Kentucky

UNIFORM APPLICATION
FY 2024 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID	LECJQDCLHVE5

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	Katie
Last Name	Marks
Agency Name	Department for Behavioral Health, Development, and Intellectual Disabilities
Mailing Address	275 East Main Street 4W-F
City	Frankfort
Zip Code	40621
Telephone	502-782-6106
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III. State Expenditure Period (Most recent State exependiture period that is closed out)

From	7/1/2022
To	6/30/2023

IV. Date Submitted

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

Submission Date	
Revision Date	

V. Contact Person Responsible for Report Submission

First Name	Melissa
Last Name	Runyon
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0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

Kentucky Behavioral Health Planning & Advisory Council

275 East Main Street, 4W-G, Frankfort, KY 40601

November 16, 2023

Odessa Crocker
Grants Management Officer
Division of Grants Management
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Odessa Crocker,

I am writing on behalf of Kentucky's Behavioral Planning and Advisory Council to confirm that Council members have reviewed the Behavioral Health Reports for the Mental Health Block Grant and the Substance Use Prevention, Treatment and Recovery Services Block Grant. These reports provide required information on the federal funds expended during state fiscal year 2023.

Time was allocated to today's Council meeting to discuss the reports, including the data tables required for submission on December 1, 2023. The Department for Behavioral health, Developmental and Intellectual Disabilities welcomes recommendations and comments prior to and after submission of the 2024 Behavioral Health Reports.

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

Sincerely,

Sharon Darnell

Sharon Darnell
Chair, Kentucky Behavioral Health Planning and Advisory Council

Cc: Melissa Runyon, Block Grant State Planner

B. Implementation Report

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

Priority #: 1

Priority Area: Adults with SMI

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Maintain a rate of 8% or less of psychiatric hospital discharges to a personal care home where the admission living arrangement was not personal care home

Objective:

To avoid an increase in the rate of adults, who did not already reside in personal care homes, being discharged to personal care homes from state-operated/contracted psychiatric hospitals.

Strategies to attain the goal:

The electronic medical records system utilized by state-operated/contracted psychiatric hospitals collects living arrangement at admission and discharge.
Maintain collaborative partnerships between the state-operated/contracted psychiatric hospitals and the CMHCs to facilitate referrals to community services.
Maintain contracts with CMHCs to provide evidence-based practices that assist individuals with SMI to live in the community: Assertive Community Treatment, Permanent Supportive Housing, Supported Employment and Peer Support services.
Provide training, technical assistance and fidelity monitoring to ensure most effective implementation of these evidence-based practices.
Provide technical assistance to the state-operated/contracted psychiatric hospitals and the CMHCs to address barriers to community placement.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home.

Baseline Measurement: The SFY 2020 percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home was at 5% = 267/5,278.

First-year target/outcome measurement: By the end of SFY 2022, the percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home will be maintained as less than 8%. This number will be calculated annually.

Second-year target/outcome measurement: By the end of SFY 2023, the percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home will be maintained as less than 8%. This number will be calculated annually.

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

Data Source:

DBHDID Facility Data Set

New Data Source*(if needed)*:

Description of Data:

Data report to show per State Fiscal Year (SFY): Report ID: COC_10-DC-LA_Not_From_PCH
The total number of percentage of adults discharged from a state-operated psychiatric hospital to a personal care home where the admission living arrangement was not personal care home.
The report is based on SFY (July 1 - June 30). This report is updated monthly.
This report includes data for Central State Hospital, Western State Hospital, and Eastern State Hospital.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The electronic medical record system is the source of data. Technical issues that are unique to each facility's system sometimes occur. Troubleshooting technical issues with this system as they arise involves a third party vendor and a third party data management contract. In addition, this rate would be impacted if a significant or unusual change occurred to the total number of adults discharged in any single year..
It is expected that adults needing the levels of care described in this indicator are experiencing SMI. However, the specific data sets for both state-operated/contracted psychiatric hospitals and personal care homes are not required to have a specific SMI market. Personal care home admissions are required to have a diagnosis of mental illness that is expected to last at least two (2) years, and individuals must need assistance with daily living/personal care functioning.

