Activities Entered in the Prevention Data System (PDS) by KY-Moms MATR Prevention Staff in FY 2025

(July 1, 2024 – June 30, 2025)

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Project Acknowledgements

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Table Contents

Number of KY-Moms MATR (KMM) Prevention Activities

All activities (100%) entered into the Prevention Data System (PDS) by Kentucky Moms MATR prevention staff were Multi-Substance priority.

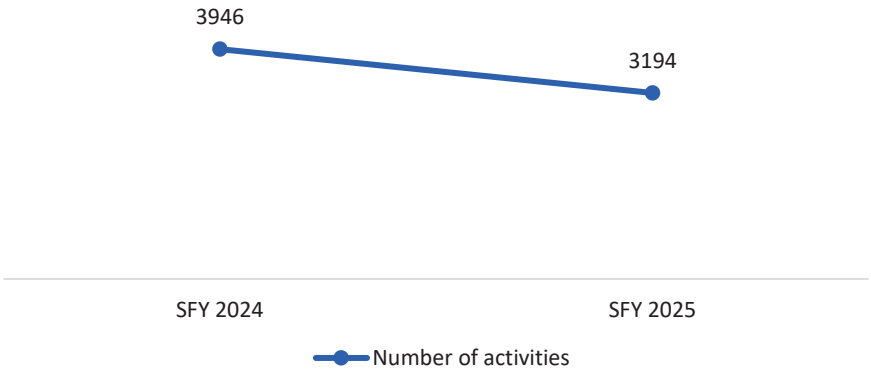
All CMHC regions entered data into the PDS in SFY 2025. In 2025, the CMHC regions with the greatest number of activities entered into PDS included Cumberland River Behavioral Health, Pennyroyal Center, New Vista, Lifeskills, Inc., and Communicare (see Table 1).

Table 1. Number of Activities Entered into PDS in SFY 2025

CMHC Region	Number of activities entered into PDS
Four Rivers Behavioral Health	40
Pennyroyal Center	405
RiverValley Behavioral Health	15
LifeSkills, Inc.	371
Communicare	305
Seven Counties Services	14
NorthKey Community Care	279
Comprehend, Inc.	104
Pathways, Inc.	51
Mountain Comprehensive Care Center	241
Kentucky River Comprehensive Care	129
Cumberland River Behavioral Health	560
The Adanta Group	294
New Vista	386
Total	**3,194**

The total number of KMM prevention activities entered in SFY 2025 was lower by 752 activities compared to SFY2024 (Figure 1). The number of activities entered for each CMHC region for SFY 2024 and SFY 2025 are presented in Appendix A.

Figure 1. Number of Activities Entered in the PDS by KMM Prevention Staff in SFY 2024 and SFY 2025



Prevention Strategies

Most activities carried out by KMM prevention staff used the prevention strategy of universal direct (see Figure 2). The next most frequent type of prevention strategy used in the activities in FY 2025 was universal indirect. Small numbers of activities used the prevention strategies of selective and indicated.

Figure 2. Prevention Strategies Used by KMM Prevention Staff in FY 2025 (n = 3,194)

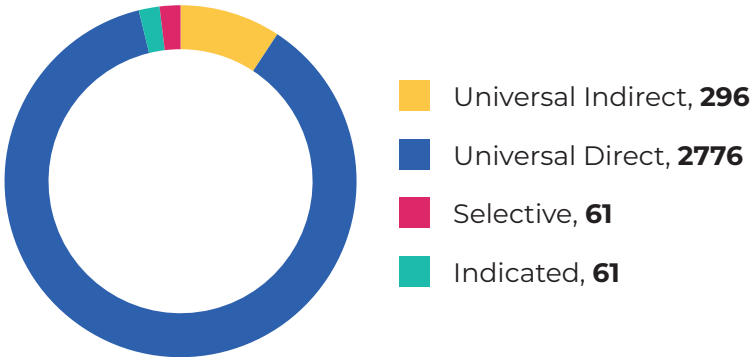
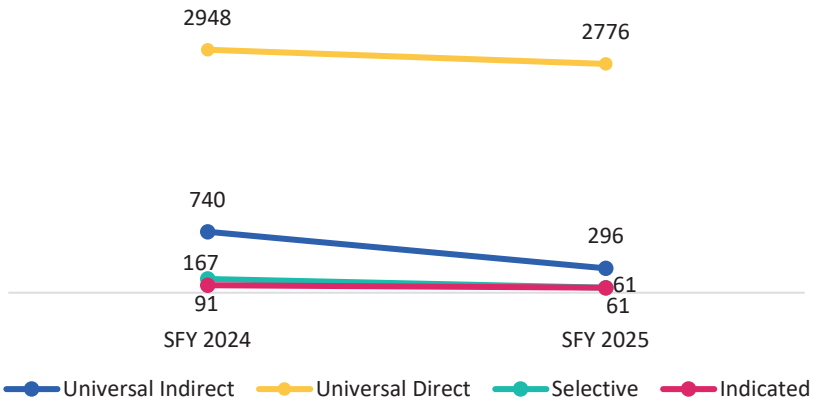


Figure 3 shows the number of the four types of prevention strategies each fiscal year. The decrease from SFY 2024 to 2025 in number of universal direct activities was notable (740 and 296. respectively).

