

# Kentucky

## UNIFORM APPLICATION FY 2018 BEHAVIORAL HEALTH REPORT COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires  
(generated on 12/01/2017 6.02.51 PM)

Center for Mental Health Services  
Division of State and Community Systems Development

# I: State Information

## State Information

### State DUNS Number

Number 927049767

Expiration Date

### I. State Agency to be the Grantee for the Block Grant

Agency Name Cabinet for Health and Family Services  
Organizational Unit Department for Behavioral Health, Developmental and Intellectual Disabilities  
Mailing Address 275 East Main Street 4W-G  
City Frankfort  
Zip Code 40621

### II. Contact Person for the Grantee of the Block Grant

First Name Michele  
Last Name Blevins  
Agency Name Department for Behavioral Health, Development, and Intellectual Disabilities  
Mailing Address 275 East Main Street 4W-G  
City Frankfort  
Zip Code 40621  
Telephone 502-782-6150  
Fax 502-564-4826  
Email Address michele.blevins@ky.gov

### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2016  
To 6/30/2017

### IV. Date Submitted

**NOTE: This field will be automatically populated when the application is submitted.**

Submission Date 12/1/2017 6:02:38 PM  
Revision Date

### V. Contact Person Responsible for Report Submission

First Name Michele  
Last Name Blevins  
Telephone 502-782-6150  
Fax 502-564-4826  
Email Address michele.blevins@ky.gov

**Footnotes:**

## II: Annual Report

### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

**Priority #:** 1  
**Priority Area:** Adults with Serious Mental Illness (SMI)  
**Priority Type:** MHS  
**Population(s):** SMI

**Goal of the priority area:**

Increase access to evidence based practices for Adults with SMI

**Strategies to attain the goal:**

CMHCs are required by contract to employ Peer Support Specialists to serve Adults with SMI and to develop ACT teams. Peer Specialists are also required as designated members of ACT teams.  
Each of the 14 CMHCs is required by contract to have at least one fully staffed ACT team.  
Provide training and technical assistance to ensure that CMHCs understand how to provide and bill for ACT services.  
Provide training and Technical Assistance and fidelity monitoring to ensure most effective implementation of ACT services.  
Continue to provide awareness activities and training regarding Recovery Principles and the importance of including Peers in the service delivery array.  
Provide training for how to most effectively supervise the work of Peer Specialists.

#### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Peer Services for Adults with SMI who meet criteria for the service  
**Baseline Measurement:** Total number of Adults with SMI who received Peer Services, from the 14 CMHCs, in SFY 2015.  
**First-year target/outcome measurement:** Increase by 2.5% the total number of Adults with SMI who receive Peer Services, from the 14 CMHCs, from SFY 2015 to SFY 2016.  
**Second-year target/outcome measurement:** Increase by 2.5% the total number of Adults with SMI who receive Peer Services, from the 14 CMHCs, from SFY 2016 to SFY 2017.

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

**Data Source:**

MIS data set used by the Department and the 14 CMHCs

**New Data Source(if needed):**

**Description of Data:**

Data report to show the total number of unduplicated Adults with SMI served by the 14 CMHCs, who receive the identified service of Peer Support, in SFY (July 1-June 30).

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Department will also keep track of the number of Peer Specialists employed by the CMHCs to use for comparative analysis.

**New Data issues/caveats that affect outcome measures:**

#### Report of Progress Toward Goal Attainment

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

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

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

SFY 2016: 1,824 adults with SMI (unduplicated) received a Peer Support service (count includes individual PS and not group PS) as compared to

SFY 2015: 1,157 adults with SMI (unduplicated) received a Peer Support service(count includes individual PS and not group PS).

Thus, the goal of 2.5% (or 29 adults with SMI) between 2015 and 2016 was exceeded.

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

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

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

SFY 2017: 2,868 adults with SMI (unduplicated) received a Peer Support service (count includes individual PS, not group PS).

