

Kentucky

UNIFORM APPLICATION

FY 2022 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 12/20/2021 11.15.00 AM)

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

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Agency Name Department for Behavioral Health, Development, and Intellectual Disabilities

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

From 7/1/2020

To 6/30/2021

IV. Date Submitted

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

Submission Date 11/30/2021 4:37:52 PM

Revision Date 11/30/2021 4:38:03 PM

V. Contact Person Responsible for Report Submission

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0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

B. Implementation 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 employment for Adults with SMI

Objective:

Increase the percentage of Adults having SMI, served by the 14 CMHCs, who are employed by 1% from SFY2019 (baseline) to SFY2021 (end year for SFY2020-SFY2021 MHBG Combined Plan).

Strategies to attain the goal:

- * Each of the 14 CMHCs is required by contract to report employment status annually through the MIS system (Client and Event Data Set)
- * Provide awareness opportunities and training regarding Recovery Principles and the importance of Supported Employment in the service delivery array. KY uses the Individual Placement and Support (IPS) Supported Employment Model.
- * Provide training and technical assistance to ensure that CMHCs understand how to engage clients in Supported Employment and bill for this service.
- * Provide training and technical assistance and fidelity monitoring to ensure most effective implementation of IPS Supported Employment services.
- * Provide training for how to most effectively supervise the work of IPS Supported Employment specialists.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Adults with SMI who are employed
Baseline Measurement: The SFY2019 percentage of Adults with SMI served by the 14 CMHCs who are employed. SFY2019: 18.22% = 7,979/43,765
First-year target/outcome measurement: Increase by .25% the percentage of Adults with SMI served by the 14 CMHCs who are employed from SFY2019. This is a comparison across consecutive years. FROM SFY2019: 18.22% TO SFY2020: 18.47%
Second-year target/outcome measurement: Increase by .25% the percentage of Adults with SMI served by the 14 CMHCs who are employed from SFY2019. This is a comparison across consecutive years. FROM SFY2019: 18.22% TO SFY2021: 18.72%

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

Data Source:

MIS Client/Event Data Set used by the Department and the 14 CMHCs.

New Data Source(if needed):

Description of Data:

Data report to show per State Fiscal Year (SFY): Report ID: BG_Adult_1_5_State
* the total number of unduplicated Adults w SMI served by the 14 CMHCs,
* the total number of unduplicated Adults w SMI served by the 14 CMHCs who are employed,
* the percentage of Adults w SMI served by the 14 CMHCs who are employed.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The Department's MIS system expects the Employment Status field to be updated at least annually or at any time employment status changes and will report those employed at year end for the purposes of this measure.

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:

While progress was made towards target, the COVID pandemic may have impacted the employment rate of adults with SMI as it impacted businesses negatively across the country.

The 2020 goal was to reach an employment rate among adults with SMI served to 18.74%. There was an increase of 18.22% in SFY 2019 to 18.25% in SFY 2020.

Programs will continue to implement IPS Supported Employment in an effort to increase employment among adults with SMI who are served by the 14 CMHCs.

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):

For SFY 2021, 43,204 adults with SMI were served by CMHCs and 8,817 of them were employed, for a total of 20.41% SMI employed. Target for second year was 18.72% employed. Achieved this target.

Priority #: 2

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 (ESMI/FEP).

Objective:

Fully implement Coordinated Specialty Care (CSC) as an evidence-based practice to serve individuals with ESMI/FEP, in at least two (2) additional outpatient sites from SFY 2019 (baseline year) until the end of SFY 2021. KY has named ESMI/FEP programs iHope.

Strategies to attain the goal:

Provide training and technical assistance to all outpatient sites funded to provide CSC to this population.
Utilize consultation from national experts in the field.
Convene biannual meetings with all key contacts from CMHCs regarding this population, to provide technical assistance/education regarding CSC and the ESMI/FEP population.

**Edit Strategies to attain the objective here:
(if needed)**

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Coordinated Specialty Care (CSC) as an evidence-based practice to individuals with ESMI/FEP.
Baseline Measurement:	At the end of SFY 2019, three (3) outpatient iHOPE sites had fully implemented Coordinated Specialty Care to serve individuals with ESMI/FEP (CMHC Regions 4, 6, and 11).

