Kentucky

UNIFORM APPLICATION
FY 2019 BEHAVIORAL HEALTH REPORT

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020
(generated on 12/03/2018 3.20.11 PM)

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

A. 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-F
City	Frankfort
Zip Code	40621
Telephone	502-782-6150
Fax	502-564-4826
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III. State Expenditure Period (Most recent State exependiture period that is closed out)

From	7/1/2017
To	6/30/2018

IV. Date Submitted

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

Submission Date	12/3/2018 3:20:00 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:

B. Implementation Report

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

Priority #: 1

Priority Area: Early Serious Mental Illness/First Episode of Psychosis

Priority Type: MHS

Population(s): ESMI

Goal of the priority area:

Increase access to evidence based practices for individuals with early serious mental illness/first episode of psychosis.

Strategies to attain the goal:

Provide training and technical assistance to all outpatient sites funded to provide CSC to this population.
Continue to have consultation from national experts in the field.
Continue biannual meetings with all key contacts from CMHCs regarding this population, to further education on this evidence based practice and this population.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Coordinated Specialty Care (CSC) as an evidence based practice to individuals with ESMI/First Episode of Psychosis.

Baseline Measurement: Total number of outpatient sites that have fully implemented Coordinated Specialty Care to serve individuals with ESMI/First Episode of Psychosis.

First-year target/outcome measurement: By the end of SFY 2018, will have at least one (1) outpatient site offering fully implemented CSC to individuals with ESMI/First Episode of Psychosis.

Second-year target/outcome measurement: By the end of SFY 2019, will have a total of at least three (3) outpatient sites offering fully implemented CSC to individuals with ESMI/First Episode of Psychosis.

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

Data Source:

DPR Form 113H/CMHC Contract Reporting Requirement
MIS Client/Event Data Set used by DBHDID and 14 CMHCs.

New Data Source*(if needed)*:

Description of Data:

Form 113H requires quarterly reporting on the status of the core components of Coordinated Specialty Care (CSC) including:
1. Must list the FTE status of each CSC team member, including service role on the team for each core service component (e.g. team leader/outreach; case manager; peer support; supported employment/education; medication management; and therapy.
2. Initial contact with all referrals to CSC program must occur within 48 hours.
3. Access to a prescriber is required within one week of admission into CSC program.
4. Staff to client ratio of 1:10 or less (e.g. if 3.0 FTE on CSC team, then can only serve 30 clients or less)

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Coordinated Specialty Care is a new service for Kentucky. Implementation is in its infancy.
Form 113H is a new reporting form that began in SFY 2018.

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)*:

One CMHCs has fully implemented CSC: Lifeskills.
Seven CMHCs have programs that are working towards Full implementation: Four Rivers, Communicare, Centerstone, Pathways, Mountain, Cumberland River and Bluegrass.

Priority #: 2

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 Adult Peer Support Specialists to serve Adults with SMI.
Continue to provide training and technical assistance to ensure that CMHCs understand how to recruit, retain and support peer support specialists in the workplace and how to appropriately document and bill for services.
Continue to provide awareness activities and training regarding Recovery principles and guidance on the process of fully including peer specialists in the service delivery array.
Continue to provide training and technical assistance regarding the supervision of peer specialists.
Technical assistance to CMHCs regarding accurate coding procedures for reporting peer support services in client/event data set.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Peer Support Services for Adults with SMI

Baseline Measurement: Total unduplicated number of Adults with SMI who received peer support services, from the 14 CMHCs in SFY 2017.

First-year target/outcome measurement: Increase by .50% the total unduplicated number of Adults with SMI who receive peer support services, from the 14 CMHCs, during SFY 2018.

Second-year target/outcome measurement: Increase by .50% the total unduplicated number of Adults with SMI who receive peer support services, from the 14 CMHCs, during SFY 2019.

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

Data Source:

MIS Client/Event Data Set used by DBHDID 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 peer support services during the SFY (July 1 - June 30).

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

During SFY 2017, peer support as a service was captured in the data system as one code, regardless of age of recipient. For SFY 2018, peer support as a service will be captured by separate codes for Adult Peer Support and Youth Peer Support.

Also, it should be noted that peer support as a service can be provided in Kentucky to anyone with a mental health diagnosis, not only individuals with SMI. But this indicator will focus only on measuring Adults with SMI who receive that service.

