff person, I'm confident that the results of their planning efforts will help establish a systems-wide approach to the prevention of substance use among young people.

Strategy 1: Utilize scientific findings about effective substance abuse prevention programs and strategies. The Department of Juvenile Justice is committed to the integration of science based substance abuse prevention programs and strategies and supports the development of a mechanism for analyzing and disseminating scientific information about successful programs and promising approaches. The Department also recognizes the importance of ongoing program development and evaluation and would like to see that a certain percentage of substance abuse prevention funding be earmarked for innovative strategies and longitudinal evaluation.

Strategy 2: Design a system for planning, funding and evaluating prevention efforts that coordinates the efforts of all state agencies and organizations involved in prevention, and can be applied to efforts at the local level. The Department of Juvenile Justice recognizes the need for better coordination between agencies involved in planning, funding and evaluating the myriad of statewide and local substance abuse prevention activities. As such, the Department supports the development of a data collection system to support needs assessment and planning at the state and local levels, as well as the development of minimum standards for measuring substance abuse program effectiveness. The Department encourages the development of a systems-wide resource network to serve as the coordinating entity for the developed standards and processes,

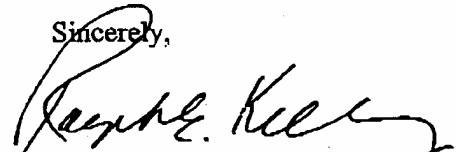
Strategy 3: Work from a comprehensive prevention framework. The Department recognizes the need for a unified statewide approach to substance abuse prevention and supports the development of a common framework utilizing risk and protective factors within the context of the community.

Strategy 4: Encourage widespread involvement in prevention activities. The Department of Juvenile Justice agrees to continue its support of KIP Project strategies by sharing information about its activities with local prevention councils. We want the local juvenile delinquency prevention councils to be aware of the KIP substance abuse prevention framework to enable the councils to consider KIP strategies as they address delinquent behavior issues in their local communities

I took forward to reviewing the policy recommendations submitted by the KIP task force members. Please let me know how the Department can continue to support KIP's statewide substance abuse prevention strategies.

September 27,
1999

Sincerely,



cc: Judge Robert Stephens
Kathy Black-Dennis
Vicki Reed
Carla Kirby

COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL

ALBERT B. CHANDLER III
ATTORNEY GENERAL

CAPITOL BUILDING, SUITE 118
700 CAPITOL AVENUE
FRANKFORT, KY 40601-3449
(502) 696-5300
FAX: (502) 564-2894

September 21, 1999

KIP Project
100 Fair Oaks Lane 4E-D
Frankfort, KY 40621-0001

To Whom It May Concern:

Please accept the commitment of my office in the goal of reducing substance abuse by youth ages 12-17 through the use of a comprehensive statewide strategy. I concur that substance abuse is a pervasive issue, inherent and intertwined with the issues of community and child health. We need to create and sustain a vigorous prevention system that continues to serve each emerging generation. Drug use is not a problem that ends; prevention is not a job that gets finished.

As chief law officer of the Commonwealth, we certainly appreciate the opportunity to participate in this important effort. We pledge our cooperation to evaluate all policy initiatives within the context of our unique constitutional and statutory role to further the goals of the Kentucky Incentive Project whenever feasible.

Sincerely,

A. B. Chandler III

Albert B. Chandler III
Attorney General

C: Jean Ann Myatt, Governor's Council Designee

List of KIP Project Subcontractors

First Round – October 1998

Administrative Office of the Courts

To address the issue of increased risk for children of Drug Court clients, this project is implementing the *Strengthening Families Program* among 9-14 year-old children of Drug Court clients in Fayette, Jefferson, and Warren Counties. This intervention is designed to delay initiation of use, reduce use, reduce positive attitudes about use, and reduce significant family risk factors.
Contact: Lisa Minton, Functional Supervisor
Phone: 606-246-2501

Bardstown - Nelson KIP Project

Project goals are being accomplished through the development of comprehensive, community-based programming on substance use prevention. A Prevention Center has been established and staffed to develop, implement, and monitor the Community Youth Substance Abuse Prevention Strategy. Activities at the Prevention Center revolve around four programs: *Life Skills Training, Project Alert, Drug Abuse Resistance Education, and Talking With Your Kids About Alcohol*. Additionally, the Center coordinates with agencies and organizations that have committed staff and programs as part of the community strategy.
Contact: Ed Meece, Functional Supervisor
Phone: 502-348-5947

