Kentucky

UNIFORM APPLICATION
FY 2023 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

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

A. State Information

State Information

State DUNS Number

Number   927049767

Expiration Date

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

Agency Name   Cabinet for Health and Family Services

Organizational Unit   Department for Behavioral Health, Developmental and Intellectual Disabilities

Mailing Address   275 East Main Street 4W-G

City   Frankfort

Zip Code   40621

II. Contact Person for the Grantee of the Block Grant

First Name   Wendy

Last Name   Morris

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

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City   Frankfort

Zip Code   40621

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

From   7/1/2021

To   6/30/2022

IV. Date Submitted

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

Submission Date   11/30/2022 12:11:57 PM

Revision Date   2/28/2024 9:01:35 AM

V. Contact Person Responsible for Report Submission

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0930-0168 Approved: 03/31/2022 Expires: 03/31/2025

Footnotes:

Kentucky Behavioral Health Planning and Advisory Council

Sherry Sexton, Chair
Sharon Darnell, Vice Chair
Robin Osborne, Secretary

275 E. Main Street, 4W-G
Frankfort, KY 40621

November 17, 2022

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 2023 Behavioral Health Reports for the Substance Abuse Prevention and Treatment Block Grant and the Mental Health Block Grant. These reports provide required information on the federal funds expended during state fiscal year 2022.

Time was allocated at today's Council meeting to discuss the reports, including the data tables required for submission on December 1, 2022.

The Department for Behavioral Health, Developmental and Intellectual Disabilities welcomes recommendations and comments prior to and after submission of the 2023 Behavioral Health Reports.

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,

Sherry Sexton

Sherry Sexton, Chair
Kentucky Behavioral Health Planning and Advisory Council

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

TEAM
KENTUCKY.

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)***:**

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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%.

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)*:

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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)*

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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:

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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:

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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%.

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.

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)

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┌─ **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.

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.

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:

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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).

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:

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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.

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.

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%.

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%.

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.

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.

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.

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.

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.

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.

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Footnotes:

**COVID Testing and Mitigation Program Report
for the Community Services Mental Health Block Grant (MHBG)
for Federal Fiscal Year Ending September 30, 2022
Due Date: December 30, 2022**

For the Federal Fiscal Year ending September 30, 2022, please upload a Word or PDF document in Table 1 of the FY23 MHBG Report on the COVID Testing and Mitigation activities and expenditures by answering the following question, due by December 30, 2022.

List the items and activities of expenditures completed from October 1, 2021 thru September 30, 2022 (if no activities were completed, note here with Not Applicable)

COVID Testing and Mitigation Program Report for STATE	
Item/Activity	Amount of Expenditure
Supplies (Personal Protective Equipment, sanitation supplies, etc.)	417,956
Expenses for Distribution of Supplies (personnel, mileage, etc.)	1,005
TOTAL Expenditure through Sept. 30, 2022	418,961

Kentucky's CMHCs were allocated these funds and they purchased supplies for COVID 19 mitigation, such as personal protective equipment, sanitizers, approved cleaning products, and other materials. No actual COVID 19 vaccines were purchased with these funds.

Kentucky also distributed these funds to a few miscellaneous organizations, beginning July 1, 2022, that either served consumers statewide, served very vulnerable SED/SMI populations in their communities, or both. These organizations chose to use most of the funds to purchase supplies for COVID 19 mitigation but spent a small portion of these funds to then distribute supplies to consumers/programs. Some COVID 19 mitigation kits were created and then were transported and distributed to programs who were serving consumers impacted by the flooding disasters in Eastern Kentucky.

C. State Agency Expenditure Report

MHBG Table 2A (URS Table 7) - State Agency Expenditures Report

This table describes expenditures for public mental health services provided by mental health providers funded by the state mental health agency by source of funding.

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

Activity (See instructions for using Row 1.)	Source of Funds								
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal State & Local)	D. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG)[1]	I. ARP Funds (MHBG)[2]
1. Substance Abuse Prevention and Treatment									
a. Pregnant Women and Women with Dependent Children									
b. All Other									
2. Primary Prevention[3]		$0	$0	$0	$0	$0	$0	$0	$0
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)[4]		$1,242,948	$0	$0	$0	$0	$0	$588,569	$7,500
4. Tuberculosis Services									
5. Early Intervention Services for HIV									
6. State Hospital			$60,680,056	$8,893,578	$58,856,607	$1,454,906	$105,290	$0	$0
7. Other Psychiatric Inpatient Care			$0	$0	$1,500,000	$0	$0	$0	$0
8. Other 24-Hour Care (Residential Care)		$0	$13,425,115	$360,036	$6,195,447	$1,718,718	$5,708	$0	$0
9. Ambulatory/Community Non-24 Hour Care		$7,299,699	$350,996	$9,905,288	$36,537,957	$0	$1,015,702	$1,763,373	$157,588
10. Administration (Excluding Program and Provider Level)[5]		$395,522	$47,296	$1,006,912	$7,970,597	$0	$0	$34,688	$0
11. Crisis Services (5 percent set-aside)[6]		$788,075	$0	$0	$0	$0	$0	$1,177,760	$300,000
12. Total	$0	$9,726,244	$74,503,463	$20,165,814	$111,060,608	$3,173,624	$1,126,700	$3,564,390	$465,088

Comments on Data:	Tables 7A and 7B show detailed breakout of ESMI/Crisis total expenditures

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A – G are for the state expenditure period of July 1, 2021 – June 30, 2022, for most states. Column H should reflect the spending for the state reporting period. The total may reflect the COVID-19 Relief allotment portion used during the state reporting period.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. The standard MHBG expenditures captured in Columns A – G are for the state expenditure period of July 1, 2021 - June 30, 2022, for most states." Column I should reflect the spending for the state reporting period. The total may reflect the ARP allotment portion used during the state reporting period.

[3]While the state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

[4]Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

[5]Per statute Administrative expenditures cannot exceed 5% of the fiscal year award.

[6]Row 11 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

0930-0168 Approved: 03/31/2022 Expires: 03/31/2025

Footnotes:

C. State Agency Expenditure Report

MHBG Table 2B (URS Table 7A) - MHBG State Agency First Episode Psychosis Expenditure Report

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

Activity (See instructions for using Row 1.)	Source of Funds					
	A. Mental Health Block Grant	B. Medicaid (Federal State & Local)	C. Other Federal Funds (e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. CSC-Evidences-Based Practices for First Episode Psychosis[1]	$1,740,349	$0	$0	$0	$0	$0
Training for CSC Practices	$98,668	$0	$0	$0	$0	$0
Planning for CSC Practices	$0	$0	$0	$0	$0	$0
2. Other Early Serious Mental Illnesses programs (other than FEP or partial CSC programs)	$0	$0	$0	$0	$0	$0
3. Training for ESMI	$0	$0	$0	$0	$0	$0
4. Planning for ESMI	$0	$0	$0	$0	$0	$0
5. Total	$1,839,017	$0	$0	$0	$0	$0
Comments on Data:						

[1] When reporting CSC- Evidence Based Practices for First Episode Psychosis, report only those programs that are providing all the components of a CSC model. If the state uses only certain components of a CSC model specifically for FEP, please report them in row 2.