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 2022, there were 5,040 people discharged from state psychiatric hospitals who did not live in personal care homes upon admission. 214 of those were discharged to personal care homes for a total of 4.2%.

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:

In SFY 2023 there were 5,304 people discharged from state psychiatric hospitals who did not live in Personal Care Homes upon hospital admission. Of those, 223 were discharged to Personal Care Homes for a total of 4.2%.

Priority #: 2

Priority Area: Early Serious Mental Illness/First Episode 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 psychosis (FEP).

Objective:

Ensure rapid access to a prescriber for young people being admitted into Coordinated Specialty Care programs.

Strategies to attain the goal:

Provide training and technical assistance to all outpatient sites funded to provide Coordinated Specialty Care (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.
Embed rapid access measures and rationale into CMHC contract deliverables for CSC outpatient funded sites.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Young people will have access to available prescriber appointments within seven (7) days of admission into one of the eight (8) CSC programs. Young people served in CSC programs are not required to see a prescriber, but may choose to see a team prescriber, even if they do not wish to take medication. However, for ALL who choose to see a prescriber, rapid access is essential. Rapid access to care, including evidence-based medication management/education is a large part of the evidence base for CSC.

Baseline Measurement: As of the third quarter of SFY 2021, eight (8) CSC funded programs had team prescribers identified to see young people upon admission into CSC programming. There were 54 new young people admitted into CSC programs, 35 of those new admissions saw the team prescriber within 7 days upon admission, resulting in a statewide total of 65% of new admissions into CSC programs seeing team prescribers within 7 days of admission.

First-year target/outcome measurement: By the end of SFY 2022, the statewide total of new admissions into CSC programs seeing team prescribers within 7 days of admission will be 70 % of all new admissions who choose to see team prescribers.

Second-year target/outcome measurement: By the end of SFY 2023, the statewide total of new admissions into CSC programs seeing team prescribers within 7 days of admission will be 75% of all new admissions who choose to see team prescribers.

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

Data Source:

Department Periodic Report (DPR) form 113H/CMHC Contract Reporting Requirement. Additional CSC site level data as needed.

New Data Source*(if needed)*:

Description of Data:

DPR Form 113H. All CMHC CSC sites submit this form on a quarterly basis. Data are collected from this form regarding prescriber access, in addition to all new admissions.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

It is best practice for all young people experiencing early signs of psychosis is to see a prescriber for education and consultation regardless whether they take medications. However, many young people choose to not see the prescriber. This indicator is intended to honor the choice of young people, so that choice will be taken into account as we calculate access rates.

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)*:
During SFY 2022, the total new admissions into CSC sites was 96. Out of those 96, 74 new admissions saw prescribers within 7 days of admission, for a total of 77%.

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:

Of the total new admissions into CSC teams during SFY 2023, 112 new admissions chose to see prescribers. Of these, 105 saw a prescriber within 7 days for a total of 94%.

Priority #: 3

Priority Area: Children with 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 number of children/youth with SED who receive peer support services.

Strategies to attain the goal:

CMHCs with Transition Age Youth specialized programming are required by contract to have peer support services available to children/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 Support Specialists in the service delivery array.
Provide training and technical assistance regarding the supervision of Peer Support 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 young people up to age 26, including those with SED.

Baseline Measurement: Total number of young people up to age 26 who received Youth or Family Peer Support (individual or group) during SFY 2020 was 1,416.

First-year target/outcome measurement: Increase by .25% the total number of young people up to age 26 who receive Youth or Family Peer Support services, from the CMHCs, during SFY 2022. At the end of SFY 2022, 1,420 young people should have received Youth or Family Peer Support services.

Second-year target/outcome measurement: Increase by .25% the total number of young people up to age 26 who receive Youth or Family Peer Support services, from the CMHCs, during SFY 2023. At the end of SFY 2023, 1,424 young people should have received Youth or Family Peer Support services.