Bell County KIP Project

Interventions include *Project Alert, The Michigan Model, Preparing for the Drug Free Years, and Reconnecting Youth*. A community-based center for the KIP Project has been established in order to provide families with better access to services. Also, a media campaign has been conducted to elicit support for the project. With the active involvement of various community service providers, area businesses and school systems, this project is implementing science-based interventions to prevent non-users from experimenting and to prevent experimenters from becoming regular users.
Contact: Judy Hamilton, Functional Supervisor
Phone: 606-337-7051 ext. 32

Bourbon/Harrison KIP Project (Project Starfish)

Bourbon and Harrison Counties have joined forces to implement *Project Northland* and to promote collaborative involvement of major stakeholders to establish an infrastructure that will continue to reach prevention goals after the initial KIP contract period. This community targets the risk and protective factors of (1) perception of risk, (2) perception of disapproval, and (3) perception of peer use of substances.
Contact: Gary Wiseman, Functional Supervisor
Phone: 606-987-2160

Boyd/Greenup KIP Project

This community, in partnership with the Regional Prevention Center, schools, law enforcement, and others, is implementing a multi-strategy community-wide prevention program. The components are: The implementation of *Project Northland* in grades six through eight in Boyd and Greenup Counties, a community-wide initiative for enforcement of laws and ordinances that limit youth access to alcohol and tobacco, an area-wide media campaign to inform the community about the problem of teen substance use, and a community mobilization effort to support these prevention efforts.
Contact: Ronne Nunley, Functional Supervisor
Phone: 606-324-2906

Central Kentucky KIP Project

This consortium consisting of Campbellsville Independent Schools, Green County Schools, Taylor County Schools, two Champions groups and the Regional Prevention Center are implementing educational strategies, including *Project Alert, Here's Looking at you 2000, Second Step,* and *Preparing for the Drug Free Years,* to address risk factors for drug use.
Contact: Chuck Vaughn, Functional Supervisor
Phone: 270-789-1925

Henderson County KIP Project (H.O.P.E.)

A group of classroom interventions is being implemented, including *Life Skills Training and Second Step.* Also, the *Reconnecting Youth* curriculum is being offered to selective groups of at-risk secondary students. Additional targeted strategies include a public awareness campaign, coordination of parent programs, youth leadership programs and drug-free recreational activities to increase resistance skills, coordination of a Teen Court and Parent Alert Project, and the provision of mentoring services through Big Brothers/Big Sisters.
Contact: Michael Burleson, Functional Supervisor
Phone: 270-827-8384

Lincoln County KIP Project

Teachers have been selected and trained to implement *SMART Moves* and establish after school prevention clubs. Also, a *FAN Club* coordinator has been hired to implement the parenting component of the project. A council of key stakeholders from the community is involved in public relations and in assuring that funding continues after the initial three-year contract period.
Contact: Karen Hatter, Functional Supervisor
Phone: 606-365-2124

Ohio County Together We Care

This coalition is enhancing existing programs utilized in the community. Family, social, and community influences on alcohol, tobacco, and other drug use are being addressed by the implementation of *Project Northland.* The KIP Survey and the Search Institute's Profiles of Student Life Survey will measure reductions of risk-taking behaviors and substance use.
Contact: Joe Van Roberts, Functional Supervisor
Phone: 270-298-3249

Scott KIP Project (SKIP)

This community is implementing *Project Alert, Strengthening Families (10-14), and CAFÉ.* Sixth grade students receive *Project Alert* followed by a booster program in the seventh grade. The existing *Strengthening Families Program* has been expanded countywide to families with young people. *CAFÉ*, the musical theater program of the Everyday Theater Youth Ensemble of Washington, D.C., is being implemented in two economically disadvantaged neighborhoods in Georgetown.
Contact: Winnie Bratcher, Functional Supervisor
Phone: 502-863-8026

Western Kentucky KIP Coalition

A Community Substance Abuse Prevention Council has been established to develop a Community Youth Substance Abuse Prevention Strategy. Additionally, the community is implementing *Life Skills Training, Project Alert, and Creating Lasting Family Connections* in an effort to significantly reduce youth risk factors and substance use among the youth of Ballard, McCracken, Livingston, Graves and Carlisle Counties.
Contact: Rebecca McQuage, Functional Supervisor
Phone: 270-442-8039

Second Round – May 1999

Challengers of Oldham County

Dedicated to preventing alcohol, tobacco, and other drug use, Challengers of Oldham County, Inc. is implementing *Project Northland*, a universal intervention targeting all Oldham County youth in grades 4-12. Challengers propose this intervention as part of an overall effort to reduce youth substance abuse by reducing community, individual, and family risk factors.
Contact: Dennis Dougherty, Functional Supervisor
Phone: 502-635-1361