Note, The Totals for this table should equal the amounts reported on Row 3 (Evidence-Based Practices for Early Serious Mental Illness) on MHBG Table 2a (URS Table 7a)

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C. State Agency Expenditure Report

MHBG Table 2C (URS Table 7B) - MHBG State Agency Crisis Services Expenditures Report

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

Services	A. Mental Health Block Grant	B. Medicaid (Federal State & Local)	C. Other Federal Funds (e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. Total
1. Call Center	$1,516,491	$0	$0	$0	$0	$0	$1,516,491
2. 24/7 Mobile Crisis Team	$123,578	$0	$0	$0	$0	$0	$123,578
3. Crisis Stabilization Programs	$407,813	$0	$0	$0	$0	$0	$407,813
4. Training and Technical Assistance	$15,193	$0	$0	$0	$0	$0	$15,193
5. Strategic Planning and Coordination	$202,760	$0	$0	$0	$0	$0	$202,760
6. Total	**$2,265,835**	**$0**	**$0**	**$0**	**$0**	**$0**	**$2,265,835**

Comments on Data:

Mental Health Block Grant funding includes one-time funding i.e. 5% Crisis Set-Aside, and ARP sources. If the funding source is not captured in the table, please report the name of 'Other' funding per service under the commetns section.

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Footnotes:

C. State Agency Expenditure Report

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

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	**Actual SFY 2021**	**Estimated/Actual SFY 2022**	**Expense Type**
$3,832,010	$7,400,483	$8,966,538	⦿ Actual ◯ Estimated

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

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

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C. State Agency Expenditure Report

MHBG Table 4 (URS Table 8) - Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities

This table is used to describe the use of MHBG funds for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Activity	A. MHBG	B. COVID-19 Funds[a]	C. ARP Funds[b]
1. Information Systems	$ 67,036	$ 0	$ 0
2. Infrastructure Support	$ 437,436	$ 0	$ 0
3. Partnerships, Community Outreach and Needs Assessment	$ 499,853	$ 215,260	$ 0
4. Planning Council Activities	$ 3,050	$ 0	$ 0
5. Quality Assurance and Improvement	$ 0	$ 0	$ 0
6. Research and Evaluation	$ 0	$ 0	$ 0
7. Training and Education	$ 302,277	$ 111,099	$ 0
Total Non-Direct Services	$ 1,309,652	$ 326,359	$ 0
Comments on Data:			

[a] The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023,** which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A - C are for the state expenditure period of July 1 – June 30 of the same year for most states. Column B should reflect the spending for the state reporting period. The total may reflect the COVID-19 Relief allotment portion used during the state budget reporting period.

[b] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025,** which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A – C are for the state expenditure period of July 1 – June 30 of the same year, for most states. Column C should reflect the spending for the state reporting period. The total may reflect the ARP allotment portion used during the state reporting period.

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C. State Agency Expenditure Report

MHBG Table 5 (URS Table 10) - Profiles of Agencies Receiving Block Grant Funds Directly from the State MHA

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Entity Number	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	Total Block Grant Funds	Source of Funds Adults with Serious Mental Illness	Children with Serious Emotional Disturbance	Set-aside for FEP Programs	Set-aside for ESMI Programs
14	Sub-State Planning Area	Adanta	130 Southern School Road	Somerset	KY	42501	$308,246.00	$186,825.00	$82,495.00	$3,000.00	$0.00
5	Sub-State Planning Area	Communicare	107 Cranes Roost Court	Elizabethtown	KY	42701	$641,141.00	$352,637.00	$102,578.00	$150,000.00	$0.00
8	Sub-State Planning Area	Comprehend	611 Forest Avenue	Maysville	KY	41056	$168,954.00	$89,143.00	$76,811.00	$3,000.00	$0.00
13	Sub-State Planning Area	Cumberland River	1203 American Greeting Card Rd. PO Box 568	Corbin	KY	40702	$625,629.00	$319,767.00	$119,936.00	$150,000.00	$0.00
1	Sub-State Planning Area	Four Rivers	425 Broadway	Paducah	KY	42001	$534,882.00	$257,012.00	$91,944.00	$150,000.00	$0.00
16	Statewide	Independence Place	2358 Nicholasville Rd. Suite 180	Lexington	KY	40503	$25,000.00	$25,000.00	$0.00	$0.00	$0.00
17	Statewide	Kentucky Housing Corp	1231 Louisville Road	Frankfort	KY	40601	$13,334.00	$13,334.00	$0.00	$0.00	$0.00
18	Statewide	Kentucky Partnership for Families & Children (KPFC)	600 Teton Trail	Frankfort	KY	40601	$393,000.00	$0.00	$393,000.00	$0.00	$0.00
12	Sub-State Planning Area	Kentucky River	115 Rockwood Lane	Hazard	KY	41701	$257,064.00	$133,107.00	$85,031.00	$3,000.00	$0.00
4	Sub-State Planning Area	LifeSkills	PO Box 6499	Bowling Green	KY	42102	$795,496.00	$390,745.00	$193,825.00	$175,000.00	$0.00
11	Sub-State Planning Area	Mountain	104 South Front Street	Prestonsburg	KY	41653	$515,833.00	$246,763.00	$83,144.00	$150,000.00	$0.00
19	Statewide	NAMI Lexington	498 Georgetown St Ste 100	Lexington	KY	40508	$175,190.00	$175,190.00	$0.00	$0.00	$0.00
20	Statewide	NAMI Louisville	708 West Magazine St.	Louisville	KY	40203	$55,000.00	$55,000.00	$0.00	$0.00	$0.00
21	Statewide	New Beginnings	225 Walton Ave. Suite 120	Lexington	KY	40203	$100,000.00	$100,000.00	$0.00	$0.00	$0.00
15	Sub-State Planning Area	New Vista	1351 Newtown Pike	Lexington	KY	40511	$683,725.00	$309,542.00	$188,257.00	$150,000.00	$0.00
7	Sub-State Planning Area	NorthKey	502 Farrell Drive PO Box 2680	Covington	KY	41011	$568,300.00	$407,811.00	$121,563.00	$3,000.00	$0.00
10	Sub-State Planning Area	Pathways	1212 Bath Ave. 8th Floor PO Box 790	Ashland	KY	41105	$554,350.00	$268,084.00	$100,340.00	$150,000.00	$0.00
2	Sub-State Planning Area	Pennyroyal	3999 Fort Campbell Blvd	Hopkinsville	KY	42241	$383,925.00	$263,260.00	$81,739.00	$3,000.00	$0.00
3	Sub-State Planning Area	RiverValley	1100 Walnut Street PO Box 1637	Owensboro	KY	42302	$397,486.00	$270,979.00	$87,581.00	$3,000.00	$0.00
6	Sub-State Planning Area	Seven Counties Services	10401 Linn Station Road, Ste 100	Louisville	KY	40223	$1,416,573.00	$1,005,207.00	$225,440.00	$150,000.00	$0.00
22	Statewide	Wellspring	P.O. Box 1927	Louisville	KY	40201	$50,000.00	$50,000.00	$0.00	$0.00	$0.00
Total							$8,663,128.00	$4,919,406.00	$2,033,684.00	$1,243,000.00	$0.00