First-year target/outcome measurement: By the end of SFY 2020, at least one (1) additional outpatient site will offer fully implemented CSC to individuals with ESMI/FEP.

Second-year target/outcome measurement: By the end of SFY 2021, at least one (1) additional outpatient sites offering fully implemented CSC to individuals with ESMI/First Episode of Psychosis.

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

Data Source:

Department Periodic Report (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:

DEFINITIONS:
The following implementation stage definitions are from:
"The Snapshot of State Plans for Using the Community Mental Health Block Grant 10 percent set-aside to address first episode psychosis" (August 2018, page 5)

The state's current level of program implementation, which is defined here as the highest level any CSC program has reached in the state. The five levels of implementation are:

- 1) The Exploration stage requires states to identify their communities' needs, assess organizational capacity, identify programs that meet community needs, and understand program fidelity and adaptation.
- 2) The Installation stage occurs once a program has been selected and the state begins making the changes necessary to implement the program. This includes training and community outreach and education activities.
- 3) Initial Implementation occurs when the program has first been implemented and practitioners begin to put into practice the techniques learned during the exploration and installation stages.
- 4) Full Implementation occurs once staffing is complete, caseloads are full, services are provided, and funding streams are in place.
- 5) Program Sustainability occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the program. For the purposes of this report, program sustainability also includes the expansion of existing services.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Coordinated Specialty Care was first implemented in Kentucky in SFY 2017. DPR form 113H was first required in SFY 2018.

Fully achieved, there should be five (5) fully implemented CSC programs by the end of SFY 2021.

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):

Fully implemented CSC iHOPE programs are in regions 4,5,10,and 11 at the end of SFY 2020.

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):

Fully implemented CSC iHOPE programs are in regions 1,4,5,10 and 11 at the end of SFY 2021. Target for 2nd year was achieved.

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.

Objective:

Increase the total unduplicated number of children with SED who receive Peer Support services by 1% from SFY 2019 to SFY 2021.

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.
Provide training and technical assistance to ensure that CMHCs understand how to recruit, retain and support Youth and Family Peer Support Specialists in the workplace and how to appropriately document and bill for services.
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.
Provide training and technical assistance regarding the supervision of Peer Specialists.
Provide technical assistance to CMHCs regarding accurate coding procedures for reporting Peer Support services in client/event data set.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Peer Support services for children with SED.
Baseline Measurement: Total number of children who received Peer Support services from the 14 CMHCs in SFY 2018=949
First-year target/outcome measurement: Increase by .25% (of 949) the total number of children who receive Youth and Family Peer Support services, from the 14 CMHCs, during SFY 2020.
Second-year target/outcome measurement: Increase by .25% (of 949) the total unduplicated number of children and youth with SED who receive Youth and Family Peer Support services from the 14 CMHCs during SFY 2021.

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 children served by the 14 CMHCs who received Peer Support services in the SFY (including youth or family, individual or group Peer Support). Report form AMART using service codes 147-150. may be some duplication across services but unduplicated count of children within a service. Additional children to be served equals 24 in SFY 2020 and an 24 additional in SFY 2021.

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):

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

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

DBHDID believes there are several reasons why this target was not achieved. First, an inaccurate number was entered as the original baseline when the PI description was originally entered into WebBGAS. The baseline number should have been 570 instead of 949 as entered. Secondly, we now notice that the first and second year targets differ in their specificity related to SED. In retrospect, the two target descriptions should have been the same. In addition, the COVID 19 pandemic probably contributed to decline in numbers due to decreased access to children, due to schools and CMHCs switching to virtual contact. Also, in 2014, Cabinet level policy changes led to an opening of the Medicaid behavioral health network and led to the creation of many more providers other than what had traditionally been only CMHCs. DBHDID data shows a trend of declining numbers served by CMHCs since that time. CMHCs remain the statutory safety net provider for the SMI/SED population, and DBHDID's statutory contractors for these services. For the next two year period, this Performance Indicator has been rewritten, with the baseline number and the two targets clearly defined and vetted. DBHDID considers peer support a vital service and is committed to tracking it's access for youth with SED across the state.