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

Data Source:

DBHDID Client/Event Data Set

New Data Source*(if needed)*:

Description of Data:

Data report to show the total number of young people up to age 26 served by the CMHCs, who received Youth or Family Peer Support (individual or group peer support services). Report from AMART using the following filters: All MH served, statewide, in-region/out-of-region, status 1, 2, & 3, ages 1 through 25, units of service client count, service codes 147,148,149,150.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Due to the data intricacies involved in capturing all young people up to age 26 who are served with Peer Support services, this indicator will utilize reports of All MH served for measurement, which will include All SED children served, but will also include young people in the transition age youth category.

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)*:

During SFY 2022, a total of 1,601 young people under the age of 26 received Youth and Family Peer Support services. The target was 1,420.

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:

At the end of SFY 2023, 1,488 young people receive Youth or Family Peer Support services. The target was 1,424.

Priority #: 4

Priority Area: Primary Prevention

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Reduce alcohol use and electronic cigarettes use among 10th graders in Kentucky.

Objective:

Increase the perception of harm of electronic cigarettes in 10th graders.
Decrease 30-day use of alcohol by 10th graders.

Strategies to attain the goal:

1.1.1.- Educate youth, parents and educators about the harmful effects of electronic cigarette use.
1.1.2 - Provide training and technical assistance to schools and community organizations to update school and community smoke-free policies to address electronic cigarettes use.
1.1.3.- Conduct Reward/Remind type activities with retailers related to sale of electronic cigarettes to minors.
1.1.4 - Provide training and technical assistance to schools to support and enhance early prevention screening and assessment of adolescents.
1.2.1 - Education parents about "host parties" and the negative psychological effects of alcohol consumption by adolescents.
1.2.2.- Provide training and technical assistance to community coalitions to expand Social Host Ordinances implementation and enforcement.
1.2.3 - Implement and expand the "Keep a Lid on It" strategy to reduce youth access to alcohol-to-go-sales.
1.1.4 - Provide training and technical assistance to school to support and enhance early prevention screening and assessment of adolescents.

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 "great risk" or

"moderate risk" in use of e-cigarettes "some days but not every day?".

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. During SFY 2020, 4,905 Kentucky residents, under the age of 21, received prevention services targeting tobacco use.

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). First year measure for the block grant is to increase by 3% (to 5,052) the number of Kentucky residents, under the age of 21, who receive prevention services targeting tobacco use.

Second-year target/outcome measurement: Increase by 2% the percentage of 10th graders, who participate in the 2023 KIP Survey, who report use of electronic cigarettes on a regular basis as "moderate' to "great risk". (44.8%)

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

Data Source:

Kentucky Incentives for Prevention (KIP) Survey: 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, in 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 these communities. Districts utilize their KIP results extensively for grand-writing purposes, prevention activities, and various other needs related to program planning.
The Prevention Data System is Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end date of the activity. the cloud-based system provides data for various SAMHSA Block Grant reporting requirements related to primary prevention.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The KIP Survey is conducted biannually, with the next iteration scheduled to occur in the fall of 2021. (the 2020 KIP survey did not occur due to the pandemic). Data is available approximately 6 months post administration.

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)*:
During SFY 2022, 11,110 people under the age of 21 received tobacco prevention services. The target was 5,052.

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:

The percentage of Kentucky 10th graders who reported use of electronic cigarettes as "moderate" to "great risk" on the Kentucky Incentives for Prevention (KIP) Survey rose to 62.1%, which is a 45% increase. The target was to increase by 2%.

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 1 occasion, in the past 30 days. SFY 2020 data reports 4,688 youth, under the age of 19, received prevention services targeting underage drinking.
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). First-year measure for the block grant will increase by 3% (to 6,149) the number of youth, under the age of 19, receiving prevention services targeting underage drinking.
Second-year target/outcome measurement:	Decrease by 1% (to 16.5), the number of 10th graders that report having consumed alcohol on at least 1 occasion, in the past 30 days.

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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 these communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.
The Prevention Data System if Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end data of the activity. The cloud-based system provides data for various SAMHSA Block Grant reporting requirement related to primary prevention.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The KIP Survey is conducted biannually, with the next iteration scheduled to occur in the fall of 2021 (the 2020 KIP Survey did not occur due to the pandemic). Data is available approximately 6 months post administration.