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C. State Agency Expenditure Report

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

Period (A)	Expenditures (B)	B1 (2020) + B2 (2021) 2 (C)
SFY 2020 (1)	$20,554,227	
SFY 2021 (2)	$20,557,212	$20,555,720
SFY 2022 (3)	$20,557,982	

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

SFY 2020	Yes	**X**	No	____
SFY 2021	Yes	**X**	No	____
SFY 2022	Yes	**X**	No	____

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

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Footnotes:

D. Population and Services Report

MHBG Table 7 (URS Table 1) - Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the state with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two-time periods, one for the report year and one for three years into the future. CMHS will provide this data to states based on the standardized methodology developed and published in the Federal Register and the state level estimates for both adults with SMI and children with SED.

Expenditure Period Start Date: Expenditure Period End Date:

	Current Report Year	Three Years Forward
Adults with SMI	☐	☐
Children with SED	☐	☐

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Footnotes:

D. Population and Services Report

MHBG Table 8A and MHBG Table 8B (URS Tables 2A and 2B) - Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Table 8A

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

	Total					American Indian or Alaska Native				Asian				Black or African American				Native Hawaiian or Other Pacific Islander				White				More Than One Race Reported				Race Not Available			
	Female	Male	Other	N/A	Total	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A
0-12 years	10,117	15,626	353	281	26,377	16	17	1	0	19	28	1	0	814	1,656	77	23	7	15	1	0	8,098	12,119	231	178	548	813	26	3	615	978	16	77
13-17 years	10,518	10,713	450	293	21,974	12	17	2	0	45	38	2	0	727	1,087	36	13	10	12	0	0	8,562	8,462	369	213	447	463	23	1	715	634	18	66
18-20 years	3,635	3,599	151	105	7,490	3	5	0	0	15	17	0	0	279	350	11	2	4	3	0	0	2,917	2,845	126	51	167	117	5	0	250	262	9	52
21-24 years	4,557	4,588	128	153	9,426	6	3	0	0	19	27	0	0	365	527	17	8	6	1	0	1	3,649	3,534	105	79	133	137	4	0	379	359	2	65
25-44 years	21,977	24,001	215	571	46,764	41	47	1	0	34	88	1	0	1,681	2,935	34	28	18	26	0	2	18,179	18,731	164	318	392	408	7	1	1,632	1,766	8	222
45-64 years	15,492	14,944	37	274	30,747	42	35	1	0	38	40	0	0	1,180	1,811	7	11	15	23	0	0	13,115	11,886	25	158	220	200	1	0	882	949	3	105
65-74 years	2,745	2,084	1	20	4,850	4	3	0	0	5	4	0	0	165	239	0	1	3	2	0	0	2,344	1,661	1	11	32	30	0	0	192	145	0	8
75 and older	794	469	1	12	1,276	1	1	0	0	3	1	0	0	33	16	0	0	1	0	0	0	652	364	1	2	5	3	0	0	99	84	0	10
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	69,835	76,024	1,336	1,709	148,904	125	128	5	0	178	243	4	0	5,244	8,621	182	86	64	82	1	3	57,516	59,602	1,022	1,010	1,944	2,171	66	5	4,764	5,177	56	605
Pregnant Women	426	0	0	0	426	0				1				35				3				354				14				19			

Are these numbers unduplicated?

☑ Unduplicated

☐ Duplicated : between Hospitals and Community

☐ Duplicated : Among Community Programs

☐ Duplicated between children and adults

☐ Other : describe

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

Table 8B

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 8A.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

	Not Hispanic or Latino				Hispanic or Latino				Hispanic or Latino Origin Not Available				Total				
	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Total
0-12 years	9,649	14,829	326	202	396	697	22	5	72	100	5	74	10,117	15,626	353	281	26,377
13-17 years	9,953	10,116	421	218	508	541	28	7	57	56	1	68	10,518	10,713	450	293	21,974
18-20 years	3,458	3,400	141	49	133	150	6	3	44	49	4	53	3,635	3,599	151	105	7,490
21-24 years	4,368	4,360	123	81	124	146	3	2	65	82	2	70	4,557	4,588	128	153	9,426
25-44 years	21,278	23,172	202	340	450	462	7	5	249	367	6	226	21,977	24,001	215	571	46,764
45-64 years	15,123	14,532	36	160	211	217	0	2	158	195	1	112	15,492	14,944	37	274	30,747
65-74 years	2,677	2,002	1	11	31	33	0	1	37	49	0	8	2,745	2,084	1	20	4,850
75 and older	770	426	1	2	6	10	0	0	18	33	0	10	794	469	1	12	1,276
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	67,276	72,837	1,251	1,063	1,859	2,256	66	25	700	931	19	621	69,835	76,024	1,336	1,709	148,904
Pregnant Women	407				17				2				426	0	0	0	426

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Ethnicity):	
Comments on Data (Overall):	

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Footnotes:

D. Population and Services Report

MHBG Table 9 (URS Table 3) - Profile of Persons served in the Community Mental Health Settings, State Psychiatric Hospitals and Other Settings

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.
Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Service Setting	Age 0-17				Age 18-20				Age 21-64				Age 65+				Age Not Available				Total				
	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Total
Community Mental Health Programs	20,634	26,338	803	574	3,624	3,589	150	105	41,843	43,297	379	998	3,522	2,520	2	32	0	0	0	0	69,623	75,744	1,334	1,709	148,410
State Psychiatric Hospitals	4	9	0	0	103	154	2	0	1,560	2,392	13	0	141	130	0	0	0	0	0	0	1,808	2,685	15	0	4,508
Other Psychiatric Inpatient	0	1	0	0	24	30	0	0	531	637	0	0	34	49	0	0	0	0	0	0	589	717	0	0	1,306
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions in the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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D. Population and Services Report