How second year target was achieved (optional):

Priority #: 4
Priority Area: Primary Substance Use Prevention
Priority Type: SAP
Population(s): PP

Goal of the priority area:

Increase the perception of harm of electronic cigarettes
Reduce the incidence of Underage Drinking

Objective:

Increase the perception of harm of electronic cigarettes by 10 graders who participate in the KY Incentives for Prevention (KIP) Survey
Decrease the number of 10th graders who reported drinking alcohol in the past 30 days

Strategies to attain the goal:

- * Educate youth, parents, educators about the harmful effects of electronic cigarette use
- * Work to update current school and community smoke-free policies to address electronic cigarette use
- * Conduct Reward/Remind type activities with retailers related to sale of electronic cigarettes to minors
- * Improve early prevention screening and assessment of adolescents in school settings
- * Educate parents about "host parties" and the negative psychological 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

**Edit Strategies to attain the objective here:
(if needed)**

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of 10th graders who participate in the KIP survey who report perception of harm of electronic cigarettes.
Baseline Measurement:	2018 KIP Survey results indicate that 42.8% of 10th graders, who participate in the KIP survey reported that using electronic cigarettes on a regular basis had moderate to great risk
First-year target/outcome measurement:	The first year measure is a process measure based on total number of activities that address electronic cigarette use among youth as measured by data entered into the Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total

of 21 Kentucky residents, under the age of 19, received prevention services targeting tobacco use. First-year measure for the block grant will increase by 200 activities as a result of the emphasis placed on prevention of this substance.

Second-year target/outcome measurement: Increase by .5% the percentage of 10th graders, who participate in the KIP survey, who report use of electronic cigarettes on a regular basis has "moderate" to "great risk" (43.5%)

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

Data Source:

Kentucky Incentives for Prevention (KIP) Survey 2018; Kentucky's Prevention Data System

New Data Source(if needed):

Description of Data:

The KIP Survey provides information about student perceptions about the health dangers of electronic cigarettes and perceived accessibility of electronic cigarettes in the community. The 2018 survey included the addition of several new questions related to electronic cigarettes. 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, conducted every other year, 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 use. In 2018, over 128,000 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 2020 are available in 2021

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 first year measure is a process measure based on the total number of activities that address electronic cigarette use among youth as measured by data entered into the KY Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total of 21 Kentucky residents, under the age of 19, received prevention services targeting tobacco use. First-year measure for the block grant will increase by 200 activities as a result of the emphasis placed on prevention of this substance. For SFY 20 (July 1, 2019-June 30, 2020), 1,220 Kentucky residents, under the age of 19, received prevention services targeting e-cigarette use.

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

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

Due to COVID 19 pandemic, the Kentucky Incentives for Prevention (KIP) Survey was not administered. This Survey is scheduled to be administered in Fall of 2021. However, since this measure is based on a very specific cohort, this measure will not be able to be measured because by the time the survey is administered it will represent a different cohort.

How second year target was achieved (optional):

Indicator #:

2

Indicator:

Number of 10th graders, who participate in the KIP survey, who report past 30-day use of alcoholic beverages

Baseline Measurement:

2018 KIP Survey results indicate 16.8% of 10th graders answered that they consumed alcohol, on at least one occasion, in the past 30 days.

First-year target/outcome measurement: The first year measure is a process measure based on the total number of activities that

address underage drinking use among youth as measured by data entered into the Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total of 5,590 youth, under age 19, received prevention services targeting underage drinking. First-year measure for the block grant will increase by 10% the number of (6,149) activities as a result of the emphasis placed on prevention of this substance.

Second-year target/outcome measurement: Decrease by 2% the number of 10th graders that report having consumed alcohol, on at least one occasion, in the past 30 days.