**Indicator #:** 2

**Indicator:** Assertive Community Treatment (ACT) services for Adults with SMI who meet criteria for the service

**Baseline Measurement:** Total number of Adults with SMI who receive ACT services from the 14 CMHCs in SFY 2015

**First-year target/outcome measurement:** Increase by 2.5% the total number of Adults with SMI who receive ACT services from the 14 CMHCs from SFY 2015 to SFY 2016.

**Second-year target/outcome measurement:** Increase by 2.5% the total number of Adults with SMI who receive ACT services from the 14 CMHCs from SFY2016 to SFY 2017.

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

**Data Source:**

MIS data set used by the Department and the 14 CMHCs

**New Data Source(if needed):**

**Description of Data:**

Data report to show the total number of unduplicated Adults with SMI, served by the 14 CMHCs, who received the identified service of ACT in the SFY (July 1-June 30)

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Department will also track the number of ACT teams in operation through the CMHCs to use for comparative analysis

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

For SFY 2015, 230 adults with SMI were served with ACT as a service. In SFY 2016, 350 adults with SMI were served with ACT as a service. 2.5% of SFY 2015 would be 6 individuals. Far exceeded the 2.5% increase.

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

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

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

In SFY 2017, 436 adults with SMI (unduplicated) received an ACT service.

Data source=CMHC/IPOP Service Mix Utilization Report

**Priority #:** 2  
**Priority Area:** Children and Youth with Severe Emotional Disabilities (SED)  
**Priority Type:** MHS  
**Population(s):** SED

**Goal of the priority area:**

Increase access to evidence based practices for Children/Youth with SED

**Strategies to attain the goal:**

Recruit and train high fidelity wraparound facilitators and their supervisors  
Recruit and train youth peer specialists  
Ensure there is a formalized process in place to train, certify and track SED Targeted Case Managers and HFW facilitators  
Ensure there is a formalized process in place to train, certify and track Youth Peer Specialists

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Increase in the total number of DBHDID Certified HFW facilitators/supervisors to serve children/youth with SED from SFY 2015 to SFY 2017  
**Baseline Measurement:** Total number of DBHDID Certified HFW facilitators/supervisors in SFY 2015 =0  
**First-year target/outcome measurement:** At least 50 unduplicated HFW facilitators/supervisors shall be trained and certified in SFY 2016  
**Second-year target/outcome measurement:** At least 50 additional, unduplicated, HFW facilitators/supervisors shall be trained and certified in SFY 2017

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

**Data Source:**

DBHDID Certification Data Base

**New Data Source(if needed):**

**Description of Data:**

Provider entities must obtain approval of training curricula or receive training through DBHDID. DBHDID is in the process of creating an on-line data base in SFY 2016 to track the training and certification of non-licensed service providers (TCM, PS, Community Support Associates)

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

All new tracking system

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

At the end of SFY 2016, there were 14 HFW Supervisors and 28 HFW Facilitators statewide.

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

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

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

In SFY 2017, there were 118 individuals that participated in training, of which 51 were supervisors. These were in addition to those trained in SFY 2016.

In SFY 2016, there were 117 individuals that participated in training of which 37 were supervisors. Information above for year one is incorrect but could not be changed in the report.

**Indicator #:** 2

**Indicator:** Increase in the total number of DBHDID Certified Youth Peer Specialists to serve children/youth with SED from SFY 2015 to SFY 2017

**Baseline Measurement:** Total number of DBHDID Certified Youth Peer Specialists in SFY 2015 =8

**First-year target/outcome measurement:** At least 10 Youth Peer Specialists shall be trained and certified in SFY 2016

**Second-year target/outcome measurement:** At least 10 additional Youth Peer Specialists shall be trained and certified in SFY 2017