MHBG Table 10A and MHBG Table 10B (URS Tables 5A and 5B) - Profile of Clients by Type of Funding Support

Table 10A

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

	Total					American Indian or Alaska Native				Asian				Black or African American				Native Hawaiian or Other Pacific Islander				White				More Than One Race Reported				Race Not Available			
	Female	Male	Other	Not Avail	Total	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail
Medicaid (only Medicaid)	37,205	38,991	846	1,067	78,109	64	72	3	0	95	132	2	0	3,197	4,906	143	59	40	44	0	2	30,143	29,922	614	669	1,299	1,427	47	4	2,367	2,488	37	333
Non-Medicaid Sources (only)	21,965	25,018	345	557	47,885	37	40	1	0	65	81	2	0	1,434	2,490	23	22	17	30	1	1	18,018	19,644	290	285	440	524	14	1	1,954	2,209	14	248
People Served by Both Medicaid and Non-Medicaid Sources	10,453	11,735	143	85	22,416	24	15	1	0	18	29	0	0	600	1,211	16	5	7	8	0	0	9,159	9,786	117	56	205	218	5	0	440	468	4	24
Medicaid Status Not Available	212	280	2	0	494	0	1	0	0	0	1	0	0	13	14	0	0	0	0	0	0	196	250	1	0	0	2	0	0	3	12	1	0
Total Served	69,835	76,024	1,336	1,709	148,904	125	128	5	0	178	243	4	0	5,244	8,621	182	86	64	82	1	3	57,516	59,602	1,022	1,010	1,944	2,171	66	5	4,764	5,177	56	605

☐ Data Based on Medicaid Services   ☐ Data Based on Medical Eligibility, not Medicaid Paid Services   ☑ 'People Served By Both' includes people with any Medicaid

Comments on Data (for Race): _____

Comments on Data (for Gender): _____

Comments on Data (Overall): _____

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to differentiate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Table 10B

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 10A.
Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

	Not Hispanic or Latino				Hispanic or Latino				Hispanic or Latino Origin Unknown				Total				
	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Total
Medicaid Only	35,942	37,470	784	717	1,112	1,313	50	14	151	208	12	336	37,205	38,991	846	1,067	78,109
Non-Medicaid Only	21,141	23,909	327	287	511	678	11	9	313	431	7	261	21,965	25,018	345	557	47,885
People Served by Both Medicaid and Non-Medicaid Sources	10,148	11,403	138	59	236	263	5	2	69	69	0	24	10,453	11,735	143	85	22,416
Medicaid Status Unknown	45	55	2	0	0	2	0	0	167	223	0	0	212	280	2	0	494
Total Served	67,276	72,837	1,251	1,063	1,859	2,256	66	25	700	931	19	621	69,835	76,024	1,336	1,709	148,904

Comments on Data (for Ethnicity):
_____

Comments on Data (for Gender):
_____

Comments on Data (Overall):
_____

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

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Footnotes:

D. Population and Services Report

MHBG Table 11 (URS Table 6) - Profile of Client Turnover

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for Less Than 1 Year: Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospitals	298	5,596	5,528						
Children (0 to 17 years)	0	10	10	6	3	0	0	0	0
Adults (18 yrs and over)	281	5,565	5,503	18	7	48	16	1,583	983
Age Not Available	17	21	15	21	14	262	255	2,921	2,537
Other Psychiactric Inpatient	74	2,123	2,125						
Children (0 to 17 years)	0	1	1	2	2	0	0	0	0
Adults (18 yrs and over)	74	2,115	2,117	12	6	37	13	730	730
Age Not Available	0	7	7	15	0	0	0	0	0
Residential Treatment Centers	0	0	0						
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Community Programs	55,188	112,651							
Children (0 to 17 years)	18,290	36,693							
Adults (18 yrs and over)	36,898	75,939							
Age Not Available	0	19							

Comments on Data (State Hospital):

_____

Comments on Data (Other Inpatient):

_____

Comments on Data (Residential Treatment):

_____

Comments on Data (Community Programs):

The increase fm FY21 for Comm.Pgms (total, adult, & child) may be due to increase in persons seeking BH treatment during year 2 of the pandemic.We will monitor for future increases.

Comments on Data (Overall):

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Footnotes:

D. Population and Services Report

MHBG Table 12 (URS Table 12) - State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

Populations Served

1. **Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)**

	Populations Covered		Included in Data	
	State Hospitals	**Community Programs**	**State Hospitals**	**Community Programs**
1. Aged 0 to 3	☐ Yes	☑ Yes	☐ Yes	☑ Yes
2. Aged 4 to 17	☐ Yes	☑ Yes	☐ Yes	☑ Yes
3. Adults Aged 18 and over	☑ Yes	☑ Yes	☑ Yes	☑ Yes
4. Forensics	☑ Yes	☐ Yes	☑ Yes	☐ Yes
Comments on Data:				

2. **Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?**

☐ Serious Mental Illness
☐ Serious Emotional Disturbances

2.a.   If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance:

2.a.1.   Percent of adults meeting Federal definition of SMI:

2.a.2.   Percentage of children/adolescents meeting Federal definition of SED:

3. **Co-Occurring Mental Health and Substance Abuse:**

3.a.   What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

3.a.1.   Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem: `18 %`

3.a.2.   Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem: `1 %`

3.b.   Percentage of persons served for the reporting period who met the federal definitions of adults with SMI and children with SED have a dual diagnosis of mental illness and substance abuse:

3.b.1.   Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem: `7 %`

3.b.2.   Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem: `1 %`

3.b.3.   Please describe how you calculate and count the number of persons with co-occurring disorders.   Percentages of children/adolescents and adults who also have a co-occurring substance use disorder are from AMART—client counts with both MH and SA record markers = true divided by total children and adults served. Percentages of children/adolescent with SED and adults with SMI whose also have co-occurring substance use disorder is calculated by dividing the total

4. **State Mental Health Agency Responsibilities**

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

CMHC Cert_BB6 and CMHC Cert_B4) by the total number of children/adolescents with SED and total number of adults with SMI (per AMART).