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)*:
During SFY 2022, 11,103 people under the age of 19 received alcohol related prevention services. The target was 6,149.

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:

The percentage of Kentucky 10th graders who reported consuming alcohol on at least one occasion in the past 30 days, on the Kentucky Incentives for Prevention Survey (KIP) fell from 16.8% to 13%, which is a 22.6% decrease. The target was to decrease by 1%.

Priority #: 5

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

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 discharges.

Objective:

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 to be provided to the mother and infant, and delineate who is responsible for ensuring that the mother is aware of, and accesses 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) implmentation

Baseline Measurement: As of the end of SFY 2021, there are seven (7) POSC sites to serve PWWDC with SUDs.

First-year target/outcome measurement: At the end of SFY 2022, one (1) additional Community Mental Health Center (CMHC) will become a POSC site.

Second-year target/outcome measurement: At the end of SFY 2023, one (1) additional Community Mental Health Center (CMHC) will become a POSC site.

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:

The total number of POSC sites within Community Mental Health Centers (CMHCs).

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Expected outcome measure for the 2 year period equals nine (9) total POSC sites by the end of SFY 2023.

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 2022, there are 10 (ten) CMHCs with Plans of Safe Care Sites. The target was eight (8).

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:
At the end of SFY 2023, there are 10 CMHCs with Plans of Safe Care sites. The target was 9.

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 Services Programs (SSPs) statewide.

Objective:

Monitor and increase the number of Syringe Services Programs across the state.

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of syringe services programs (SSPs) in place across the state.

Baseline Measurement: At the end of SFY 2021 there are 74 SSPs across the state.

First-year target/outcome measurement: At the send of SFY 2022, there will be one (1) additional SSP in the state. This is a comparison across consecutive years.

Second-year target/outcome measurement: At the end of SFY 2023, there will be one (1) additional SSP in the state. 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, and 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 SSPs statewide and also posts to their website the days/hours of operation for each program. The ODCP and the Kentucky Harm Reduction Coalition and DBHDID work to educate individuals and communities about the cost, benefits, myths, and best practice guidelines for initiating and maintaining SSPs. The target for the end of

SFY 2023 is 76 SSPs in Kentucky.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

SSPs have existed and been studied extensively in the United States since 1988. The SSPs are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes, and other safe injection education. the SSPs in Kentucky also provide linkages to critical services and programs including substance use disorder treatment programs, overdoes prevention education, screening, care and treatment for HIV and viral hepatitis, prevention of mother-to-child transmission, hepatitis A and 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 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 SSPs.

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 2022, there are 82 Syringe Services Programs in Kentucky. The target was 75.

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:

At the end of SFY 2023, there are 83 Syringe Services Programs in Kentucky. The target was 76.

Priority #: 7

Priority Area: Individuals who receive Substance Use Disorder 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 SUD.

Objective:

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

Strategies to attain the goal:

Continue partnering with the Kentucky Department for Public Health and the CMHCs to improve data collection definitions and screening protocols 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 persons who present for substance use services at the fourteen (14) CMHCs for TB.

Baseline Measurement: At the end of SFY 2021, all 14 CMHCs have submitted written policies regarding screening all individuals seeking services for SUDs for TB. However, at the end of SFY 2021, CMHCs do not have written procedures outlining specific methods of screening and subsequent referrals, including written procedures of how staff will be trained to follow the written policies/procedures.

First-year target/outcome measurement: At the end of SFY 2022, four (4) of the CMHCs will submit written procedures detailing the process for TB screening and subsequent referral as indicated, for all individuals seeking services for SUDs, to include staff training processes and training curriculum that ensures effective and consistent implementation of policies and procedures.

Second-year target/outcome measurement: At the end of SFY 2023, two (2) additional CMHCs will submit written procedures detailing the process for TB screening and subsequent referral as indicated, for all individuals seeking services for SUDs, to include staff training processes and training curriculum that ensures effective and consistent implementation of policies and procedures.

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

Data Source:

Submission of TB-related procedures, including training processes and curriculum, by CMHCs, through the Plan and Budget process.