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

**Data Source:**

DBHDID Certification Data Base

**New Data Source(if needed):**

**Description of Data:**

DBHDID Certification Data Base

Provider entities must obtain approval of training curricula or receive training through DBHDID. DBHDID is in the process of creating an on-line data base in SFY 2016 to track the training and certification of non-licensed service providers (TCM, PS, Community Support Associates)

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

All new tracking system

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

In SFY 2016, there were 33 Youth Peer Support Specialist ("Certified") as compared to 8 YPSS in SFY 2015

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

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

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

In SFY 2017, there were 31 additional Youth Peer Support Specialists trained and certified by DBHDID. Over the two year reporting period, KY went from having 8 to 33 to 64 certified Youth Peer Support Specialists, statewide.

**Priority #:** 3

**Priority Area:** Primary Prevention Substance Abuse

**Priority Type:** SAP

**Population(s):** PP

**Goal of the priority area:**

Reduce the incidence of Underage Drinking

**Strategies to attain the goal:**

Educate parents about "host parties" and the negative physiological effects of alcohol consumption by adolescents. Work to establish Social Host Ordinances. Implement Strategies such as " I Won't be the One" to reduce underage use social access to alcohol. Improve early prevention screening and assessment of adolescents in school settings

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Numer of 10th graders who report drinking alcohol in the past 30 days

**Baseline Measurement:** 2014 Survey results indicate 21% of 10th graders that answered at least once they have had an alcoholic beverage in the past 30 days

**First-year target/outcome measurement:** N/A Survey is only conducted every two years

**Second-year target/outcome measurement:** Decrease by 2% the number of 10th graders that answered at least once they have had an alcoholic beverage in the past 30 days

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

**Data Source:**

Kentucky Incentives for Prevention (KIP) Survey 2016

**New Data Source(if needed):**

**Description of Data:**

The KIP survey provides information about student self-reported use of substances (e.g., within the 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. The 2014 survey includes the addition of several new questions related to heroin use, bullying, dating violence, and suicidal ideation. Once the survey data are gathered and analyzed, each participating school district receives a report outlining district-specific results, and depicting comparisons to the region, state and (when available) the rest of country.

The KIP survey is Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance abuse. In 2014, over 124,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for those communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Results of KIP survey conducted in 2016 are available in 2017

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

Used 2014 KIP Survey results for this reporting period. KIP Survey is biannual. 2016 Survey results not available until February 2017.

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

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

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

From 2014 to 2016 survey results, 10th graders reported lower rates of alcohol use in the past 30 days (21% to 19.4%), thus rounded to the nearest whole number the 2% target was achieved.

See web site for full report results  
<https://reacheval.com/wp-content/uploads/2017/04/State-Trends-2016-Kentucky.pdf>

**Priority #:** 4  
**Priority Area:** Pregnant Women/Women with Dependent Children (Adolescents and Adults) with Substance Use Disorders  
**Priority Type:** SAT  
**Population(s):** PWWDC

**Goal of the priority area:**

Increase access to treatment for Pregnant/Post Partum and Women with Dependent Children who have Substance Use Disorders (SUDs)

**Strategies to attain the goal:**

Outreach to referral sources for women with SUDs (e.g., primary care, pediatricians, OB/GYNs, emergency rooms, law enforcement, etc.)

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Increase by 10% the total number of unduplicated PWWDC who receive Case Management services from the 14 CMHCs from SFY 2015 to SFY 2017  
**Baseline Measurement:** The total number of unduplicated PWWDC who received Case Management services from the 14 CMHCs in SFY 2015  
**First-year target/outcome measurement:** Increase by 5% the total number of unduplicated PWWDC who received Case Management services from the 14 CMHCs from SFY 2015 to SFY 2016  
**Second-year target/outcome measurement:** Increase by 5% the total number of unduplicated PWWDC who received Case Management services from the 14 CMHCs from SFY 2016 to SFY 2017

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

**Data Source:**

MIS data set used by the Department and the 14 CMHCs and additional Data Analysis provided by the Center for Drug and Alcohol Research

**New Data Source(if needed):**

**Description of Data:**

Data reports show the unduplicated number of PWWDC served who meet the demographics for PWWDC and received case management services from the CMHCs in each SFY

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

Using the CDAR Data: FY 2015 – 182 FY 2016 - 208

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



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

How second year target was achieved (optional):

Priority #: 5

Priority Area: Intravenous Drug Users

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Distribute additional Narcan Rescue Kits in effort to reduce deaths of IV Drug Users.