Figure 3. Number of Prevention Strategies Used by KMM Prevention Staff in SFY 2024 and SFY 2025



Time Spent on Prevention Activities

KMM staff recorded the amount of time activities took in the PDS. Table 2 shows the distribution of time spent on prevention activities in FY 2025. The average number of hours KMM prevention staff spent on activities was 3.8 hours.[1] The median length activities took was 2.5 hours.

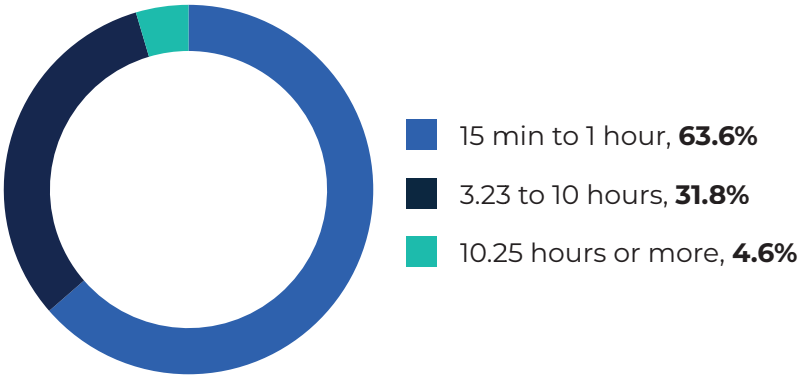
Table 2. Amount of Time KMM Prevention Staff Spent Doing Activities in FY 2025 (n = 3,194)

	Number of activities	Percent of activities
15 minutes to 1 hour	311	9.7%
1.25 – 2 hours	1,148	35.9%
2.25 – 3 hours	571	17.9%
3.25 – 4 hours	410	12.8%
4.25 – 5 hours	233	7.3%
5.25 – 6 hours	148	4.6%
6.25 – 7 hours	72	2.3%
7.25 – 8 hours	77	2.4%
8.25 – 9 hours	45	1.4%
9.25 – 10 hours	32	1.0%
10.25 – 25 hours	114	3.6%
25.25- 100 hours	31	1.0%
100.25 - 336.25 hours	2	0.1%

[1]The average is greater than the median because of the outliers with higher values.

Another way to present the distribution of time for the prevention activities is shown in Figure 4. About 64% of activities lasted 15 minutes to 3 hours with 4.6% of activities lasting 10.25 hours or more.

Figure 4. Portion of Total Time KMM Prevention Staff Spent Doing Activities in FY 2025 (n = 3,194)



For comparison, in SFY 2024, the average amount of time KMM prevention staff spent on activities was 3.5 hours, with 66.9% of activities lasting 15 minutes to 3 hours, and 4.6% of activities having lengths of greater than 10 hours.

Number of Participants Involved in Prevention Activities

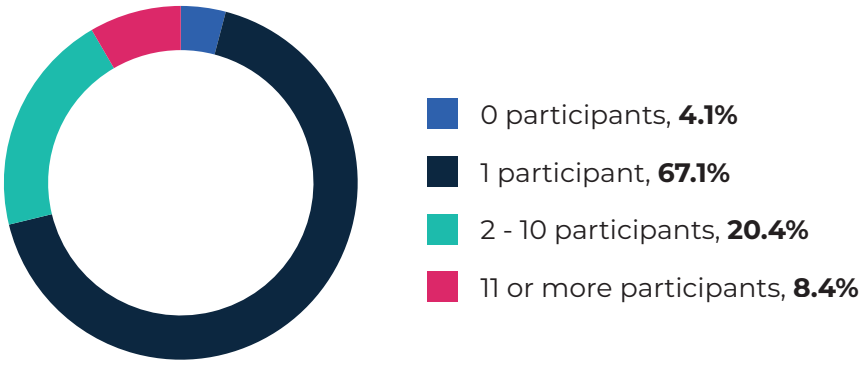
A minority of activities entered in the PDS involved no participants (see Table 3). The majority of activities (67.1%) involved one participant. There were some outlier values: 0.7% of the activities had the number of participants as greater than 500.

Table 3. Total Number of Participants Involved in Activities Carried Out by KMM Prevention Staff and Entered into PDS in FY 2025 (n = 3,194)

	Number of activities	Percent of activities
0 participants	131	4.1%
1 participant	2,143	67.1%
2 participants	259	8.1%
3 participants	129	4.0%
4 participants	82	2.6%
5 participants	69	2.2%
6 participants	28	0.9%
7 participants	15	0.5%
8 participants	36	1.1%
9 participants	16	0.5%
10 participants	17	0.5%
11 – 20 participants	122	3.8%
21 – 100 participants	93	2.9%
101 – 500 participants	33	1.0%
501 – 20,392 participants	21	0.7%

Figure 5 also presents the numbers of participants, but in combined categories: 0, 1, 2 - 10, and greater than 10 participants . About 4% of actitivites carried out by KMM prevention staff and entered into the prevention data service while the majority of activities involved only one participant (67.1%). About 1 in 5 activities (20.4%) involved 2 to 10 participants. Less than 1 in 10 activities (8.4%) involved more than 10 participants.