New Data Source*(if needed)*:

Description of Data:

At the end of SFY 2023, six (6) CMHCs will have submitted written procedures regarding TB screening and subsequent referral as indicated, to include staff training and training curriculum.

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)*:
At the end of SFY 22, there are 10 (ten) CMHCs with written, approved, policies regarding screening for tuberculosis among individuals receiving substance use disorder services. The target was 4 CMHCs.

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:

At the end of SFY 2023, all 14 CMHCs have written, approved policies regarding screening for TB among individuals receiving SUD services. The target was 6 CMHCs.

Priority #: 8

Priority Area: Adults with SMI

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Maintain a rate of 8% or less of psychiatric hospital discharges to a personal care home where the admission living arrangement was not personal care home.

Objective:

To avoid an increase in the rate of adults, who did not already reside in personal care homes, being discharged to personal care homes from state-operated/contracted psychiatric hospitals.

Strategies to attain the goal:

The electronic medical record system utilized by state-operated/contracted psychiatric hospitals collected living arrangement at admission and discharge.
Maintain collaborative partnerships between the state-operated/contracted psychiatric hospitals and the CMHCs to facilitate referrals to community services.
Maintain contracts with CMHCs to provide evidence-based practices that assists individuals with SMI to live in the community: Assertive Community Treatment, Permanent Supportive Housing, Supported Employment and Peer Support services.
Provide training, technical assistance and fidelity monitoring to ensure most effect implementation of these evidence-based practices.
Provide technical assistance to the state-operated/contracted psychiatric hospitals and the CMHCs to address barriers to community placement.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home.

Baseline Measurement: The SFY 2020 percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home was at 5% = 267/5,278.

First-year target/outcome measurement: By the end of SFY 2022, the percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home will be maintained as less than 8%. This number will be calculated annually.

Second-year target/outcome measurement: By the end of SFY 2023, the percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home will be maintained as less than 8%. This number will be calculated annually.

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

Data Source:

DBHDID Facility Data Set

New Data Source*(if needed)*:

Description of Data:

Data report to show per State Fiscal Year (SFY): Report ID: COC_10-DC-LA_Not_From_PCH
The total number of percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home.
The report is based on SFY (July 1 - June 30). This report is updated monthly.
The report includes data for Central State Hospital, Western State Hospital, and Eastern State Hospital.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The electronic medical record system is the source of data. Technical issues that are unique to each facility's system sometimes occur.

Troubleshooting technical issues with this system as they arise involves a third party vendor and a third party data management contract. In addition, this rate would be impacted if a significant or unusual change occurred to the total number discharged in any single year.
It is expected that adults meeting the levels of care described in this indicator are experiencing SMI. However, the specific data sets for both state-operated/contracted psychiatric hospitals and personal care homes are not required to have a specific SMI marker. Personal care home admissions are required to have a diagnosis of mental illness that is expected to last at least 2 years, and individuals must need assistance with daily living/personal care functioning.

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)*:
During SFY 2022, there were 5,040 people discharged from state psychiatric hospitals who did not live in personal care homes. Of those, 214 were discharged to personal care homes, for a total of 4.2%.

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:
In SFY 2023, there were 5,304 people discharged from state psychiatric hospitals who did not live in Personal Care Homes upon admission. Of these, 223 were discharged to Personal Care Homes for a total of 4.2%.

Priority #: 9

Priority Area: Early Serious Mental Illness/First Episode 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 psychosis (FEP).

Objective:

Ensure rapid access to a prescriber for young people being admitted into Coordinated Specialty Care (CSC) programs.

Strategies to attain the goal:

Provide training and technical assistance to all outpatient sites funded to provide Coordinated Specialty Care (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.
Embed rapid access measures and rationale into CMHC contract deliverables for CSC outpatient funded sites.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Young people will have access to available prescriber appointments within seven (7) days of admission into one of the eight (8) CSC programs. Young people served in CSC programs are not required to see a prescriber, but may choose to see a team prescriber, even if they do not wish to take medication. However, for ALL who choose to see a prescriber, rapid access is essential. Rapid access to care, including evidence-based medication

management/education is a large part of the evidence base for CSC.