Strategies to attain the goal:

Distribute NARCAN Kits to additional hospitals in other areas of the state and to first responders and others as funding allows  
Educate IV Drug Users, their families and the general public about the availability and effectiveness of Naloxone in the event of an overdose.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Total number of Narcan (Naloxone) kits distributed to hospitals or elsewhere in the SFY

Baseline Measurement: Two thousand kits were distributed to three hospitals (UK,U of L and St. Elizabeth) in SFY 2015

First-year target/outcome measurement: At least 100 additional kits will be distributed in SFY 2016

Second-year target/outcome measurement: At least 100 additional kits will be distributed in SFY 2017

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

Data Source:

The Substance Abuse Treatment Advisory Committee (SATAC) who is charged with tracking distribution

New Data Source(if needed):

Description of Data:

DBHDID has access to the number of kits distributed through the KYKIDS Recovery project

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Kentucky distributed a total of 1,265 Naloxone kits during SFY 2016.

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

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

How second year target was achieved (optional):

There were 466 Narcan kits distributed in SFY 2017, utilizing DBHDID funds- not all funds were SAPT Block Grant. (140 through St.

**Priority #:** 6  
**Priority Area:** Individuals who receive SUD services and have or are at risk for TB  
**Priority Type:** SAT  
**Population(s):** TB

**Goal of the priority area:**

Improve data collection of individuals with or at risk of TB who receive services for SUDs

**Strategies to attain the goal:**

Continue partnering with the KY Department for Public Health and the CMHCs to improve data collection definitions and screening protocol. Ensure that CMHCs are systematically screening for TB among individuals receiving services for SUDs.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Total number of individuals receiving services from the 14 CMHCs for SUDs who are screened for TB or are referred for a TB screen.

**Baseline Measurement:** Total number of individuals screened for TB by CMHCs in SFY 2015, who received services for SUDs.

**First-year target/outcome measurement:** Ensure at least 60% of the total number of individuals, who received services for SUDs, are screened for TB, by CMHCs in SFY 2016.

**Second-year target/outcome measurement:** Ensure at least 70% of the total number of individuals, who received services for SUDs, are screened for TB, by CMHCs in SFY 2017,

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

**Data Source:**

MIS data set used by the Department and the 14 CMHCs

**New Data Source(if needed):**

**Description of Data:**

Client demographic field for TB

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Data sharing with Public Health will also be used for comparative analysis.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

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

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

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

**Priority #:** 7  
**Priority Area:** Individuals in Recovery from Substance Use Disorders  
**Priority Type:** SAT  
**Population(s):** Other (Rural, Military Families, Homeless, Underserved Racial and Ethnic Minorities, Adult Men and Women in Recovery from SUDs)

**Goal of the priority area:**

Increase the number of Oxford Houses in Kentucky

**Strategies to attain the goal:**

Contract with Oxford House to employ Case Managers and with the KY Housing Corporation to secure revolving funds to support financing of the housing units.  
DBHDID staff members will work with national partners to ensure successful operation of the houses.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Open at least two new Oxford Houses in Kentucky between SFY 2015 and SFY 2017.  
**Baseline Measurement:** There were four Oxford Houses in KY at the end of SFY 2015.  
**First-year target/outcome measurement:** Increase the total number of Oxford Houses in KY to 5 by the end of SFY 2016.  
**Second-year target/outcome measurement:** Increase the total number of Oxford Houses in KY to 6 by the end of SFY 2017.