Figure 5. Portion of of Participants Involved in Activities Carried Out by KMM Prevention Staff and Entered into PDS in FY 2025 (n = 3,194)



For comparison, in SFY 2024, 8.3% of activities involved no participants and 63.0% of activities involved one participant, 20.9% involved 2 to 10 participants, with the remaining 7.8% involving 11 or more participants.

Populations of Focus of Prevention Activities

The number and percentage of activities carried out by KMM prevention staff included an array of populations of focus (see Table 4). A total of 17 different categories were listed in the data for SFY 2025; six of these 17 categories were racial/ethnic minority groups: African American, Hispanic, Asian, American Indian/Alaskan Native, Native Hawaiian /Other Pacific Islanders, or other underserved racial and ethnic minorities. Activities included an average of 5.1 populations of focus, with a median of 2.0. More than half of the activities in FY 2025 (54.3%) involved more than one population of focus, including 21.3% that listed 17 categories of population of focus. Less than one-half (45.7%) listed only one population of focus. Among the 1,460 activities that listed only one population of focus, 94.0% listed pregnant people, 2.7% listed rural residents, 1.5% listed middle-aged individuals (ages 45-64), 1.2% listed adolescents, and 0.5% listed transition-aged youth.

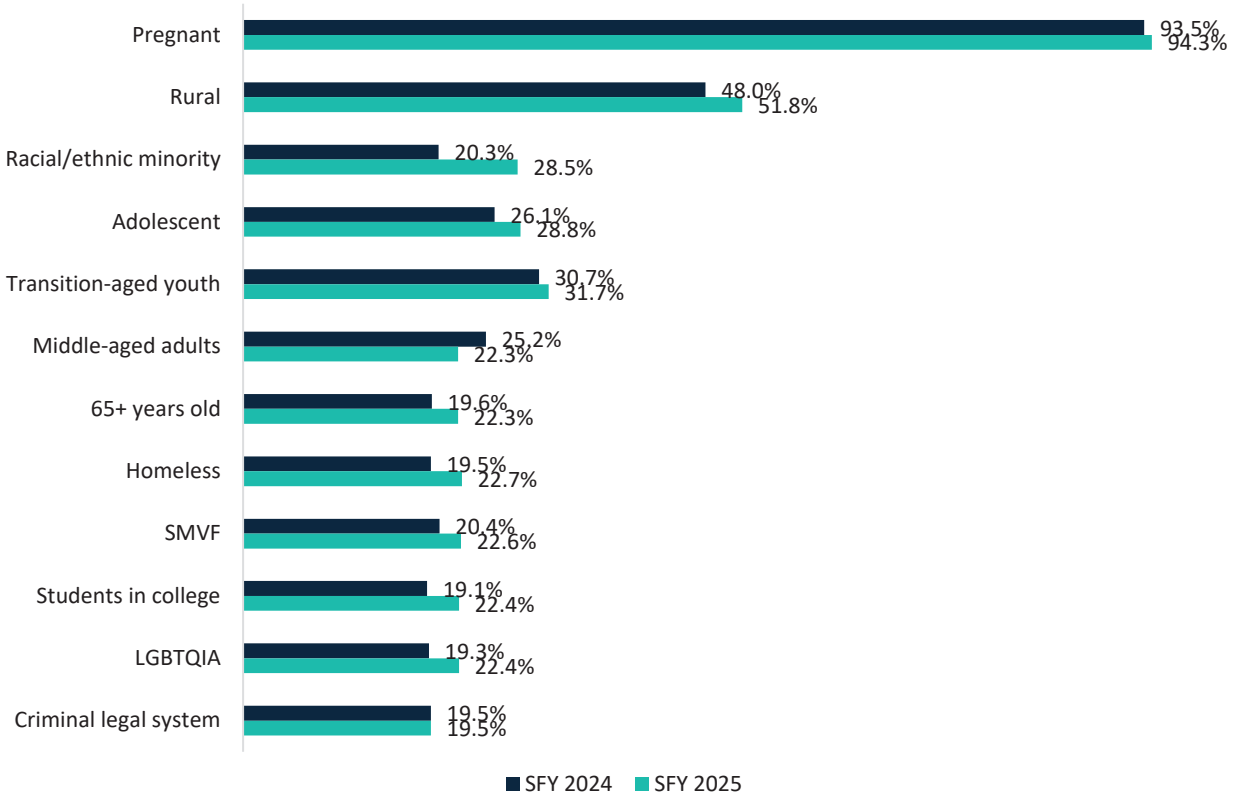
Table 4. Number and Percent of Activities Carried Out by KMM Prevention Staff with Populations of Focus in FY 2025 (n = 3,194)