Baseline Measurement: As of the third quarter of SFY 2021, eight (8) CSC funded programs had team prescribers identified to see young people upon admission into CSC programming. There were 54 new young people admitted into CSC programs, 35 of those new admissions saw the team prescriber within 7 days upon admission, resulting in a statewide total of 65% of new admissions into CSC programs seeing team prescribers within 7 days of admission.

First-year target/outcome measurement: By the end of SFY 2022, the statewide total of new admissions into CSC programs seeing team prescribers within 7 days of admission will be 70 % of all new admissions who choose to see team prescribers.

Second-year target/outcome measurement: By the end of SFY 2023, the statewide total of new admissions into CSC programs seeing team prescribers within 7 days of admission will be 75% of all new admissions who choose to see team prescribers.

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

Data Source:

Department Periodic Report (DPR) form 113H/CMHC Contract Reporting Requirement. Additional CSC site level data as needed.

New Data Source*(if needed)*:

Description of Data:

DPR form 113H. All CMHC CSC sites submit this form quarterly. Data are collected from this form regarding prescriber access, in addition to all new admissions.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

It is best practice for all young people experiencing early signs of psychosis is to see a prescriber for education and consultation regardless whether they take medications. However, many young people choose to not see the prescriber. This indicator is intended to honor the choice of young people, so that choice will be taken into account as we calculate access rates.

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)*:
During SFY 2022, there were 96 new young people admitted to CSC programs. Of those 96 new admissions, 74 saw a prescriber within 7 days, for a total of 77%.

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:

Of the total admissions to CSC teams during SFY 2023, 112 new admissions chose to see a prescriber. Of these, 105 saw a prescriber within 7 days for a total of 94%.

Priority #: 10

Priority Area: Children with 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 number of children/youth with SED who receive Peer Support services.

Strategies to attain the goal:

CMHCs with Transition Age Youth specialized programming are required by contract to have Peer Support services available to children/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 Support Specialists in the service delivery array.
Provide training and technical assistance regarding the supervision of Peer Support 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 young people up to age 26, including those with SED.

Baseline Measurement: Total number of young people up to age 26 who received Youth or Family Peer Support (individual or group) during SFY 2020 was 1,416.

First-year target/outcome measurement: Increase by .25% the total number of young people up to age 26 who receive Youth or Family Peer Support services, from the CMHCs, during SFY 2022. At the end of SFY 2022, 1,420 young people should have received Youth or Family Peer Support services.

Second-year target/outcome measurement: Increase by .25% the total number of young people up to age 26 who receive Youth or Family Peer Support services, from the CMHCs, during SFY 2023. At the end of SFY 2023, 1,424 young people should have received Youth or Family Peer Support services.

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

Data Source:

Client/Event Data Set used by DBHDID and the CMHCs.

New Data Source*(if needed)*:

Description of Data:

Data report to show the total number of young people up to age 26 served by the CMHCs, who received Youth or Family Peer Support services in each respective state fiscal year (includes counts for individual and group peer support services) Report form AMART using the following filters: All MH served, statewide, in-region/out-of-region, status 1, 2, & 3, ages 1 through 25, units of service client count, service codes 147,148,149 150.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Due to the data intricacies involved in capturing all young people up to age 26 who are served with Peer Support services, this indicator will utilize reports of All MH served for measurement, which will include All SED served, but will also include young people included in the transition age youth category.

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)*:
During SFY 2022, 1,601 young people under the age of 26 received Youth or Family Peer Support services. The target was 1,420.

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:
At the end of SFY 2023, 1,488 young people received Youth or Family Peer Support. The target was 1,424.

Priority #: 11

Priority Area: Primary Prevention

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Reduce alcohol use and electronic cigarette use among 10th graders in Kentucky.

Objective:

Increase the perception of harm of electronic cigarettes.
Decrease the 30-day use of alcohol by 10th graders.