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 2018, 2,934 adults with SMI (unduplicated) received a Peer Support service (individual or Group) from a CMHC as compared to SFY 2017, when there were 2604 adults with SMI (unduplicated) who received a Peer Support service from a CMHC. Thus, the goal of .5% between 2017 and 2018 was exceeded.
Rpt ID: BG_Child_2_1_1

Priority #: 3

Priority Area: Children with Severe Emotional Disturbance (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:

CMHCs with Transition Age Youth specialized programming are required by contract to have peer support services available to children and youth being served.
Continue to provide training and technical assistance to ensure that CMHCs understand how to recruit, retain and support Youth Peer Support Specialists in the workplace and how to appropriately document and bill for services.
Continue to provide awareness activities and training regarding resiliency and recovery principles and guidance in the process of fully including peer specialists in the service delivery array.
Continue to provide training and technical assistance regarding the supervision of peer specialists.
Technical assistance to CMHCs regarding accurate coding procedures for reporting peer support services in client/event data set.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Peer Support Services for Children and Youth with SED.

Baseline Measurement: Total unduplicated number of Children and Youth with SED who received peer support services, from the 14 CMHCs, in SFY 2017.

First-year target/outcome measurement: Increase by .50% the total unduplicated number of Children and Youth with SED who receive peer support services, from the 14 CMHCs, during SFY 2018.

Second-year target/outcome measurement: Increase by .50% the total unduplicated number of Children and Youth with SED who receive peer support services, from the 14 CMHCs, during SFY 2019.

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

Data Source:

MIS client/event data set used by DBHDID and the 14 CMHCs.

New Data Source*(if needed)*:

Description of Data:

Data report to show the total number of unduplicated Children and Youth with SED served by the 14 CMHCs, who received peer support services in the SFY.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

During SFY 2017, peer support as a service was captured in the data system as one code. For SFY 2018, peer support as a service will be captured by separate codes for Adult Peer Support and Youth Peer Support.
Also, it should be noted that peer support as a service can be provided in Kentucky to anyone with a mental health diagnosis, not only children with SED. But this indicator will focus only on measuring Children and Youth with SED who receive that service.

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:

The data indicates that there has not been an increase but rather a decrease in these services.SFY SFY 2017: 318
SFY 2018: 679
KY has requested input from providers to try to determine the cause of this decline. it is important to learn if it is a possible data collection issue, a services issues or if there is some other explanation. DBH has heard from at least one provider (region 10) that there is a data collection issue for this service for youth.

Rpt ID: BG_Child_2_1_1

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

Priority #: 4

Priority Area: Primary Substance Use Prevention

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 minors (children/youth under age 21). Work to establish additional Social Host Ordinances across the Commonwealth. Implement strategies such as "I Won't Be the One" to reduce underage social access to alcohol by minors. Improve early prevention screening and assessment of children/youth in school settings.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of high school students (grades 9-12) who report having consumed an alcoholic beverage in the last 30 days.

Baseline Measurement: 23.5% as measured by the 2016 KIP Survey.

First-year target/outcome measurement: 22.5% as measured by the 2018 KIP Survey

Second-year target/outcome measurement: 21.5% as measured by the KIP 2020 Survey

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

Data Source:

Kentucky Incentives for Prevention (KIP) Survey 2018
YRBS 2017

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 the 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.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The KIP survey is only provided every two years in even numbered years. YRBS is offered in odd numbered years. The sample size for YRBS is only 1,990 students whereas the number of students surveyed through KIP in 2016 was 110,387. Past 30 day consumption of alcoholic beverages as measured by YRBS is significantly higher (10 percentage points) than the number reported through KIP. YRBS has a two stage random sample design. The first step is to weight all of the public schools based on their enrollment numbers and then select a sample of schools (e.g. larger schools are more likely to be selected due to their size). Then, they randomly select classes within the school, for example selecting from all English classes or all from second period classes. KIP, on the other hand, is not a random sample. KIP reports data from all 6th,8th 10, and 12th graders in every school that participates.

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)*:

Indicator #:	2
Indicator:	Past 30 day use of alcohol among youth aged 12-17.
Baseline Measurement:	8.24%
First-year target/outcome measurement:	7.24%
Second-year target/outcome measurement:	6.24%

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

Data Source:

National Survey on Drug Use and Health

New Data Source*(if needed)*:

Description of Data:

The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency in the U.S. Department of Health and Human Services (DHHS). The National Survey on Drug Use and Health (NSDUH), is implemented annually among randomly selected youth aged 12 and older.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The most recent NSDUH data available is from 2014-2015. Therefore the baseline is not current. Also, the 2014 NSDUH data for the age group 12-17 is significantly lower than our state KIP data for that same age group. This may be because NSDUH uses a much smaller sample size.

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)*:

Priority #: 5

Priority Area: Pregnant Women/Women with Dependent Children who have Substance Use Disorders (SUDs)

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Increase access to treatment for Pregnant/Postpartum Women and Women with Dependent Children with 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, clinicians, etc.)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase by 2% the total number of unduplicated PWWDC who receive specialized case management services from the 14 CMHCs from SFY 2017 to SFY 2019.

Baseline Measurement: The total numbr of unduplicated PWWDC who received specialized case management services from the 14 CMHCS in SFY 2017.