	Number of activities	Percent of activities
Pregnant people	3,012	94.3%
Rural residents	1,653	51.8%
Racial/ethnic minority individuals[2]	909	28.5%
Underserved racial and ethnic minorities	884	27.7%
African American	732	22.9%
Hispanic	725	22.7%
Asian	714	22.4%
American Indian /Alaskan Native	700	21.9%
Native Hawaiian / Other Pacific Islanders	693	21.7%
Developmental stage		
Adolescents (ages 13 – 17)	921	28.8%
Transition-aged youth (ages 18 – 25)	1,011	31.7%
Middle-aged adults (ages 45 – 64)	883	27.6%
Ages 65+ adults	711	22.3%
Homeless individuals	724	22.7%
Service Members, Veterans, and their Families (SMVF)	722	22.6%
Students in College	717	22.4%
People who identify as LGBTQIA	716	22.4%
Criminal justice-involved individuals	768	19.5%

[2] The category of racial/ethnic minority persons was not listed as a population of focus in the PDS, but was computed for all entries that listed at least one of the racial/ethnic minority categories as a population of focus.

Figure 6 presents the percentage of activities that listed different populations of focus in SFY 2024 and SFY 2025. Percentages of activities with the various populations of focus were fairly similar in the two fiscal years.

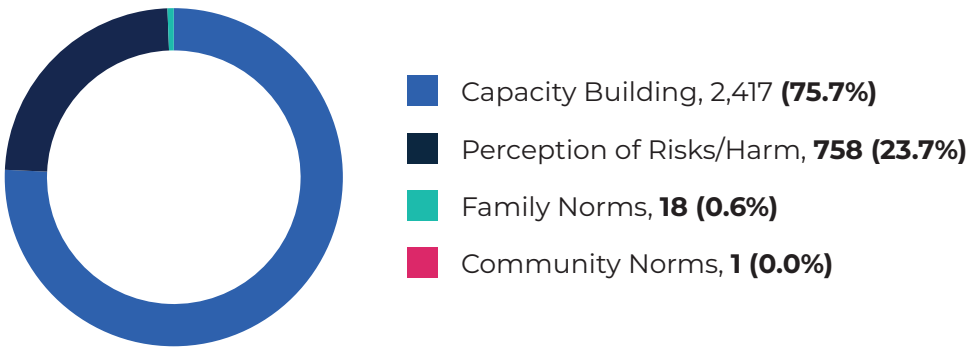
Figure 6. Percentage of Activities Carried Out with Populations of Focus in SFY 2024 and 2025



Intervening Variable

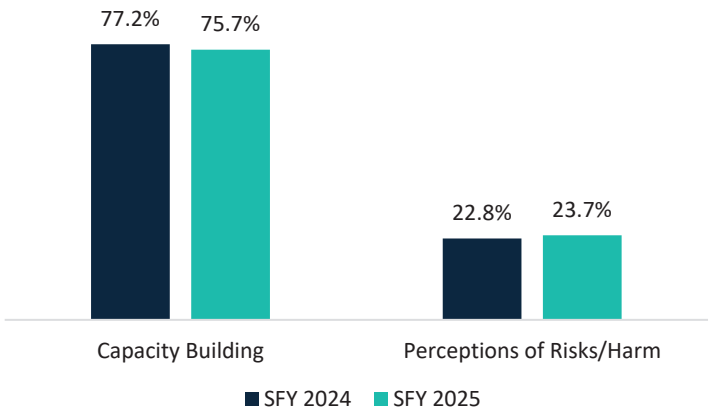
The greatest percentage of the activities were associated with an intervening variable related to capacity building (75.7%), followed by a minority (23.7%) about perception of risk and harm (Figure 7). Eighteen activities were coded as related to family norms and one activity coded as community norms in terms of intervening variables.

Figure 7. Intervening Variable for Prevention Activities in FY 2025 (n = 3,194)



The two most frequent intervening variables reported with the prevention activities in SFY 2024 and 2025 had similar percentages in the two fiscal years (see Figure 8). Fewer than 1% of activities in both years listed family norms and community norms (not depicted in the figure).

Figure 8. Percentage of Activities Associated with Most Frequent Intervening Variables in SFY 2024 and 2025



Contributing Factor

Contributing factors recorded in the PDS refer to the local conditions that serve as risk factors. A minority of activities (14.5%, n = 462) entered in FY 2025 had a contributing factor entered that did not meet the requirements for a contributing factor (per the KMM Activities and Work Plans codebook). This was a smaller percentage than in the SY 2024 PDS data for KMM (27.0%). For example, “lack of capacity” was a typical response entered as a contributing factor. Because this type of response did not fit the requirements for a contributing factor, it was coded as a missing value.

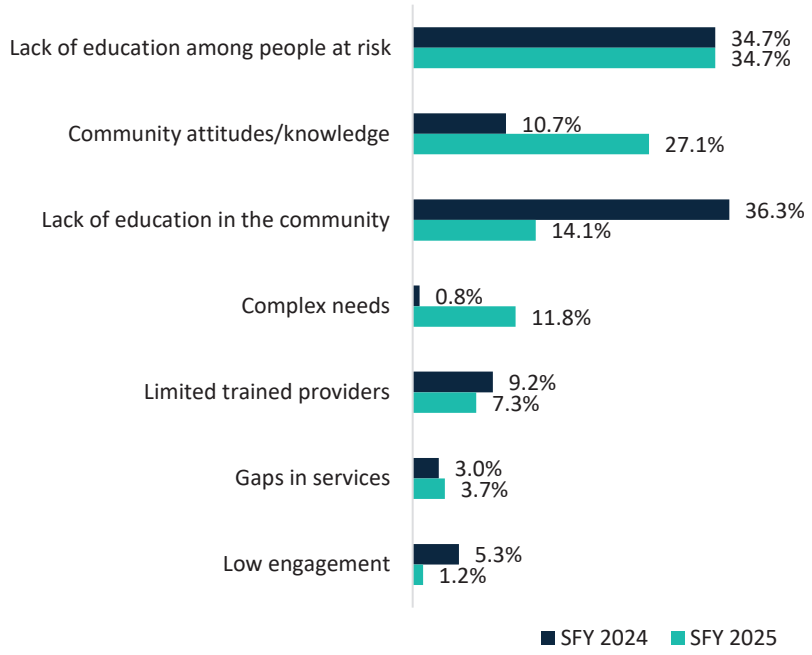
The contributing factors associated with the prevention activities entered into PDS in FY 2025 are listed in Table 5 in order of most frequent to least frequent. The specific contributing factors recorded for each activity were reorganized into broader themes of factors (indicated by the rows in bold text). Based on the combining of like responses into a broader category, the most frequently recorded contributing factors were lack of education among people at risk for adverse effects of substance use during pregnancy (34.7%), and community attitudes and knowledge about substance use (27.1%; see Table 5). Lack of education about services and resources in the community was listed as a contributing factor for 14.1% of the activities. A little more than 1 in 10 activities (11.8%) listed the complex needs of the target population as a contributing factor. Smaller percentages reported contributing factors that mentioned limited numbers of trained service providers to respond to the target population (7.3%) and gaps in services and limited community for the target population (3.7%). About 1% of activities listed low engagement of consumers in available prevention, harm reduction, and recovery services as a contributing factor.

Table 5. Contributing Factors Entered into PDS in FY 2025 (n = 2,732)

	Number of activities	Percent of activities
Lack of education among people at risk for adverse effects of substance use during pregnancy	**948**	**34.7%**
Substance use among pregnant women	546	20.0%
Low perception of harm related to substance use (including alcohol, tobacco, drugs) while pregnant	402	14.7%
Community attitudes and knowledge about substance use	**741**	**27.1%**
Lack of educational resources in community around substance use during pregnancy	482	17.6%
Stigma related to participating in a program focused on substance use prevention	95	3.5%
Change in perceptions of normative substance use behaviors in the community and/or home settings	83	3.0%
Higher rates of substance use in the community	20	0.7%
Knowledge around impacts of substance use while pregnant	61	2.2%
Lack of education about services and resources in the community	**386**	**14.1%**
Community partners inexperienced in making referrals to KMM	229	8.4%
Lack of educating community members and partners of services	89	3.3%
Unmet educational needs associated with risk reduction for substance use during pregnancy	35	1.3%
Gaps in substance educational materials, gaps in service providers	29	1.1%
Lack of knowledge of Mental Health First Aid	4	0.1%
Complex needs of the target population	**322**	**11.8%**
Clients have complex issues, and ongoing training is needed	322	11.8%
Environmental stress caused by poverty, natural disasters, etc.	0	0.0%
Limited number of trained service providers to respond to the target population	**200**	**7.3%**
Inexperienced professionals when working with people with substance use risk factors/disorders during pregnancy	148	5.4%
Fewer professionals involved in working with pregnant/postpartum persons with substance use risks	52	1.9%
Gaps in services and limited community resources for the target population	**101**	**3.7%**
Limited community resources for pregnant individuals	61	2.2%
Increased need for maternity items in post-delivery necessities	40	1.5%
Low engagement of consumers in available prevention, harm reduction, and recovery services	**34**	**1.2%**
Decrease in engagement of consumers in available prevention, harm reduction, or recovery services	34	1.2%

Each fiscal year, some responses for the contributing factors do not fit the requirements for a contributing factor. The percentage was 27.0% in SFY 2024 and was lower this year (14.5%). Figure 9 presents the percentage of activities with the various contributing factors among the activities that listed a valid contributing factor. There were notable differences between the two years in the percentage of activities with the following contributing factors: Community attitudes and knowledge, lack of education in the community about services and resources, and the complex needs of the target population.

Figure 9. Percentage of Activities with Broad Categories of Contributing Factors in SFY 2024 and 2025



Involvement of Community Partners

KMM prevention staff entered how many community partners were involved in the activities they reported in the PDS for FY 2025 (see Table 6). Less than half of the activities (42.3%) involved no community partners. An additional 39.7% of activities involved one partner, 8.3% involved two partners, and 8.3% involved 3 to 10 partners. The remaining 1.4% of activities involved 11 to 22 partners. Among the 1,843 activities that involved at least one partner, the average number of community partners was 2.0, with 68.8% of these 1,843 activities involving one community partner.

Table 6. Involvement of Community Partners in Activities Entered by KMM Prevention Staff in FY 2025 (n = 3,194)

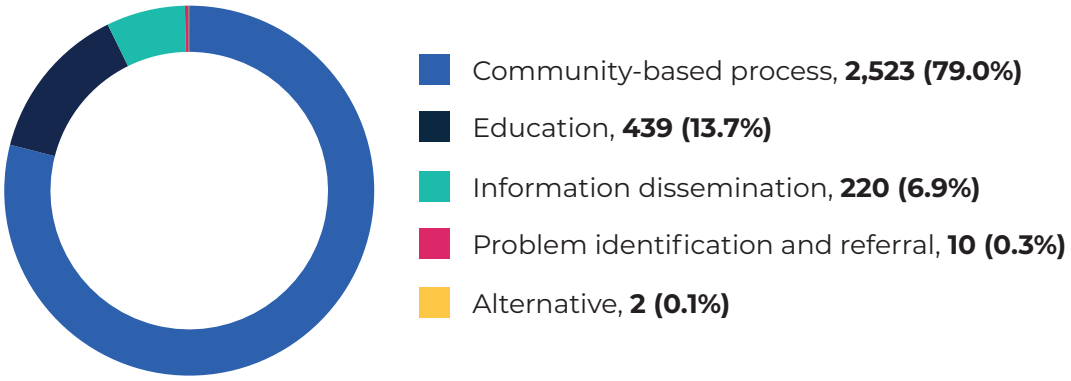
	Number of activities	Percent of activities
No community partners (0)	1,351	42.3%
1 community partner	1,268	39.7%
2 community partners	266	8.3%
3 to 10 community partners	265	8.3%
11 to 22 community partners	44	1.4%

For comparison, in SFY 2024, 49.6% of activities involved no community partners and 31.3% of activities involved one community partner, 9.1% involved 2 community partners, 8.9% involved 3 – 10 community partners, and 1.1% involved 11 or more community partners.

CSAP Strategy

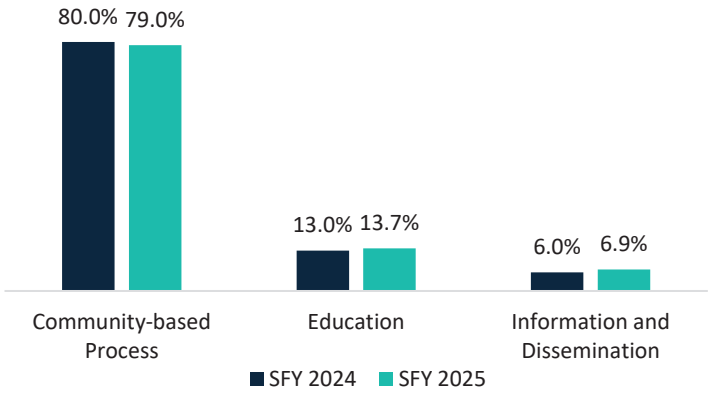
The CSAP Strategy for the majority of activities consisted of community-based processes (79.0%), with smaller minorities having education (13.7%), and information dissemination strategies (6.9%) (see Figure 10).

Figure 10. Type of CSAP Strategy for Activities in FY 2025 (n = 3,194)



The percentages of activities with the five CSAP strategies presented in Figure 11 were similar in SFY 2024 and SFY 2025 (see Figure 11). The two CSAP strategies not included in Figure 9 were listed for 1% or fewer activities each fiscal year.

Figure 11. Percentage of Activities with Most Frequent CSAP Strategies in SFY 2024 and 2025



The number of specific activity types within each CSAP Strategy are presented in Table 7.

The majority of KMM prevention activities are comprised of **Community-based Processes**.

(CBP1) Formal Team Formation includes establishing a formal community team focused on behavioral health prevention and promotion.

For example, the initial formation of a council, board, team, or coalition is an example of this activity.

(CBP2) Formal Community Team Meetings includes team meetings for committees, subcommittees, task forces, boards, and councils. Other formal community team activities include events sponsored by a formal community team/group for the purpose of enhancing, fostering, and supporting community prevention efforts.

Examples are the time spent setting up the meeting, typing minutes, sending email reminders, prep time and follow-up time for Plan of Safe Care Committee and subcommittee meetings, KY Moms meetings, and coalition meetings.

(CBP3) Other Formal Community Team Meetings includes events that are sponsored by a formal community team for the purpose of enhancing, fostering, and supporting community prevention efforts.

Examples include a Substance Exposed Infants March or Substance Use Prevention Month event sponsored by a coalition, group or team.

(CBP4) Research or Evaluation Activity/Reports includes activities to evaluate prevention programs.

Examples include KMM quarterly reports, budgets, data collection and analysis, population surveys, monitoring a curriculum delivery session, and reviewing Medicaid denial reports for resubmission.

(CBP5) Community Needs Assessment includes the data collection and analysis involved in completing a needs assessment report. An example is a Pregnant and Postpartum Persons Community/Regional Needs Assessment. Work Plan/Strategic Plan includes completing, updating, and editing the work/plan strategic plans.

Examples include working on the annual budget/spending plan, staffing form, PDS work plans, and strategic plans for KMM and a group or coalition.

(CBP6) Work Plan/Strategic Plan includes completing a work plan/strategic plan.

Examples of plans include completing staffing forms, PDS work plans, strategic plans for KMM, and strategic plans for a group or coalition.

(CBP7) Consultation and Technical Assistance consists of providing technical assistance and guidance to state or local prevention programs, community organizations, and individuals.

Examples include developing funding and resources, assessing organizational development, building capacity, addressing cultural competence, providing warm hand-offs with clients to another organization, and staffing issues such as interviewing, training, and evaluating staff. Other examples include providing technical assistance digitally.

(CBP8) Accessing Services and Funding includes when KMM staff assists with developing a community resource or submitting a grant application.

(CBP9) Community Training involves holding trainings to build capacity of community members to create change.

Examples include trainings of trainers, SUD 101, Pregnancy & SUD trainings, and Substance Use During Pregnancy trainings.

(CBP10) New Ongoing Prevention Activity Established includes community organizations adopting a new prevention activity for delivery to the target population on an ongoing basis.

Examples are adding an EPD requirement to new employee orientation in an agency, establishing a location for a KY Moms Mommy/Baby Boxes, and new outreach strategies.

(CBP11) Marketing includes all marketing activities to promote prevention services to community partners.

Examples include the distribution of promotional flyers for KMM class or case management, delivery of an elevator speech at a meeting, mailing of marketing activities, and placing yard signs.

(CBP12) Staff Development captures any efforts to build the capacity of staff.

Examples include CPS study time, RPC meetings, staff meetings, trainings that staff attend, CPS supervision, clinical supervision, billing supervision, planning a staff retreat or luncheon, planning of presentations, and working on a strategic plan prior to its completion.

(CBP13) Sustainability Plan applies to marking the completion of a plan or a major revision to an existing plan. This does not apply to the time spent creating the plan.

(CBP 14) Grant Review Panel includes when KMM staff serve on a grant review panel for determining funding from competitive grant application.

The **Education** strategy refers to activities that involve an educator/facilitator and a participant that uses an established curriculum. To be identified as a KMM activity, the curriculum must have a substance use component. Pre- and post-tests of knowledge of the curriculum are included.

Prime for Life Curriculum, universal/selective/indicated prevention curriculum delivery

The strategy of **Information Dissemination** was 6% of the prevention activities entered for KMM in PDS in 2024.

(ID1) Materials Development includes time spent developing original material from research to a completed product.

Examples includes flyers, brochures, one-pagers, newsletters, resource directories, and PowerPoint presentations.

(ID2) Materials Dissemination includes the distribution of materials.

(ID3) Media Messages/Media Campaign Activities refers to the creation of a behavioral health messages around pregnancy, substance use during pregnancy, infants exposed to substances, recovery capital for pregnant persons/new parents, family, interviews or articles for social media, print, TV, or radio campaigns.

(ID4) Speaking Engagements and Brief Informational Educational Programs include events to raise awareness or increase knowledge of substance use/misuse and related behavioral health problems and prevention organizations and services.

Examples include speeches/talks, one-time classroom presentations, skits, webinars, one-time SBIRT informational, and one-time KMM informational.

(ID5) Information Requests Responded to is comprised of tracking information requested by individuals who walk in, call in, email KMM staff. Typically, this includes responses and requests for information at the level of individual use.

Examples include a therapist requests a brochure to keep in their office to use as a reference when showing their clients.

The strategy of **Problem Identification and Referral** is used when a screening tool is administered to determine an individual's need for additional services. This can also be used when the screening is separate from curriculum delivery.

Examples include Level 1/pregnancy Behavioral Risk Screening Tool, Substance Use Screener, Postpartum Depressing screening, and violence/IPV screening.

The strategy of **Alternative Activities** include community service events such as community-sponsored drug-free activities and support group meetings and baby showers in which no curriculum delivery occurs.

Table 7. KY-Moms MATR Prevention Activities in SFY 2025 by CSAP Strategy and Activity Type

	KMM: (Mixed Audience-no curriculum	KMM: Making Healthy Choices Education (Universal)	KMM: Making Healthy Choices Education (Indicated)	KMM: Making Healthy Choices Education (Mixed)	KMM: Making Healthy Choices Education (Selective)	KMM: Plan of Safe Care	KMM: Prime for Life (Selective)	KMM: Strategy to Build Capacity Community Partners	KMM: Strategy to Build Capacity Pregnant/Postpartum	KMM: Strategy to Build Program/ Staff Capacity	KMM: Strategy to Engage Pregnant/ Postpartum Persons	KY-Moms MATR: Prime for Life, Versions 8 and 9	Make Healthy Choices: Risk of Alcohol/Tobacco/Drugs	Plan of Safe Care	Strategy Build Capacity Parents-Other Adults (SU)	No State Approach
Community-Based Processes (n = 2,523)																
CBP1: Formal Community Team Formation (n = 6)	0	0	0	2	0	1	0	1	0	0	1	1	0	0	0	0
CBP2: Formal Community Team Meetings (n = 256)	6	44	0	1	0	69	0	47	5	13	51	10	2	6	2	0
CBP3: Other Formal Community Team Activities (n = 17)	0	1	0	0	0	0	0	7	1	2	3	1	0	1	0	1
CBP4: Research or Evaluation Activity/ Report (n = 37)	6	0	0	0	0	0	0	4	0	17	3	0	0	0	0	0
CBP5: Community Needs Assessment (n = 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CBP6: Work Plan/Strategic Plan (n = 8)	2	4	0	0	0	0	0	1	0	0	1	0	0	0	0	0
CBP7: Consultation & Technical Assistance (n = 928)	100	10	0	9	0	34	0	55	130	426	106	0	0	5	4	49
CBP8: Accessing Services & Funding (n = 2)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
CBP9: Community Training (n = 16)	0	5	0	1	0	0	0	7	0	2	1	0	0	0	0	0
CBP10: New Ongoing Prevention Activity Established (n = 2)	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
CBP11: Marketing (n = 234)	18	8	0	2	0	2	0	107	20	22	51	2	1	0	0	1
CBP12: Staff Development (n = 1,017)	5	35	0	0	0	8	0	86	17	556	173	90	13	4	14	16
CBP13: Sustainability Plan (n = 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CBP14: Grant Review Panel (n=0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	KMM: (Mixed Audience-no curriculum	KMM: Making Healthy Choices Education (Universal)	KMM: Making Healthy Choices Education (Indicated)	KMM: Making Healthy Choices Education (Mixed)	KMM: Making Healthy Choices Education (Selective)	KMM: Plan of Safe Care	KMM: Prime for Life (Selective)	KMM: Strategy to Build Capacity Community Partners	KMM: Strategy to Build Capacity Pregnant/Postpartum	KMM: Strategy to Build Program/ Staff Capacity	KMM: Strategy to Engage Pregnant/ Postpartum Persons	KY-Moms MATR: Prime for Life, Versions 8 and 9	Make Healthy Choices: Risk of Alcohol/Tobacco/Drugs	Plan of Safe Care	Strategy Build Capacity Parents-Other Adults (SU)	No State Approach
Education (n = 438)																
ED1 (n = 438)	0	162	34	33	36	0	1	4	7	7	65	68	21	0	0	0
Information Dissemination (n = 220)																
ID1: Materials Development (n = 47)	3	5	0	1	0	0	0	6	1	8	19	0	0	3	0	1
ID2: Materials Dissemination (n = 100)	0	28	0	1	1	1	0	21	11	2	31	2	0	2	0	0
ID3: Media Messages/Media Campaign Activities (n = 48)	1	1	0	0	0	0	0	1	6	39	0	0	0	0	0	0
ID4: Speaking Engagements & Informational Programs (n = 11)	0	0	0	0	0	0	0	2	0	2	6	0	0	0	0	1
ID5: Information Requests Responded to (n = 14)	0	5	0	0	0	0	0	2	2	1	3	1	0	0	0	0
Problem Identification & Referral																
P1: Screening for Education or Referral (n = 10)	0	1	0	0	0	0	0	3	0	0	6	0	0	0	0	0
Alternative Activities (n = 2)																
A1 Alternative Activity or Program Delivery and Support Group Activities (n = 2)	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1

Appendix A. Number of Activities Entered into PDS by CMHC Region in SFY 2024 and SFY 2025

The number of prevention activities entered into PDS by KMM prevention staff for each CMHC region for SFY 2024 and SFY 2025 are presented in Table A1.1.

Table A1.1. Number of Activities Entered into PDS by CMHC Region in SFY 2024 and SFY 2025

CMHC Region	Number of activities entered into PDS	
	SFY 2024	SFY 2025
Four Rivers Behavioral Health	56	40
Pennyroyal Center	252	405
RiverValley Behavioral Health	143	15
LifeSkills, Inc.	403	371
Communicare	446	305
Seven Counties Services	52	14
NorthKey Community Care	575	279
Comprehend, Inc.	196	104
Pathways, Inc.	72	51
Mountain Comprehensive Care Center	310	241
Kentucky River Comprehensive Care	235	129
Cumberland River Behavioral Health	503	560
The Adanta Group	163	294
New Vista	540	386
Total	**3,946**	**3,194**