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

Data Source:

Kentucky Incentives for Prevention (KIP) Survey 2018, Kentucky's Prevention Data System

New Data Source(if needed):

Description of Data:

The KIP Survey provides information about student perceptions and use of alcohol, tobacco and other drugs. Once the survey data is 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. In 2018, over 128,000 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 2020 are available in 2021

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 first year measure is a process measure based on the total number of activities that address underage drinking use among youth as measured by data entered into the KY Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total of 5,590 youth, under age 19, received prevention services targeting underage drinking. First-year measure for the block grant will increase by 10% the number of (6,149) activities as a result of the emphasis placed on prevention of this substance. For SFY 20 (July 1, 2019 -June 30, 2020, 8,178 Kentucky residents under the age of 19 received prevention services targeting underage drinking.

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

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

Due to COVID 19 pandemic, the Kentucky Incentives for Prevention (KIP) Survey was not administered. This Survey is scheduled to be administered in Fall of 2021. However, since this measure is based on a very specific cohort, this measure will not be able to be measured because by the time the survey is administered it will represent a different cohort.

How second 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:

Simultaneously protect infants who are affected by prenatal substance use and support mothers and families in their capacity to provide care for infants following birth/hospital discharge.

Objective:

Pilot a project to create a model of Plan of Safe Care (POSC) that meets the Child Abuse Prevention Treatment Act (CAPTA) requirements, is multi-disciplinary and intended to support the mother and infant prior to and after discharge from the hospital.

Strategies to attain the goal:

Identify services and supports that will be provided to the mother and infant, delineates who is responsible for ensuring that the mother is aware of, and does access, needed services and supports.

Recognize the important role of trauma and adverse childhood experiences in this population.

Stabilize the mother in the post-partum period and provide ongoing supports for positive parenting and a safe home environment for the infant. Create opportunities to reduce adverse childhood experiences for the infant, thereby improving long-term outcomes, and reducing the risks of repeating the cycle of substance use as they grow into their teenage years.

**Edit Strategies to attain the objective here:
(if needed)**

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Plan of Safe Care (POSC) Implementation

Baseline Measurement: Establishment of POSC sites to serve PWWDC with SUDs

First-year target/outcome measurement: At the end of SFY2020, four (4) Community Mental Health Centers (CMHC) will become a fully established Plan of Safe Care site. (CMHC regions 6,11,14,15)

Second-year target/outcome measurement: By the end of SFY2021, at least one (1) additional Plan of Safe Care site will be established at a CMHC.

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

Data Source:

Opioid STR Table B2 (KORE funding and CMHC contract Reporting Requirement)
Annual Statement of Revenues and Expenditures

New Data Source(if needed):

Description of Data:

By the end of 2021, there will be at least 5 POSC sites implemented.

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):

Fully implemented POSC sites include Regions 6,11,14 and 15.

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):

At the end of SFY 2021, there were fully implemented POSC sites in Regions 4,5,6,11,13,14,15.

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 (SEPs) statewide

Objective:

Monitor the number of Syringe Exchange Programs across the Commonwealth of KY

Strategies to attain the goal:

Collaborate with the Office of Drug Control Policy, the Harm Reduction Coalition and the KY Department for Public Health to educate communities about the benefits of syringe exchange programs (SEPs). Encourage the increase of local ordinances to create local syringe exchange programs.

**Edit Strategies to attain the objective here:
(if needed)**

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The number of syringe exchange programs (SEPs) in place across the Commonwealth
Baseline Measurement: At the end of SFY2019, there are 62 SEPs across the Commonwealth.
First-year target/outcome measurement: Increase by 2, the total number of SEPs from SFY2019. This is a comparison across consecutive years.
Second-year target/outcome measurement: Increase by 2, the total number of SEPs from SFY2019. This is a comparison across consecutive years.

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

Data Source:

The Kentucky Department for Public Health Surveillance data, Kentucky Office of Drug Control Policy (ODCP), Kentucky Harm Reduction Coalition, the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID).
<https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx>

New Data Source(if needed):

Description of Data:

The Kentucky Department for Public Health monitors the number of SEPs statewide and also posts to their website the days/hours of operation for each program. 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. The 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. The SEPs in Kentucky also provide linkages to critical services and programs including substance use

disorder treatment programs; overdose revention 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 USED TO 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):

The 2020 goal was 64 SEPs. As of 6/30/202, there were 73 SEPs across the state.