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

**Data Source:**

DBHDID tracking of Oxford Houses and occupancy rates

**New Data Source(if needed):**

**Description of Data:**

DBHDID will monitor and ensure tracking of the opening and successful operation of Oxford Houses in KY.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

The Commonwealth, in cooperation with the Oxford House, Inc. had a total of nine houses operational at the end of SFY 2016. This represents an increase of 7 since the benchmark year of 2015.

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

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

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

The Commonwealth, in cooperation with the Oxford House, Inc. had a total of twenty houses operational at the end of SFY 2017. This represents an increase of 16 since the benchmark year of 2015.

**Footnotes:**

# Kentucky Behavioral Health Planning & Advisory Council

Gayla Lockhart, Chair      Maggie Krueger, Vice Chair      LeeAnn Kelly, Secretary  
275 East Main Street, 4W-G, Frankfort, Kentucky 40601

November 16, 2017

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

Dear Ms. Simmons:

I am writing on behalf of Kentucky's Behavioral Health Planning and Advisory Council to confirm that Council members have reviewed Kentucky's FY 2018 SAPT and CMHS Block Grant Behavioral Health Report, which reports on the federal funds expended during state fiscal year 2017 and prior. Time was allocated at today's Council meeting to discuss the report, including the data tables required for submission on December 1, 2017. The Department for Behavioral Health, Developmental and Intellectual Disabilities welcomes recommendations and comments prior to and after submission of the 2017 Behavioral Health Report.

Thank you for the continued support of community-based services for adults and youth with behavioral health disorders. Our Council membership is honored to serve as advisors for planning in Kentucky.

Sincerely,



Gayla Lockhart  
Chair, Kentucky Behavioral Health Planning and Advisory Council

Cc: Michele Blevins, Assistant Director, Division of Behavioral Health

### III: Expenditure Reports

**MHBG Table 3 - MHBG Expenditures By Service.**

Expenditure Period Start Date: 7/1/2015      Expenditure Period End Date: 6/30/2016

Service	Expenditures
<b>Healthcare Home/Physical Health</b>	<b>\$</b>
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
<b>Prevention (Including Promotion)</b>	<b>\$</b>
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
<b>Substance Abuse (Primary Prevention)</b>	<b>\$</b>
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
<b>Engagement Services</b>	<b>\$</b>
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
<b>Outpatient Services</b>	<b>\$</b>
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
<b>Medication Services</b>	<b>\$</b>
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
<b>Community Support (Rehabilitative)</b>	<b>\$</b>
Parent/Caregiver Support;	
Skill Building (social, daily living, cognitive);	

Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
<b>Recovery Supports</b>	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
<b>Other Supports (Habilitative)</b>	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
<b>Intensive Support Services</b>	\$
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	
Assertive Community Treatment;	



Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
<b>Out-of-Home Residential Services</b>	<b>\$</b>
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
<b>Acute Intensive Services</b>	<b>\$</b>
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
<b>Other (please list)</b>	<b>\$</b>
<b>Total</b>	<b>\$0</b>

**Footnotes:**

KY does not gather data in this manner and thus cannot report data for this table. Table is requested and not required, per CMHS.

### III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2016	Estimated/Actual SFY 2017
\$9,483,648	\$9,493,234	\$94,940,021

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

**Footnotes:**

### III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2015) + B2(2016)</u> 2 (C)
SFY 2015 (1)	\$20,508,271	
SFY 2016 (2)	\$20,548,229	\$20,528,250
SFY 2017 (3)	\$20,528,760	

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

SFY 2015      Yes      X      No    \_\_\_\_\_  
 SFY 2016      Yes      X      No    \_\_\_\_\_  
 SFY 2017      Yes      X      No    \_\_\_\_\_

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

**Footnotes:**

Includes state expenditures on MH Services for SMI and SED.