Strategies to attain the goal:

1.1.1.- Educate youth, parents and educators about the harmful effects of electronic cigarette use.
1.1.2 - Provide training and technical assistance to schools and community organizations to update school and community smoke-free policies to address electronic cigarettes use.
1.1.3.- Conduct reward/remind type activities with retailers related to sale of electronic cigarettes to minors.
1.1.4 - Provide training and technical assistance to schools to support and enhance early prevention screening and assessment of adolescents.
1.2.1 - Educate parents about "host parties" and the negative psychological effects of alcohol consumption by adolescents.
1.2.2. - Provide training and technical assistance to community coalitions to expand Social Host Ordinances implementation and enforcement.
1.2.3 - Implement and expand the "Keep a Lid on It" strategy to reduce youth access to alcohol-to-go sales.
1.1.4 - Provide training and technical assistance to school to support and enhance early prevention screening and assessment of adolescents.

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 "great risk" or "moderate risk" in use of e-cigarettes "some days but not every day?".

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. During SFY 2020, 4,905 Kentucky residents, under the age of 21, received prevention services targeting tobacco use.

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). First year measure for the block grant is to increase by 3% (to 5,052) the number of Kentucky residents, under the age of 21, who receive prevention services targeting tobacco use.

Second-year target/outcome measurement: Increase by 2% the percentage of 10th graders, who participate in the 2023 KIP Survey, who report use of electronic cigarettes on a regular basis as "moderate' to "great risk". (44.8%)

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

Data Source:

Kentucky Incentives for Prevention (KIP) Survey, 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 these communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.
The Prevention Data System is Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end date of the activity. The cloud-based system provides data for various SAMHS Block Grant reporting requirements related to primary prevention.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The KIP Survey is conducted biannually, with the next iteration scheduled to occur in the fall of 2021 (the 2020 KIP Survey did not occur due to the pandemic). Data is available approximately 6 months post administration.

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 2022, 11,110 people under the age of 21 received tobacco prevention services. The target was 5,052.

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:

The percentage of Kentucky 10th graders who reported use of electronic cigarettes as "moderate" to "great risk" on the Kentucky Incentives for Prevention (KIP) Survey, rose to 62.1%. This is a 45% increase. The target was 2%.

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 1 occasion, in the past 30 days. SFY 2020 data reports 4,688 youth, under the age of 19, received prevention services targeting underage drinking.
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). First-year measure for the block grant will increase by 3% (to 6,149) the number of youth, under the age of 19, receiving prevention services targeting underage drinking.

Second-year target/outcome measurement: Decrease by 1% (to 16.5), the number of 10th graders that report having consumed alcohol on at least 1 occasion, in the past 30 days.

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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 these communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.
The Prevention Data System is Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end date of the activity. The cloud-based system provides data for various SAMHSA Block Grant reporting requirements related to primary prevention.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The KIP Survey is conducted biannually, with the next iteration scheduled to occur in the fall of 2021 (the 2020 KIP Survey did not occur due to the pandemic). Data is available approximately 6 months post administration.

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)*:
During SFY 2022, 11,103 people under the age of 19 received alcohol related prevention services. The target was 6,149.

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:

The percentage of Kentucky 10th graders who reported consuming alcohol on at least one occasion in the past 30 days, on the Kentucky Incentives for Prevention (KIP) Survey, fell from 68% to 13%, which is a 22.6% decrease. The target was a 1% decrease.

Priority #: 12

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

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 discharges

Objective:

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 to be provided to the mother and infant, and delineate who is responsible for ensuring that the mother is aware of, and accesses 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: As of the end of SFY 2021, there are seven (7) POSC sites to serve PWWDC with SUDs.

First-year target/outcome measurement: At the end of SFY 2022, one (1) additional Community Mental Health Center (CMHC) will become a POSC site.

Second-year target/outcome measurement: At the end of SFY 2023, one (1) additional Community Mental Health Center (CMHC) will become a POSC site.

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:

The total number of POSC sites within the Community Mental Health Centers.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Expected outcome measure for the 2 year period equals nine (9) total POSC sites by the end of SFY 2023.

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 2022, there are 10 (ten) CMHCs with Plan of Safe Care sites. The target was 8.

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:

At the end of SFY 2023, there were 10 CMHCs with Plans of Safe Care sites. The target was 9.

Priority #: 13

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 Services Programs (SSPs) statewide.

Objective:

Monitor and increase the number of Syringe Services Programs across the state.