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 target for SFY 2021 was 66 Syringe Exchange Programs. At the end of SFY 2021 Kentucky has 75 action SEPs.

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

Objective:

Ensure all clients presenting for substance use services are adequately screened for TB.

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 for TB
- * Ensure that CMHCs are systematically screening for TB among individuals receiving services for SUDs
- * Offer CMHCs technical assistance in updating and improving their policies and procedures regarding TB screening and referral.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Screen for TB persons who present for substance use services at the 14 CMHCs.

Baseline Measurement: During SFY2019, 12 of 14 CMHCs had written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders

First-year target/outcome measurement: Thirteen of 14 CMHCs will submit their written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders. This is a comparison across consecutive years. FROM SFY2019: 12 TO SFY2020: 13

Second-year target/outcome measurement: Fourteen of 14 CMHCs will submit their new or updated written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders. This is a comparison across consecutive years. FROM SFY2019: 12 TO SFY2020: 14

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

Data Source:

Submission of copies of TB-related policies and procedures, by 14 CMHCs, through the Plan and Budget process conducted in April

New Data Source(if needed):

Description of Data:

Written policies and procedures 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):

All 14 CMHCs have submitted TB screening Policy and Procedure.

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):

At the end of SFY 2021, all 14 CMHCs have submitted written policies and procedures regarding tuberculosis screening for those seeking or receiving SUD services.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

**for the Community Services Mental Health Block Grant (MHBG)
for Federal Fiscal Year Ending September 30, 2021
Due Date: December 31, 2021**

For the Federal Fiscal Year ending September 30, 2021, please upload a Word or PDF document in Table 1 of the FY22 MHBG Report on the COVID Testing and Mitigation activities and expenditures by providing the following information, due by December 31, 2021:

List the items and activities of expenditures completed by September 30, 2021. (if no activities were completed, note here with Not Applicable)

COVID Testing and Mitigation Program Report for STATE	
Item/Activity	Amount of Expenditure
Not Applicable	Not Applicable

C. State Agency Expenditure Reports

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

Reporting Period Start Date: 7/1/2020 Reporting Period End Date: 6/30/2021

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2020	Estimated/Actual SFY 2021	Expense Type
\$3,832,010	\$8,178,327	\$7,400,483	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

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

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

C. State Agency Expenditure Reports

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

Period (A)	Expenditures (B)	$\frac{B1 (2019) + B2 (2020)}{2}$ (C)
SFY 2019 (1)	\$20,551,883	
SFY 2020 (2)	\$20,554,227	\$20,553,055
SFY 2021 (3)	\$20,557,212	

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

SFY 2019	Yes	<u> X </u>	No	_____
SFY 2020	Yes	<u> X </u>	No	_____
SFY 2021	Yes	<u> X </u>	No	_____

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Kentucky Behavioral Health Planning and Advisory Council

Robin Osborne, Chair

Peggy Roark, Vice Chair

Sherry Sexton, Secretary

275 E. Main Street, 4W-G, Frankfort, KY 40601

November 18, 2021

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

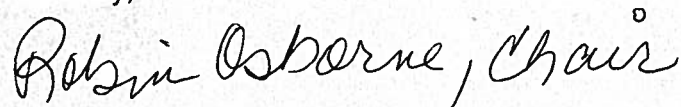
Rockville, MD 20857

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 2022 SAPT and CMHS Block Grant Behavioral Health Report, which reports on the federal funds expended during state fiscal year 2021. Time was allocated at today's Council meeting to discuss the report, including the data tables required for submission on December 1, 2021. The Department for Behavioral Health, Developmental and Intellectual Disabilities welcomes recommendations and comments prior to and after submission of the 2022 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,



Robin Osborne, Chair

Kentucky Behavioral Health Planning and Advisory Council

cc: Melissa Runyon, Kentucky Block Grant Planner, Division of Behavioral Health