Corbin KIP Project

To achieve the goal of mobilizing resources and increasing parental and community involvement to increase abstinence from drug use among approximately 1,600 10-15 year-olds (6 schools) in Whitley, Knox, and Laurel Counties, Corbin Independent and Western Knox County Schools are implementing *Life Skills Training, Strengthening Families and Reconnecting Youth*. This multi-strategy design serves the Commonwealth's largest southeastern community.
Contact: Mark Daniels, Functional Supervisor
Phone: 606-523-3602

Covington KIP Project

Covington Independent, the Commonwealth's largest independent school district, has selected *Life Skills Training and Second Step* to impact all adolescents in grades 6-8. These two interventions were selected as part of an effort to realize the goals of integrating funds into a coordinated science-based prevention strategy and to increase resiliency and decrease risks for alcohol, tobacco, and other drug (ATOD) use by middle school youth in Kentucky's most northern urban area.
Contact: Linda Kelley, Functional Supervisor
Phone: 606-292-5980 ext.24

Danville/Boyle County KIP Project

Approximately 1,418 sixth–ninth-graders within the Boyle County and Danville Independent Schools are being impacted by the implementation of the *SMART Moves* program. This project works to ensure that the goals of reducing adolescent substance use, strengthening adolescents' ability to resist drug use, and increasing bonding with families and schools are achieved.
Contact: David Randolf, Functional Supervisor
Phone: 606-236-0520

Henry County Care Team

The Henry County Care team, in cooperation with the Eminence Independent School District and the Henry County School District, targets the 420 sixth and seventh graders in the Eminence Independent and Henry County Middle Schools. The CARE Team seeks to achieve the stated intermediate and long-term objectives primarily through the implementation of *Project Alert*, a psycho-social curriculum designed to enhance the ability of youth to resist pressure to use substances.
Contact: Linda Roberts, Functional Supervisor
Phone: 502-845-2918

Marion County KIP Project

The 700 students in grades 6-8 within the Marion County Middle Schools are participating in the *Project Northland* school-based curriculum. The Marion County Heartland Coalition has identified risk factors, such as high perception of peer ATOD usage, low parental involvement, and high perception of ATOD availability as factors to be addressed by the initiative.
Contact: Judy Gaddie, Functional Supervisor
Phone: 502-692-0953

Mountain Regional Prevention Center

Project Northland is being implemented among students in grades 6-8 in the Pike and Floyd County Schools in an effort to prevent or delay the onset of alcohol, tobacco and other drug experimentation and/or use among youth. These goals, impacting youth residing in these eastern counties, is being accomplished through the development of a comprehensive prevention strategy for strengthening resiliency.
Contact: Darlene Starnes, Functional Supervisor
Phone: 606-886-6883

Rowan County Youth Alcohol Prevention (ROWCO KIP Project)

Project Northland, a three-phase school and community approach designed specifically to prevent teenage drinking, is being implemented in the Rowan County Middle School by the united forces of the Gateway Prevention Coalition, the ALERT Regional Prevention Center and the Rowan County School District. Approximately 800 students are served by this intervention.
Contact: Ronne Nunley, Acting Functional Supervisor
Phone: 606-324-2906

Salvation Army Boys and Girls Clubs

Over the course of the initial funding period, the target population of the *SMART Moves* intervention, being implemented by the Salvation Army of Louisville and the Jefferson County Public Schools is the 20,000 students in 24 Jefferson County Middle Schools. This community-based project in Louisville/Jefferson County works to reduce self-destructive behaviors among targeted youth, with an emphasis on alcohol, tobacco, and other drug use.
Contacts: Don Shaw, Functional Supervisor, or Geoff Snyder, Associate Functional Supervisor
Phone: 502-583-5391

****NOTE: THESE PROJECTS ARE ELIGIBLE TO RECEIVE THREE YEARS OF SUPPORT, BASED UPON AVAILABILITY OF FUNDS AND SATISFACTORY PROGRAM PERFORMANCE.**

(Cut along dotted line)

Task Force Report Order Form

Name: _____ Agency: _____

Address: _____ City: _____ ST: ___ ZIP: _____

Phone: _____ Fax: _____

Email Address (if available): _____

Qty	Task Force Final Report
_____	Resource Assessment & Allocation
_____	Needs Assessment
_____	Coordinating and Leveraging

Complete this form and forward to:

KIP Project
100 Fair Oak Lane, 4E-D
Frankfort, KY 40621

Or Fax to: 502-564-7152