First-year target/outcome measurement: Increase by 1% the total number of unduplicated PWWDC who receive specialized case management services from the 14 CMHCs during SFY 2018.

Second-year target/outcome measurement: Increase by 1% the total number of unduplicated PWWDC who receive specialized case management services from the 14 CMHCs during SFY 2019.

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

Data Source:

MIS client/event data set used by DBHDID and the 14 CMHCs.
Additional data reporting 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 specialized case management services from the 14 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)*:

Priority #: 6

Priority Area: Persons who inject drugs

Priority Type: SAT

Population(s): PWID

Goal of the priority area:

Reduce the outbreak of Hepatitis by increasing the availability and awareness of syringe exchange programs statewide.

Strategies to attain the goal:

Collaborate with the Office of Drug Control Policy, the Harm Reduction Coalition and the Department for Public Health to monitor educate communities and encourage the increase of local ordinances to create local syringe exchange programs.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of syringe exchange programs (SEPs) in place across the Commonwealth

Baseline Measurement: There are currently 30 SEPs statewide in KY

First-year target/outcome measurement: Increase the number of SEPs from 30 to 32 by the end of state fiscal year 2018

Second-year target/outcome measurement: Increase the number of SEPs from 30 to 35 by the end of state fiscal year 2019

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

Data Source:

KY Department for Public Health Surveillance data, KY Office of Drug Control Policy, KY Harm Reduction Coalition, and DBHDID

New Data Source*(if needed)*:

Description of Data:

The KY Department of Public Health monitors the number of SEPs statewide and also posts to their web site the days/hours of operation for each. The ODCP and the KY Harm Reduction Coalition and the KY DBHDID work to educate individuals and communities about the cost, benefits, myths and best practice guidelines for initiating and maintaining SEPs.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Syringe exchange programs (SEPs) have existed and been studied extensively in the United States since 1988. SEPs are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes and offer safer injection education. SEPs in Kentucky also provide linkages to critical services and programs, including substance use disorder treatment programs; overdose prevention education; screening, care and treatment for HIV and viral hepatitis; prevention of mother-to-child transmission; hepatitis A and hepatitis B vaccination; screening for other sexually transmitted diseases and tuberculosis; partner services; and other medical, social and mental health services.

In direct response to Senate Bill 192 enacted during the 2015 regular legislative session, the Kentucky Department for Public Health has published guidelines for local health departments implementing harm reduction and syringe exchange programs.
NO SABG FUNDS WILL BE USEDTO SUPPORT THE SEPs.

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)*:

Priority #: 7

Priority Area: Individuals who receive Substance Use Disorder (SUD) services and have or are at risk for Tuberculosis (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: Screen persons who present for substance use services, at the fourteen CMHCs, for TB.

Baseline Measurement: All fourteen CMHCs have written policy and procedure regarding the screening for TB for all individuals seeking services for substance use disorders.

First-year target/outcome measurement: Ten of fourteen CMHCs will submit their written policies and procedure regarding the screening for TB for all individuals seeking services for substance use disorders.

Second-year target/outcome measurement: Twelve of fourteen CMHCs will submit their written policies and procedure regarding the screening for TB for all individuals seeking services for substance use disorders.

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

Data Source:

CMHC to submit through the Plan and Budget process requested P&P for TB screening.

New Data Source*(if needed)*:

Description of Data:

Written P&P submitted by CMHCs

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

N/A

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)*:

Footnotes:

C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Statewide Expenditures for Children's Mental Health Services		
Actual SFY 1994	**Actual SFY 2017**	**Estimated/Actual SFY 2018**
$3,832,010	$94,940,021	$7,739,044

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Footnotes:

$8,062,578 is the correct amount for SFY 2017

C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	B1(2016) + B2(2017) 2 (C)
SFY 2016 (1)	$20,548,229	
SFY 2017 (2)	$20,528,760	$20,538,495
SFY 2018 (3)	$20,546,106	

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

SFY 2016	Yes	X	No	
SFY 2017	Yes	X	No	
SFY 2018	Yes	X	No	

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

Footnotes:

Kentucky Behavioral Health Planning & Advisory Council

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

November 15, 2018

Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fisher Lane, Rm 17E20
Rockville, MD 20857

To Whom It May Concern:

I am writing on behalf of Kentucky's Behavioral Health Planning and Advisory Council to confirm that Council members have reviewed Kentucky's FY 2019 SAPT and CMHS Block Grant Behavioral Health Report, which reports on the federal funds expended during state fiscal year 2018 and prior. Time was allocated at today's Council meeting to discuss the report, including the data tables required for submission on December 1, 2018. The Department for Behavioral Health, Developmental and Intellectual Disabilities welcomes recommendations and comments prior to and after submission of the year end 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