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of syringe services programs (SSPs) in place across the state.

Baseline Measurement: As of the end of 2021, there are 74 SSPS across the state.

First-year target/outcome measurement: At the end of SFY 2022, there will be one (1) additional SSP in the state. This is a comparison across consecutive years.

Second-year target/outcome measurement: At the end of SFY 2023, there will be one (1) additional SSP in the state. 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, 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 SSPs statewide and also posts to their website the days/hours of operation for each program. The ODCP and the Kentucky Harm Reduction Coalition and DBHDID work to educate individuals and communities about the cost, benefits, myths and best practice guidelines for initiating and maintaining SSPs. The target for the end of SFY 2023 is 76 SSPs in Kentucky.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

SSPS have existed and been studied extensively in the United States since 1988. The SSPs are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes and other safe injection education. The SSPs 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 B vaccination, screening for other sexually transmitted diseases and tuberculosis, partner services and other medical, social and mental health services.
In response to Senate Bill 192, enacted during the 2015 regular legislative session, the 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 SSPs.

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 2022, there were 82 Syringe Services Programs in Kentucky. The target was 75.

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:
At the end of SFY 2023, there were 83 Syringe Services Programs. The target was 76.

Priority #: 14

Priority Area: Individuals who receive Substance Use Disorder 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 disorder services are adequately screened for TB.

Strategies to attain the goal:

Continue partnering with the Kentucky Department for Public Health and the CMHCs to improve data collection definitions and screening protocols 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 persons who present for substance use services at the fourteen (14) CMHCs for TB.

Baseline Measurement: At the end of SFY 2021, all 14 CMHCs have submitted written policies regarding screening all individuals seeking services for SUDs for TB. However, at the end of SFY 2021, CMHCs do not have written procedures outlining specific methods of screening and subsequent referrals, including written procedures of how staff will be trained to follow the written policies/procedures.

First-year target/outcome measurement: At the end of SFY 2022, four (4) of the CMHCs will submit written procedures detailing the process for TB screening and subsequent referral as indicated, for all individuals seeking services for SUDs, to include staff training processes and training curriculum that ensures effective and consistent implementation of policies and procedures.

Second-year target/outcome measurement: At the end of SFY 2023, two (2) additional CMHCs will submit written procedures detailing

the process for TB screening and subsequent referral as indicated, for all individuals seeking services for SUDs, to include staff training processes and training curriculum that ensures effective and consistent implementation of policies and procedures.

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

Data Source:

Submission of TB-related procedures, including training processes and curriculum, by CMHCs, through the Plan and Budget process.

New Data Source*(if needed)*:

Description of Data:

At the end of SFY 2023, 6 CMHCs will have submitted written procedures regarding TB screening and subsequent referral as indicated, to include staff training processes and training curriculum.

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)*:
At the end of SFY 2022, 10 (ten) CMHCs had written, approved policies for screening for tuberculosis among individuals receiving substance use disorder services. The target was 4.

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:

At the end of SFY 2023, all 14 CMHCs have written, approved policies regarding screening for TB among individuals receiving SUD services. The target was 6 CMHCs.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

C. State Agency Expenditure Report

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

This table provides a report of statewide expenditures for children's mental health services during the last completed SFY States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Statewide Expenditures for Children's Mental Health Services			
A **Actual SFY 1994**	**B** **Actual SFY 2022**	**C** **Estimated/Actual SFY 2023**	**Please specify if expenditure amount reported in Column C is actual or estimated**
$3,832,010	$8,966,538	$8,416,600	(●) Actual ( ) 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: 06/15/2023 Expires: 06/30/2025

Footnotes:

C. State Agency Expenditure Report

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

This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start Date: 07/01/2022 Reporting Period End Date: 06/30/2023

A Period	B Expenditures	C B1 (2021) + B2 (2022) 2
SFY 2021 (1)	$20,557,212	
SFY 2022 (2)	$20,557,982	$20,557,597
SFY 2023 (3)	$20,564,621	

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

SFY 2021	Yes	X	No
SFY 2022	Yes	X	No
SFY 2023	Yes	X	No

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

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes: