



Bullitt County Public Schools

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Shepherdsville, Kentucky 40165

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Memo

TO: Jesse Bacon, Superintendent *JB*

FROM: Sarah Smith, Safe Schools Coordinator *SS*

DATE: August 9, 2018

RE: Kentucky Incentives to Prevention Survey

Attached is a letter from Cabinet for Health and Family Services regarding the Kentucky Incentives to Prevention (KIP) Survey. The KIP Survey is part of the Kentucky Governor's Youth Substance Abuse Prevention Initiative. Responses to the survey provide information to school districts about students' use of tobacco, alcohol, and drugs. This valuable information is used to improve programs for Kentucky's youth. The survey is administered every two years free of charge and Bullitt County has participated for many years. This survey provides the District with valuable information and is often used in presentations, grant applications, and improvement plans. Attached for your reference is the survey form that will be administered to all 6th, 8th, 10th and 12th graders. I request that the Board approve the administration of this survey.

Thank you so much for your time.

cc: Pat Smith-Darnell, Director of Pupil Personnel *pms*
Becky Sexton, Assistant Superintendent for Support Services

Becky Sexton

2018 Kentucky Incentives for Prevention (KIP) Student Survey

Memorandum of Understanding

School District Name:

This agreement serves as a commitment by the above named school district to participate in the 2018 KIP Student Survey. This agreement also outlines conditions to be met by the above named district as it relates to the administration of the KIP 2018 Student Survey.

The District agrees to the following conditions:

Survey Administration:

- 1) It will provide one district-level contact person to coordinate the KIP 2018 Student Survey, and provide this person's name, telephone number, and e-mail address to the evaluation contractor.
- 2) It will identify a liaison person for each participating school.
- 3) It will provide all staff for planning and administering the survey.
- 4) Consistent with current practice, the school district hereby agrees to utilize the passive consent model involving both general and specific notification to parents. Parents will be informed about the content and rationale of the survey, that they have the right to inspect the test, and that they can opt out of the testing. Steps will also be taken to insure that students are told that they are not required to participate, and that no coercion or consequence will occur if they so choose.
- 5) It will distribute passive consent notices to parents at least two weeks prior to the administration of the survey.
- 6) It will maintain a list, by classroom, of parental objection forms, and review these with survey administrators on the survey date to ensure that these students are given something else to do during the period of the survey.
- 7) It will ensure that all teachers and staff members involved in administering the survey adhere to all confidentiality standards and administration protocols.
- 8) It will obtain a signed confidentiality agreement from each person involved in the administration of the survey, from the classroom level up to the district coordinator.
- 9) It will provide the opportunity for all students in grades 6, 8, 10, and 12 to participate in the KIP 2018 Student Survey.
- 10) It will complete a Classroom Report Form for each participating classroom.
- 11) It will complete online administration of the survey no later than **November 16, 2018**.
- 12) It will package the completed surveys and contact the evaluation contractor, REACH of Louisville, to arrange for UPS pick-up (if using the paper administration) no later than **November 16, 2018**.

Cost:

- 1) There is **no cost to the school district** for materials, shipment, scanning, scoring, analysis, interpretation, report writing or report production. These costs

are paid by the Division of Behavioral Health within the Cabinet for Health and Family Services.

- 2) School districts will not use USDOE funds (e.g., Safe and Drug Free Schools) to pay for any costs associated with the KIP survey.

The evaluation contractor designated by the Division (REACH of Louisville, Inc.) agrees to the following conditions:

- 1) It will provide each district with a KIP training manual and technical assistance.
- 2) It will provide all forms associated with the administration of the survey.
- 3) It will provide survey materials for each participating student.
- 4) It will process all returned forms, analyze the resulting data, and interpret the results.
- 5) It will provide a web page offering technical assistance such as downloadable KIP forms and materials.
- 6) It will produce a school district report for each superintendent which reports percentage response patterns by grade.
- 7) If a district requests additional reports on individual schools, or groups of schools, and the district makes arrangement for special handling of the groups of surveys, REACH will produce the additional reports at a cost.

Assurance of Confidentiality:

The evaluation contractor designated by the Division will not publish district or school level reports.

However, under the Freedom of Information Act, any outside agency can request district reports.

The Division and contractor will recommend to requesting parties that they contact school district representatives directly, and will inform the district representative in a timely manner of any such request.

By signing this document you maintain that you have read and understood it, that your district will comply with the conditions as they apply to your school district, and that you confirm your school district's agreement to conduct the survey according to the quality assurance protocols specified. You also confirm your understanding that you are participating in either the web-based or paper-based survey. If you choose the online version, you are confirming that the schools in your district have adequate computer capacity to support this version of the survey.

School District Superintendent

Signature

Printed Name

Address: _____

E-mail address: _____

Telephone: _____

School _____ **District** _____ **Name:** _____

Online _____ **or** _____ **Paper** _____ **Administration:** _____

KIP _____ **Coordinator** _____ **Name:** _____

Shipping _____ **Address** _____ **(no** _____ **PO** _____ **boxes):** _____

E-mail _____ **address:** _____

Telephone: _____

Estimated maximum number of students to be surveyed (in English) in this school District:

School Name	6 th	8 th	10 th	12 th	Total

Total:					District

Spanish language version	District	
	Total:	

Please return this form no later than August 17, 2018 to:

Lisa Crabtree
lisa@reacheval.com
 c/o REACH of Louisville, Inc.
 501 Park Avenue
 Louisville, KY 40208
 Phone: (502) 585-1911
 Fax: (502) 589-1582



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Kentucky Incentives for Prevention

Student Survey

Please mark the most accurate response(s) for each question. We hope that you will answer all questions, but if you find you cannot answer a question honestly, please leave it blank. In the cases where you have no experience, please mark the circle, "None,"

"Never Have," or "0." **Remember that your answers will be kept confidential and will never be connected to your name or class.**

1. How old are you?

☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18+

2. What grade are you in?

☐ 6 ☐ 8 ☐ 10 ☐ 12

3. Are you: ☐ Female ☐ Male

4. Are you Hispanic or Latino: ☐ Yes ☐ No

5. What is your race: (Select one or more responses if necessary.)

☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander
☐ Asian ☐ White
☐ Black or African American ☐ Other

6. Is anyone in your family (or someone close to you) currently serving on active duty or retired/separated from the Armed Forces, the Reserves, or the National Guard?

☐ Yes, only one person
☐ Yes, more than one person
☐ No
☐ I don't know

7. Do you participate in the free or reduced price lunch program?

☐ Yes ☐ No

The next 8 questions ask about violence-related behaviors and problems you may have experienced at school or in your community.

8. How many times (if any) in the past year (12 months) have you...

- a. been suspended from school?
- b. carried a handgun?
- c. sold illegal drugs?
- d. stolen or tried to steal a motor vehicle such as a car or motorcycle?
- e. been arrested?
- f. attacked someone with the idea of seriously hurting them?
- g. been drunk or high at school?
- h. taken a handgun to school?

Never	1-2 times	3-5 times	6-9 times	10-19 times	20-29 times	30-39 times	40+ times
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. When (if ever) did you first...

- a. get suspended from school?
- b. get arrested?
- c. carry a handgun?
- d. attack someone with the idea of seriously hurting them?

Never Have	10 or Younger	11	12	13	14	15	16	17 or older
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Do you think the following are problems at your school?

	Yes	No
a. Vandalism, including graffiti	<input type="radio"/>	<input type="radio"/>
b. Gangs	<input type="radio"/>	<input type="radio"/>
c. Tobacco use	<input type="radio"/>	<input type="radio"/>
d. Alcohol use	<input type="radio"/>	<input type="radio"/>
e. Drug use	<input type="radio"/>	<input type="radio"/>
f. Fights between students of different racial and/or ethnic backgrounds	<input type="radio"/>	<input type="radio"/>
g. Selling (dealing) drugs	<input type="radio"/>	<input type="radio"/>
h. Carrying guns	<input type="radio"/>	<input type="radio"/>
i. Carrying other weapons	<input type="radio"/>	<input type="radio"/>

11. How safe do you feel at school?

☐ Very safe ☐ Safe ☐ Unsafe ☐ Very unsafe

12. Are there particular places at school where you feel unsafe?

☐ Yes ☐ No

13. If Yes, where do you feel unsafe? (Mark ALL that apply.)

☐ Restrooms ☐ Gym/Locker Rooms ☐ Stairwells
☐ Parking Lots ☐ Hallways ☐ School Bus

14. Are there certain times of day when you feel these places are unsafe? (Mark ALL that apply.)

☐ Before School ☐ During Lunch ☐ Other
☐ After School ☐ Entire School Day

15. During the last school year...

	Yes	No
a. did someone take money or things directly from you by using force, weapons, or threats at school?	<input type="radio"/>	<input type="radio"/>
b. did someone verbally threaten you at school?	<input type="radio"/>	<input type="radio"/>
c. did you have something stolen from your desk, locker, or other place at school?	<input type="radio"/>	<input type="radio"/>
d. did someone physically threaten, attack, or hurt you at school?	<input type="radio"/>	<input type="radio"/>
e. did someone make unwanted sexual advances or attempt to sexually assault you at school?	<input type="radio"/>	<input type="radio"/>
f. did a boyfriend or girlfriend physically hurt you (hit, push, pull your hair) on purpose?	<input type="radio"/>	<input type="radio"/>
g. did a boyfriend or girlfriend emotionally hurt you (threaten, make threatening phone calls/texts, call you names, harass you online) on purpose?	<input type="radio"/>	<input type="radio"/>

The next 4 questions ask about bullying. Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue, fight, or tease each other in a friendly way. Bullying involves an imbalance of power and repeated incidents over time.

16. During the past year (12 months), have you ever been bullied on school property? ☐ Yes ☐ No
17. During the past year (12 months), have you ever been electronically bullied? (include being bullied through e-mail, chat rooms, instant messaging, websites, social networks, or texting.) ☐ Yes ☐ No
18. Does your school have a way to report bullying or harassment? ☐ Yes ☐ No
19. If your school does have a way to report bullying or harassment, is this reporting method effective? (if not applicable, please leave blank) ☐ Yes ☐ No

The next 2 questions ask about how you have been feeling during the past 30 days. For each question, please fill in the circle that best describes how often you had this feeling.

20. During the past 30 days, about how often did you feel...

(Mark ONE CIRCLE for each line.)

- | | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...nervous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...hopeless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...restless or fidgety? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...so depressed that nothing could cheer you up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ...that everything was an effort? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ...worthless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. Have you ever cut or harmed yourself on purpose?

☐ Yes ☐ No

The next 3 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

22. During the past 12 months, did you ever seriously consider attempting suicide?

☐ Yes ☐ No

23. During the past 12 months, did you make a plan about how you would attempt suicide?

☐ Yes ☐ No

24. During the past 12 months, how many times did you actually attempt suicide?

None ☐ 1 times ☐ 2-3 times ☐ 4-5 times ☐ 6+ times ☐

The next 8 questions ask about alcohol and tobacco use. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

25. When (if ever) did you first...

- a. smoke a cigarette?
- b. use smokeless tobacco (chew, snuff, dipping tobacco, chewing tobacco)?
- c. have more than a sip or two of beer, wine or hard liquor (for ex., vodka, whiskey, gin, etc.)?
- d. begin drinking alcoholic beverages regularly, that is, at least once or twice a month?

Never Have	10 or Younger	11	12	13	14	15	16	17 or older
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink—more than a few sips...

(Mark ONE CIRCLE for each line.)

- | | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40+ |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...in the past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...in the past 30 days? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. On how many occasions (if any) during the past 30 days have you been drunk or very high from drinking alcoholic beverages?

0	1-2	3-5	6-9	10-19	20-39	40+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Think back over the last two weeks. How many times (if any) have you had five or more alcoholic drinks in a row?

None	1 time	2 times	3-5 times	6-9 times	10+ times
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. On how many occasions (if any) have you smoked cigarettes...

(Mark ONE CIRCLE for each line.)

- | | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40+ |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...in the past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...in the past 30 days? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

30. During the past 30 days, on the days you smoked (if at all), how many cigarettes did you smoke per day?

None	less than 1	1	2-5	6-10	11-20	20+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. On how many occasions (if any) have you used smokeless tobacco... (Mark ONE CIRCLE for each line.)

- | | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40+ |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...in the past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...in the past 30 days? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

32. During the past 30 days, which of the following tobacco products did you use on at least one day? (You can choose ONE ANSWER or MORE THAN ONE ANSWER.)

- ☐ Roll-your-own cigarettes
- ☐ Smoking tobacco from a hookah or waterpipe
- ☐ Snus (for ex., Camel or Marlboro Snus)
- ☐ Dissolvable tobacco products (for ex., Ariva, Stonewall, Camel orbs, Camel sticks or Camel strips)
- ☐ Electronic cigarettes or e-cigarettes (for ex., NJOY, V2, Bull Smoke, Halo)
- ☐ Some other new tobacco product not listed here
- ☐ I have not used any of the products listed above, or any new tobacco product

33. When (if ever) did you first...

- a. smoke marijuana?
- b. take a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

Never Have	10 or Younger	11	12	13	14	15	16	17 or older
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. On how many occasions (if any) have you used marijuana...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. On how many occasions (if any) have you used synthetic marijuana (also called K2 or Spice)...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. On how many occasions (if any) have you used cocaine or crack...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. On how many occasions (if any) have you taken narcotics or drugs that require a doctor's prescription, without a doctor telling you to take them...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. On how many occasions (if any) have you taken painkillers (OxyContin, Percocet, Vicodin, Codeine) without a doctor's prescription...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. On how many occasions (if any) have you used speed/uppers (Adderall, Ritalin) without a doctor's prescription...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. On how many occasions (if any) have you used tranquilizers (Valium, Xanax, Librium, Ativan, etc.) without a doctor telling you to do so...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. On how many occasions (if any) have you used methamphetamines ("meth," "crystal meth," "ice," "crank")...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. On how many occasions (if any) have you used heroin ("smack," "junk," or "China White")...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. On how many occasions (if any) have you taken over-the-counter drugs (stay-awake pills, cough syrup) in order to get high...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. On how many occasions (if any) have you used ecstasy ("MDMA," "E," "Molly," "rolls," "beans")...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. On how many occasions (if any) have you used Zycopan...

(Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...in the past 30 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?

None	1-2 times	3-9 times	10-19 times	20-39 times	40+ times
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. In the past 12 months, has your drinking and/or drug use caused any of the following problems? (If you never drank alcohol or used drugs, mark "No" for each item.)

	Yes	No
a. Got stopped by the police for drunk driving or disorderly conduct	<input type="radio"/>	<input type="radio"/>
b. Got in trouble at school	<input type="radio"/>	<input type="radio"/>
c. Hurt or injured myself	<input type="radio"/>	<input type="radio"/>
d. Got into fights (verbal or physical) with other kids	<input type="radio"/>	<input type="radio"/>
e. Got into fights with my parents	<input type="radio"/>	<input type="radio"/>
f. Committed illegal acts (for ex., theft, breaking and entering, vandalism)	<input type="radio"/>	<input type="radio"/>
g. Could not recall what I did	<input type="radio"/>	<input type="radio"/>
h. Pressured someone else to do something sexual against his/her will	<input type="radio"/>	<input type="radio"/>
i. Was pressured by someone to do something sexual against my will	<input type="radio"/>	<input type="radio"/>
j. Thought I had a drinking or drug problem	<input type="radio"/>	<input type="radio"/>
k. Was involved in a car accident	<input type="radio"/>	<input type="radio"/>

The next 7 questions ask about the neighborhood and community where you live.

49. If you wanted to get some beer, wine, or hard liquor (for ex., vodka, whiskey, or gin), how easy would it be for you to get some?

<input type="radio"/> Very hard	<input type="radio"/> Sort of hard	<input type="radio"/> Sort of easy	<input type="radio"/> Very easy
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50. If you wanted to get some cigarettes, how easy would it be for you to get some?

<input type="radio"/> Very hard	<input type="radio"/> Sort of hard	<input type="radio"/> Sort of easy	<input type="radio"/> Very easy
---------------------------------	------------------------------------	------------------------------------	---------------------------------

51. If you wanted to get some marijuana, how easy would it be for you to get some?

<input type="radio"/> Very hard	<input type="radio"/> Sort of hard	<input type="radio"/> Sort of easy	<input type="radio"/> Very easy
---------------------------------	------------------------------------	------------------------------------	---------------------------------

52. If you wanted to get some cocaine, how easy would it be for you to get some?

- ☐ Very hard ☐ Sort of hard ☐ Sort of easy ☐ Very easy

53. If you have ever obtained prescription drugs without a doctor's prescription issued to you, how did you get them?
(Mark ALL that apply. If not applicable, however, please leave blank.)

- ☐ Wrote fake prescription
☐ Stole from doctor's office, clinic, hospital, or pharmacy
☐ From friend or relative for free
☐ Bought from friend or relative
☐ Took from friend or relative without asking
☐ Bought from drug dealer or other stranger
☐ Bought on the internet
☐ Some other way

54. If you drink, do you primarily get alcohol from...

(Mark ALL that apply.)

- ☐ I do not drink ☐ brother/sister ☐ other relatives
☐ convenience stores ☐ friends ☐ other
☐ parents ☐ strangers

55. Where do you drink? (Mark ALL that apply.)

- ☐ I do not drink ☐ parties ☐ cars
☐ school ☐ friends' homes ☐ parks/fields
☐ home ☐ bars ☐ other

The next 5 questions ask about values and beliefs.

56. How wrong do you think it is for someone your age to...

(Mark ONE CIRCLE for each line.)

- | | Very Wrong | Wrong | A Little Bit Wrong | Not Wrong at All |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. drink beer, wine, or hard liquor (for ex., vodka, whiskey, gin, etc.) regularly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. smoke cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. smoke marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. use cocaine? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. use methamphetamines ("meth," "crystal meth," "ice," "crank")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. use inhalants? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. take a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

57. How wrong do your parents feel it would be for you to...

(Mark ONE CIRCLE for each line.)

- | | Very Wrong | Wrong | A Little Bit Wrong | Not Wrong at All |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. have one or two drinks of an alcoholic beverage nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. smoke cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. smoke marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. use cocaine? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. use methamphetamines ("meth," "crystal meth," "ice," "crank")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. use inhalants? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. take a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

58. How wrong do your friends feel it would be for you to...

(Mark ONE CIRCLE for each line.)

- | | Very Wrong | Wrong | A Little Bit Wrong | Not Wrong at All |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...have one or two drinks of an alcoholic beverage nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...smoke tobacco? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...smoke marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...use prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

59. Think of your four best friends (the friends you feel closest to).

In the past year (12 months), how many (if any) of your four best friends have... (Mark ONE CIRCLE for each line.)

- | | None | 1 | 2 | 3 | 4 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. smoked cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. tried beer, wine, or hard liquor (for ex., vodka, whiskey, gin, etc.) when their parents didn't know about it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. used marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. used cocaine? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. used methamphetamines ("meth," "crystal meth," "ice," "crank")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. used inhalants, that is, sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. taken a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

60. How much do you think people risk harming themselves

(physically or in other ways) if they... (Mark ONE CIRCLE for each line.)

- | | No Risk | Slight Risk | Moderate Risk | Great Risk |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. smoke one or more packs of cigarettes a day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. try marijuana once or twice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. smoke marijuana once or twice a week? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. have five or more drinks of an alcoholic beverage once or twice a week? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. take a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. have five or more alcoholic drinks in a row? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. try heroin once or twice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The last 2 questions are about gambling.

61. On how many occasions (if any) have you gambled (bet) for money or possessions... (Mark ONE CIRCLE for each line.)

- | | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40+ |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...in your lifetime? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...in the past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...in the past 30 days? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

62. Has the money or time you spent on gambling led to financial problems or problems in your family, work, school, or personal life?

- ☐ I never gamble ☐ Yes ☐ No

Congratulations! You have finished the survey.
Thank you for your participation.



Sarah
Smith

Matthew G. Bevin
Governor

Cabinet for Health and Family Services
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Scott W. Brinkman
Acting Secretary

Wendy T. Morris
Commissioner

May 1, 2018

Dear Superintendent,

Every other year, the Division of Behavioral Health sponsors the Kentucky Incentives for Prevention (KIP) Survey, Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as their attitudes toward use. The 2018 survey includes several questions related to bullying, mental health and school safety. Your school district may or may not have participated in previous years, but I strongly encourage you to consider taking part in the fall 2018 survey. In 2016, nearly 112,000 students representing 149 school districts completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for those communities. Districts utilize the results extensively for grant-writing purposes, prevention activities, and various needs related to program planning.

The survey is administered to 6th, 8th, 10th, and 12th graders, and their responses are completely anonymous. Once the data are gathered and analyzed, a report is sent to each district, and that report outlines information specific to the district. Information about your district will go to you only; no individual district data are released publicly. The entire administrative cost of the KIP survey is borne by the Division of Behavioral Health. The district-specific report is free to the school district. Enclosed you will find a fact sheet with further information on the KIP survey. You can also learn more and view prior year statewide survey results here: <https://reacheval.com/projects/kentucky-incentives-for-prevention-kip-survey/>

If you are interested in being a part of the fall 2018-KIP survey, please contact our Survey Administrator directly, or designate a KIP Coordinator for your district and ask that individual to contact us of your interest. Our Survey Administrator is Lisa Crabtree at REACH Evaluation. Lisa may be reached at 502-585-1911, extension 2630, or lisa@reacheval.com.

We would appreciate knowing of your interest as soon as possible, either through an email or phone call to Lisa Crabtree, ideally, by Friday, May 18, 2018.

Sincerely,

Wendy Morris, RN, MSN, CS
Commissioner

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BY:





KENTUCKY INCENTIVES FOR PREVENTION



Purpose

To anonymously assess student use of alcohol, tobacco and other drugs (ATOD), as well as a number of risk and protective factors related to potential substance abuse, including school safety, mental health, bullying, relationship violence, self-harm and suicide. The survey provides information about student self-reported use of substances (e.g., within last 30 days, last year), student perceptions about substance use (e.g., level of risk, peer and parent disapproval), and perceived accessibility of substances in the community.

History

Since 1999, the KIP Survey has been administered in Kentucky through the Substance Abuse Prevention Program in the Cabinet for Health and Family Services, through agreements with individual school districts across the state. Originally, the KIP survey was used as part of a federal initiative that funded state incentive grants for substance abuse prevention across the country. In Kentucky, these pilot programs were termed the Kentucky Incentives for Prevention program (thus, the name "KIP Survey.") REACH assumed statewide management of the KIP survey in 2003. The survey is now conducted bi-annually in the fall in even-numbered years (2012, 2014, etc.)

2003: 47 districts

2004: 125 districts

2006: 137 districts

2008: 153 districts

2010: 153 districts

2012: 153 districts

2014: 159 districts

2016: 149 out of 173 school districts participated. The total sample size for 6th, 8th, 10th, and 12th grades was 111,700 students in 2016.

A secure web-based version of the KIP survey was introduced to the field as an option in 2008. Administering the survey online has allowed us to both decrease the responsibilities of KIP Coordinators and reduce overall costs by eliminating the printing, sorting and shipping thousands of surveys. (It is also the green option!) All KIP survey data is transferred over a secure connection and stored in a protected database to ensure confidentiality throughout the administration and analysis process. The web-based KIP Survey can successfully be administered on desktop computers, laptops, tablets, and smartphones. In 2016, roughly 60% of participating districts opted to administer the survey online. Our goal is to transition the survey administration to online-only by 2020.

Content

The core items on the present KIP survey were originally chosen by the federal Center for Substance Abuse Prevention (CSAP), based on extensive research on risk and resilience factors associated with youth substance abuse. Basing the scale on the federal model enables comparisons to other states and to the nation, while at the same time making within-state comparisons. The web-based KIP Survey can successfully be administered on desktop computers, laptops, tablets, and smartphones. Since 2006, questions addressing additional illicit substances, gambling and other Kentucky-specific items have been added to the survey.

In 2012 questions were added to address:

- Past 30-day psychological distress (specifically, the Kessler Psychological Distress Scale/K6 scale, as utilized in the CDC Behavioral Risk Factors Surveillance Survey and the SAMHSA National Household Survey) (#20a-f)
- Friend disapproval of alcohol, tobacco, marijuana and prescription drug abuse (#58a-d)

In 2014 questions were added to address:

- Heroin use and perception of risk associated with heroin use (#43 and #60g)
- Novel tobacco products (#32) (e.g., electronic cigarettes, hookah, dissolvable products)
- Synthetic marijuana (#35)
- Steroids (#47)
- Prescription drug diversion (#53)
- Bullying and online bullying (#16-19)
- Relationship violence (#15f and #15g)
- Self-harm (#21)
- Suicide (ideation #22, plan #23, attempts #24)
- Family member in the military (#6)

Results

Each participating school district receives the following:

- 1) A comprehensive training manual
- 2) set of preliminary cross-tabulations
- 3) A district-level report including comparisons with the region, the rest of the state and the US (when available)
- 4) A district-level trend report, showing within-district trend data for applicable questions from the current administration back to 2004
- 5) A report synthesizing the core-measure items required to be submitted by all Drug Free Communities (DFC) grant recipients as a component of the federal DFC National Cross-Site Evaluation

Interested school districts also have the option to order supplementary analysis of their report based on gender, school building, combinations of schools, or other desired domains.

For public consumption, we produce:

- 1) A State and Regional Data Report, comprised of maps and graphs showing regional ATOD trends for each of Kentucky's fourteen Regional Prevention Centers (RPCs)
- 2) A Statewide Trends report, showing statewide trend data for applicable questions from the current administration back to 2004

Administration

- Classroom administration of the paper survey (including distribution, giving instructions, completing the survey, and collecting the survey) takes between forty and fifty minutes. Classroom administration of the web-based survey takes slightly less time.
- School districts have some flexibility as to when to administer the survey within an approximate 6-week window (October - mid November), and results are scanned, tabulated and reported in three to four months following administration.
- District-level results are reported only to the school district and not released in a public report.
- The fact that the KIP survey has been administered since 1999 within Kentucky enables comparisons over time.
- There is no cost to the individual districts (costs are paid by the Substance Abuse Prevention Program, Cabinet for Health and Family Services).
- Extensive efforts go into assuring the anonymity of students who complete the brief survey, and to insuring that no student feels coerced to participate.
- The KIP survey utilizes a passive consent model.
- REACH has made all KIP survey materials, including parental notification letters and opt-out forms, the KIP Fact Sheet, survey instructions and the survey form itself available in Spanish.

State and regional KIP reports are available on our website at: www.kipsurvey.com. This site includes a link to a page developed specifically for KIP Survey Coordinators to access training manuals, pdf's of all required forms and materials, a comprehensive FAQ list and contact information for assistance.

Future Goals for the KIP Survey

- Continue to increase the overall number of participating districts
- Transition all districts to online survey administration by 2020
- Offer live webinars on survey administration procedures and results interpretation
- Keep the survey relevant and as beneficial as possible by continually assessing the need for items related to new trends as indicated by emerging research