1. State Medicaid Operating Agency   ☐

	2. Setting Standards	☐
	3. Quality Improvement/Program Compliance	☐
	4. Resolving Consumer Complaints	☑
	5. Licensing	☐
	6. Sanctions	☐
	7. Other	

b. Managed Care (Mental Health Managed Care)		**Are Data for these programs reported on URS Tables?**
4.b.1	Does the State have a Medicaid Managed Care initiative?	☑ Yes	☑ Yes
4.b.2	Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?	☑ Yes	☐ Yes

If yes, please check the responsibilities the SMHA has:

4.b.3	Direct contractual responsibility and oversight of the MCOs or BHOs	☐ Yes
4.b.4	Setting Standards for mental health services	☐ Yes
4.b.5	Coordination with state health and Medicaid agencies	☐ Yes
4.b.6	Resolving mental health consumer complaints	☑ Yes
4.b.7	Input in contract development	☐ Yes
4.b.8	Performance monitoring	☐ Yes
4.b.9	Other	

5.	**Data Reporting: Please describe the extent to which your information system allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for MHBG Table 13a and MHBG Table 13b, which require unduplicated counts of clients served across your entire mental health system.**

Are data reporting in the tables?

5.a.	**Unduplicated:** counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.	☐
5.b.	**Duplicated:** across state hospital and community programs	☑
5.c.	**Duplicated:** within community programs	☑
5.d.	**Duplicated:** Between Child and Adult Agencies	☐
5.e.	**Plans for Deduplication:** If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.	

6.	**Summary Administrative Data**

6.a.	Report Year:	6/30/2022 12:00:00 AM
6.b.	State Identifier:	KY

Summary Information on Data Submitted by SMHA:

6.c.	Year being reported:	From: 7/1/2021 To: 6/30/2022
6.d.	Person Responsible for Submission:	Hope Beatty
6.e.	Contact Phone Number:	502-782-6147
6.f.	Contact Address:	275 East Main Street 4WG Frankfort, KY
6.g.	E-mail:	HopeB.Beatty@ky.gov

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Footnotes:

D. Population and Services Report

MHBG Tables 13A and 13B (URS Tables 14A and 14B) - Profile of Persons with SMI/SED Served By Age, Gender and Race/Ethnicity

Table 13A

This table requests counts for persons with SMI or SED using the definitions provided by SAMHSA. MHBG Table 8A and 8B (URS Table 2A and 2B) included all clients served by publicly operated or funded programs. This table counts only clients who meet the federal definition of SMI or SED. For many states, this table may be the same as MHBG Tables 8A and 8B (URS Table 2A and 2B). States should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

	Total					American Indian or Alaska Native				Asian				Black or African American				Native Hawaiian or Other Pacific Islander				White				More Than One Race Reported				Race Not Available			
	Female	Male	Other	N/A	Total	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A
0-12 years	4,028	6,951	152	101	11,232	8	11	0	0	4	7	1	0	359	801	30	10	2	5	0	0	3,228	5,361	103	64	232	383	8	2	195	383	10	25
13-17 years	4,727	4,983	245	156	10,111	6	6	1	0	17	12	0	0	315	530	13	8	5	6	0	0	3,882	3,951	208	123	209	247	13	1	293	231	10	24
18-20 years	1,480	1,260	75	18	2,833	0	1	0	0	8	4	0	0	125	141	4	0	2	2	0	0	1,206	1,002	64	11	75	57	4	0	64	53	3	7
21-24 years	1,829	1,488	70	20	3,407	2	2	0	0	6	13	0	0	158	211	6	2	3	0	0	0	1,489	1,133	62	12	57	60	2	0	114	69	0	6
25-44 years	9,340	8,730	136	87	18,293	17	17	1	0	23	47	1	0	884	1,298	18	4	11	7	0	1	7,743	6,783	107	50	199	176	4	0	463	402	5	32
45-64 years	8,980	7,362	23	46	16,411	29	17	1	0	29	29	0	0	814	974	3	3	8	12	0	0	7,623	5,967	19	27	131	75	0	0	346	288	0	16
65-74 years	1,613	1,067	0	3	2,683	3	1	0	0	4	2	0	0	109	156	0	0	1	1	0	0	1,421	869	0	3	9	9	0	0	66	29	0	0
75 and older	311	140	0	0	451	0	0	0	0	1	1	0	0	21	6	0	0	0	0	0	0	273	128	0	0	4	1	0	0	12	4	0	0
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	32,308	31,981	701	431	65,421	65	55	3	0	92	115	2	0	2,785	4,117	74	27	32	33	0	1	26,865	25,194	563	290	916	1,008	31	3	1,553	1,459	28	110

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

1. State Definitions Match the Federal Definitions

◯ Yes ⦿ No   Adults with SMI, if No describe or attach state definition: | See General Comments.

⦿ Yes ◯ No   Diagnoses included in the state SMI definition: | See General Comments.

◯ Yes ⦿ No   Children with SED, if No describe or attach state definition: |

◯ Yes ⦿ No   Diagnoses included in the state SED definition:

Table 13B

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in MHBG Table 13b.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

	Not Hispanic or Latino				Hispanic or Latino				Hispanic or Latino Origin Not Available				Total				
	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Total
0-12 years	3,880	6,632	140	75	145	303	11	2	3	16	1	24	4,028	6,951	152	101	11,232
13-17 years	4,500	4,720	233	126	218	255	12	5	9	8	0	25	4,727	4,983	245	156	10,111
18-20 years	1,430	1,194	71	10	47	58	2	1	3	8	2	7	1,480	1,260	75	18	2,833
21-24 years	1,771	1,425	66	13	49	48	2	1	9	15	2	6	1,829	1,488	70	20	3,407
25-44 years	9,116	8,507	129	56	201	163	2	1	23	60	5	30	9,340	8,730	136	87	18,293
45-64 years	8,842	7,213	23	30	120	119	0	0	18	30	0	16	8,980	7,362	23	46	16,411
65-74 years	1,592	1,037	0	3	18	24	0	0	3	6	0	0	1,613	1,067	0	3	2,683
75 and older	304	136	0	0	5	2	0	0	2	2	0	0	311	140	0	0	451
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	31,435	30,864	662	313	803	972	29	10	70	145	10	108	32,308	31,981	701	431	65,421

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	

Comments on Data (Overall):	

Footnotes:

D. Population and Services Report

MHBG Table 14 (URS Table 15A) - Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings for Adults with SMI and Children with SED

This table provides a profile for adults with Serious Mental Illness (SMI) and children with serious emotional disturbance (SED) that received public funded mental health services in community services in hospitals, other psychiatric inpatient programs, residential treatment centers and Institutions under Justice System

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Services Setting	Age 0-17				Age 18-20				Age 21-64				Age 65+				Age Not Available				Total				
	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Total
Community Mental Health Programs	8,755	11,934	397	257	1,480	1,260	75	18	20,149	17,580	229	153	1,924	1,207	0	3	0	0	0	0	32,308	31,981	701	431	65,421
State Psychiatric Hospitals	1	1	0	0	34	46	0	0	609	920	8	0	38	24	0	0	0	0	0	0	682	991	8	0	1,681
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions in the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Note: *Clients can be duplicated between Rows (e.g. The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows).*

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 15A (URS Table 4) - Profile of Adult Clients by Employment Status

This table describes the status of adult clients served in the reporting year by the public mental health system, in terms of employment status. The focus is on employment for the working age population, recognizing, however, there are clients who are disabled, retired, or who are homemakers, care-givers, etc., and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. Unemployed refers to persons who are looking for work but have not found employment. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

Adults Served	18-20				21-64				65+				Age Not Available				Total				
	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	928	667	37	20	12,099	12,562	143	575	245	192	1	3	0	0	0	0	13,272	13,421	181	598	27,472
Unemployed	773	822	33	9	11,336	13,567	111	107	202	192	0	1	0	0	0	0	12,311	14,581	144	117	27,153
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	1,767	1,922	79	39	16,331	14,437	99	118	2,872	1,908	1	20	0	0	0	0	20,970	18,267	179	177	39,593
Not Available	156	178	1	37	2,077	2,731	26	198	203	228	0	8	0	0	0	0	2,436	3,137	27	243	5,843
Total	3,624	3,589	150	105	41,843	43,297	379	998	3,522	2,520	2	32	0	0	0	0	48,989	49,406	531	1,135	100,061

How Often Does your State Measure Employment Status?   ☑ At Admission   ☐ At Discharge   ☐ Monthly   ☐ Quarterly   ☐ Other, describe:

What populations are included: ◉ All clients   ◯ Only selected groups, describe:

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 15B (URS Table 4A) - Optional Table: Profile of Adult Clients by Employment Status: by Primary Diagnosis Reported

The workgroup exploring employment found that, the primary diagnosis of consumer results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (F20, F25)	449	817	3,280	341	4,887
Bipolar and Mood Disorders (F30, F31, F32, F33, F34.1, F60.89, F34.0, F32.9)	8,577	7,386	14,169	1,343	31,475
Other Psychoses (F22, F23, F24, F29)	223	533	659	322	1,737
All Other Diagnoses	18,223	18,417	21,485	3,837	61,962
No DX and Deferred DX (R69, R99, Z03.89)	0	0	0	0	0
Diagnosis Total	**27,472**	**27,153**	**39,593**	**5,843**	**100,061**

Comments on Data (for Diagnosis):

_____

Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 16 (URS Table 9) - Social Connectedness and Improved Functioning

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

Adult Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness	3,661	4,656	79%
2. Functioning	3,547	4,647	76%
Child/Adolescent Consumer Survey Results	**Number of Positive Responses**	**Responses**	**Percent Positive (calculated)**
3. Social Connectedness	1,685	2,124	79%
4. Functioning	1,407	2,090	67%
Comments on Data:			

Adult Social Connectedness and Functioning Measures

1. Did you use the recommended new Social Connectedness Questions?   ⦿ Yes ◯ No

Measure used

2. Did you use the recommended new Functioning Domain Questions?   ⦿ Yes ◯ No

Measure used

3. Did you collect these as part of your MHSIP Adult Consumer Survey?   ⦿ Yes ◯ No

If No, what source did you use?

⦿ Yes ◯ No

Child/Family Social Connectedness and Functioning Measures

4. Did you use the recommended new Social Connectedness Questions?

Measure used

5. Did you use the recommended new Functioning Domain Questions?   ⦿ Yes ◯ No

Measure used

6. Did you collect these as part of your YSS-F Survey?   ⦿ Yes ◯ No

If No, what source did you use?

Recommended Scoring Rules

Please use the same rules for reporting Social connectedness and Functioning Domain scores as for calculating other Consumer Survey Domain scores for Table MHBG Table 18a: E.g.:

1. Recode ratings of "not applicable" as missing values.

2. Exclude respondents with more than 1/3 of the items in that domain missing

3. Calculate the mean of the items for each respondent.

4. FOR ADULTS: calculate the percent of scores less than 2.5 (percent agree and strongly agree).

5. FOR YSS-F: calculate the percent of scores greater than 3.5 (percent agree and strongly agree).

Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 17A (URS Table 11) - Summary Profile of Client Evaluation of Care

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	4,381	4,767	91.13%-92.68%
2. Reporting Positively about Quality and Appropriateness for Adults.	4,400	4,690	93.13%-94.51%
3. Reporting Positively about Outcomes.	3,489	4,550	75.45%-77.91%
4. Adults Reporting on Participation In Treatment Planning.	3,954	4,507	86.77%-88.69%
5. Adults Positively about General Satisfaction with Services.	4,446	4,809	91.71%-93.20%

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	1,878	2,114	87.49%-90.18%
2. Reporting Positively about General Satisfaction for Children.	1,924	2,114	89.79%-92.23%
3. Reporting Positively about Outcomes for Children.	1,424	2,086	66.27%-70.26%
4. Family Members Reporting on Participation In Treatment Planning for their Children.	1,976	2,125	91.90%-94.07%
5. Family Members Reporting High Cultural Sensitivity of Staff.	1,937	2,013	95.39%-97.06%

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

* Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.

Comments on Data:

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used?   ● Yes   ○ No

   1.a. If no, which version:

     1. Original 40 Item Version   ○ Yes

     2. 21-Item Version   ○ Yes

     3. State Variation of MHSIP   ○ Yes

4. Other Consumer Survey ⊙ Yes

1.b. If other, please attach instrument used.

1.c. Did you use any translations of the MHSIP into another language? ☐ 1. Spanish

☐ 2. Other Language:

Adult Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state) ○   ⦿ 2. Sample of MH Consumers

1. All Consumers In State

   2.a. If a sample was used, what sample methodology was used?   ○ 1. Random Sample

○ 2. Stratified / Random Stratified Sample

⦿ 3. Convenience Sample

○ 4. Other Sample:

   2.b. Do you survey only people currently in services, or do you also survey persons no longer in service?   ☑ 1. Persons Currently Receiving Services

☐ 2. Persons No Longer Receiving Services

3. Please describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)   ☑ 1. All Adult Consumers In State

☐ 2. Adults With Serious Mental Illness

☐ 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care

☐ 4. Other (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	☐ Yes	☐ Yes
Mail	☐ Yes	
Face-to-face	☑ Yes	☐ Yes
Web-Based	☑ Yes	☐ Yes

   4.b. Who administered the survey? (Check all that apply)   ☐ 1. MH Consumers

☐ 2. Family Members

☐ 3. Professional Interviewers

☐ 4. MH Clinicians

☑ 5.   Non Direct Treatment Staff

☐ 6.   Other, describe:

5.   Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?   ☑ 1.   Responses are Anonymous

☐ 2.   Responses are Confidential

☐ 3.   Responses are Matched to Client Databases

6.   Sample Size and Response Rate

6.a. How Many surveys were Attempted (sent out or calls initiated)?

6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

6.c. How many surveys were completed? (survey forms returned or calls completed)   4,809

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?   ○ Yes   ◉ No

7.   Who Conducted the survey

7.a.   SMHA Conducted or contracted for the survey (survey done at state level)   ○ Yes   ◉ No

7.b.   Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)   ◉ Yes   ○ No

7.c.   Other, describe:

* Report Confidence Intervals at the 95% confidence level

Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.

The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level.

When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)

Child / Family Consumer Surveys

1.   Was the MHSIP Children / Family Survey (YSS-F) Used?   ☑ Yes

If no, what survey did you use?

If no, please attach instrument used.

1.c. Did you use any translations of the Child MHSIP into another language?   ☑ 1. Spanish

☐ 2. Other Language:

Child Survey Approach

2.   Populations covered in survey? (Note all surveys should cover all regions of state)   ○ 1. All Consumers In State   ◉ 2. Sample of MH Consumers

2.a.   If a sample was used, what sample methodology was used?   ○ 1. Random Sample

○ 2. Stratified / Random Stratified Sample

● 3. Convenience Sample

○ 4. Other Sample:
[ ]

2.b. Do you survey only people currently in services, or do you also survey persons no longer in service?

☑ 1. Persons Currently Receiving Services

☐ 2. Persons No Longer Receiving Services

2a. If yes to 2, please describe how your survey persons no longer receiving services.

3. Please describe the populations included in your sample: (e.g., all children, only children with SED, etc.)

☑ 1. All Child Consumers In State

☐ 2. Children with Serious Emotional Disturbances

☐ 3. Children who were Medicaid Eligible or in Medicaid Managed Care

☐ 4. Other (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	☐ Yes	☐ Yes
Mail	☐ Yes	
Face-to-face	☑ Yes	☐ Yes
Web-Based	☑ Yes	☐ Yes

4.b. Who administered the survey? (Check all that apply)

☐ 1. MH Consumers

☐ 2. Family Members

☐ 3. Professional Interviewers

☐ 4. MH Clinicians

☑ 5. Non Direct Treatment Staff

☐ 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

☑ 1. Responses are Anonymous

☐ 2. Responses are Confidential

☐ 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

    6.a. How Many surveys were Attempted (sent out or calls initiated)?

    6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

    6.c. How many surveys were completed? (survey forms returned or calls completed)   2,124

    6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

    6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates? ◯ Yes ⬤ No

7. Who Conducted the survey

    7.a. SMHA Conducted or contracted for the survey (survey done at state level)   ◯ Yes   ⬤ No

    7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey   ⬤ Yes   ◯ No
          (survey was done at the local or regional level)

    7.c. Other, describe:

Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 17B (URS Table 11A) - Consumer Evaluation of Care by Consumer Characteristics: (Optional Table by Race/Ethnicity)

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Adult Consumer Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More Than One Race Reported		Other / Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	4,381	4,767	67	73	17	18	287	314	3	3	3,644	3,934	67	89	296	336	76	89
2. Reporting Positively About Quality and Appropriateness.	4,400	4,690	67	73	14	18	288	307	2	3	3,665	3,874	69	89	295	326	77	87
3. Reporting Positively About Outcomes.	3,489	4,550	58	71	13	18	224	305	2	3	2,926	3,788	69	89	197	276	64	86
4. Reporting Positively about Participation in Treatment Planning	3,954	4,507	58	71	13	17	256	289	2	3	3,288	3,724	69	89	268	314	76	91
5. Reporting Positively about General Satisfaction	4,446	4,809	68	72	13	18	294	316	3	3	3,677	3,963	78	89	313	348	76	91
6. Social Connectedness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Functioning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Child/Adolescent Family Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More Than One Race Reported		Other / Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	1,878	2,114	12	14	4	6	141	167	1	1	1,568	1,749	34	40	118	137	62	79
2. Reporting Positively About General Satisfaction	1,924	2,114	11	14	6	7	151	168	1	1	1,611	1,751	29	40	115	133	63	79

3. Reporting Positively About Outcomes.	1,424	2,086	9	13	5	7	105	167	1	1	1,199	1,731	29	40	76	127	50	77
4. Reporting Positively Participation in Treatment Planning for their Children.	1,976	2,125	11	14	6	7	159	171	1	1	1,645	1,758	31	40	123	134	74	79
5. Reporting Positively About Cultural Sensitivity of Staff.	1,937	2,013	12	13	6	7	161	164	1	1	1,600	1,654	31	40	126	134	68	77
6. Social Connectedness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Functioning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data:

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.
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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 18 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period

All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	45,544	1,069	455	0	0	12	10	102	0	1,159	48,351
18-64	47,792	220	4,055	0	0	2,501	803	5,117	0	33,939	94,427
65+	4,223	33	323	0	0	372	6	105	0	1,064	6,126
Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	**97,559**	**1,322**	**4,833**	**0**	**0**	**2,885**	**819**	**5,324**	**0**	**36,162**	**148,904**
Female	48,327	572	1,962	0	0	1,260	388	1,818	0	15,508	69,835
Male	47,365	712	2,817	0	0	1,613	430	3,463	0	19,624	76,024
Other	990	18	32	0	0	9	1	17	0	269	1,336
Not Available	877	20	22	0	0	3	0	26	0	761	1,709
TOTAL	**97,559**	**1,322**	**4,833**	**0**	**0**	**2,885**	**819**	**5,324**	**0**	**36,162**	**148,904**
American Indian/Alaska Native	169	2	12	0	0	3	0	14	0	58	258
Asian	257	2	5	0	0	6	0	20	0	135	425
Black/African American	8,713	117	508	0	0	253	70	1,148	0	3,324	14,133
Hawaiian/Pacific Islander	102	3	3	0	0	3	2	5	0	32	150
White/Caucasian	79,566	1,060	3,980	0	0	2,405	717	3,843	0	27,579	119,150

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
More than One Race Reported	3,102	65	124	0	0	26	12	88	0	769	4,186
Race/Ethnicity Not Available	5,650	73	201	0	0	189	18	206	0	4,265	10,602
TOTAL	97,559	1,322	4,833	0	0	2,885	819	5,324	0	36,162	148,904

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	2,983	49	108	0	0	38	6	115	0	907	4,206
Non Hispanic or Latino Origin	93,838	1,264	4,703	0	0	2,403	803	5,189	0	34,227	142,427
Hispanic or Latino Origin Not Available	738	9	22	0	0	444	10	20	0	1,028	2,271
TOTAL	97,559	1,322	4,833	0	0	2,885	819	5,324	0	36,162	148,904

Comments on Data (for Gender):	
How Often Does your State Measure Living Situation?	☑ At Admission ☐ At Discharge ☐ Monthly ☐ Quarterly ☐ Other: Describe

Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Age	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-12 years					38	0	0	11,232
13-17 years					42	0	0	10,111
18-20 years	5	3	19	1,726	1	0	0	1,107
21-64 years	558	66	396	38,111				
65-74 years	41	3	9	2,683				
75+ years	5	0	0	451				
Not Available	0	0	0	0	0	0	0	0
Total	609	72	424	42,971	81	0	0	22,450

Gender	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	225	40	184	23,040	29	0	0	9,268
Male	381	30	236	19,473	51	0	0	12,508
Other	2	1	4	291	1	0	0	410
Not Available	1	1	0	167	0	0	0	264

Race/Ethnicity	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	5	0	0	90	0	0	0	33
Asian	3	0	1	160	0	0	0	49
Black / African American	144	11	54	4,830	7	0	0	2,173
Hawaiian / Pacific Islander	0	0	1	45	0	0	0	21
White	419	53	360	35,095	57	0	0	17,817
More than one race	11	4	3	820	9	0	0	1,138
Not Available	27	4	5	1,931	8	0	0	1,219

Hispanic/Latino Origin	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino origin	15	3	7	818	5	0	0	996
Non Hispanic / Latino	594	68	417	41,909	76	0	0	21,365
Not Available	0	1	0	244	0	0	0	89

	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Do you monitor fidelity for this service?	○ Yes ● No	● Yes ○ No	● Yes ○ No		○ Yes ● No	○ Yes ● No	○ Yes ● No	
IF YES,								
What fidelity measure do you use?								

Who measures fidelity?							
How often is fidelity measured?							
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	● Yes ○ No	● Yes ○ No	● Yes ○ No		○ Yes ● No	○ Yes ● No	○ Yes ● No
Have staff been specifically trained to implement the EBP?	● Yes ○ No	● Yes ○ No	● Yes ○ No		○ Yes ● No	○ Yes ● No	○ Yes ● No

Comments on Data (overall):

___

Comments on Data (Supported Housing):
See General Comments.

___

Comments on Data (Supported Employment):
See General Comments.

___

Comments on Data (Assertive Community Treatment):
See General Comments.

___

Comments on Data (Therapeutic Foster Care):

___

Comments on Data (Multi-Systemic Therapy):

___

Comments on Data (Family Functional Therapy):

___

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19A (URS Table 16A) - Adults with Serious Mental Illness and Children with Serious Emotional Disturbances Receiving Evidence-Based Services for First Episode Psychosis

This table provides the number of Adults with SMI and Children with SED, who were admitted into and received Coordinated Specialty Care (CSC) evidence based First Episode Psychosis Services (FEP). The reporting year should be the latest fiscal year for which data are available.

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

Program Name	Number of Adult Admissions into CSC Services During FY	Current Number of Adults with FEP Receiving CSC FEP Services	Number of Child/ Adolescents Admissions into CSC Services During FY	Current number of Children/Adolecents with FEP Receiving CSC FEP Services	Did you monitor fidelity for this service?	What fidelity measure did you use?	Who measures fidelity?	How often is fidelity measured?	Has staff been specifically trained to implement the CSC EBP?
iHOPE Four Rivers	5	16	3	4	Yes ● No ○	The KY Revised EASA Fidelity Tool	SMHA (KY DBHDID)	Every 2 years with coaching and support based on fidelity review results/needs.	Yes ● No ○
iHOPE LifeSkills	3	3	3	5	Yes ● No ○	The KY Revised EASA Fidelity Tool	SMHA (KY DBHDID)	Every 2 years with coaching and support based on fidelity review results/needs.	Yes ● No ○
iHOPE Communicare	3	3	3	3	Yes ● No ○	The KY Revised EASA Fidelity Tool	SMHA (KY DBHDID)	Every 2 years with coaching and support based on fidelity review results/needs.	Yes ● No ○
iHOPE Seven Counties	11	16	5	11	Yes ● No ○	The KY Revised EASA Fidelity Tool	SMHA (KY DBHDID)	Every 2 years with coaching and support based on fidelity review results/needs.	Yes ● No ○
iHOPE Pathways	24	28	25	26	Yes ● No ○	The KY Revised EASA Fidelity Tool	SMHA (KY DBHDID)	Every 2 years with coaching and support based on fidelity review results/needs.	Yes ● No ○
iHOPE Mountain	2	2	0	0	Yes ● No ○	The KY Revised EASA Fidelity Tool	SMHA (KY DBHDID)	Every 2 years with coaching and support based on fidelity review results/needs.	Yes ● No ○
iHOPE Cumberland River	4	9	0	0	Yes ● No ○	The KY Revised EASA Fidelity Tool	SMHA (KY DBHDID)	Every 2 years with coaching and support based on fidelity review results/needs.	Yes ● No ○
iHOPE New Vista	4	7	1	0	Yes ● No ○	The KY Revised EASA Fidelity Tool	SMHA (KY DBHDID)	Every 2 years with coaching and support based on fidelity review results/needs.	Yes ● No ○

Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19B (URS Table 16B) Adults with Serious Mental Illness and Children with Serious Emotional Disturbances Receiving Crisis Response Services

This table provides the number and percentage of the respective population of adults with serious mental illness and children with serious emotional disturbances that are receiving Crisis Response services. The reporting year should be the latest state fiscal year for which data are available.

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

Service	Actual Number of Adults Served via Service	Estimated Percentage of Adult Population with Access to Service	Actual Number of Children Served via Service	Estimated Percentage of Child Population with Access to Service
Call Centers	45,903	2.6 %	4,154	5.0 %
24/7 Mobile Crisis Team	4,018	13.2 %	1,161	11.7 %
Crisis Stabilization Programs	1,525	5.0 %	1,162	11.7 %

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 20 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services during the Year

This table provides a profile of adults with serious mental illness receiving specific evidence-based practices in the reporting year. The reporting year should be the latest state fiscal year for which data are available.

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

	ADULTS WITH SERIOUS MENTAL ILLNESS			
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20	0	0	0	0
21-64	0	0	0	0
65-74	0	0	0	0
75+	0	0	0	0
Not Available	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**

Gender				
Female	0	0	0	0
Male	0	0	0	0
Other	0	0	0	0
Gender NA	0	0	0	0

Race				
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
White	0	0	0	0
More Than One Race	0	0	0	0
Unknown	0	0	0	0

Ethnicity				

Hispanic / Latino origin	0	0	0	0
Non Hispanic / Latino	0	0	0	0
Hispanic origin not available	0	0	0	0

Do you monitor fidelity for this service?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
IF YES,				
What fidelity measure do you use?				
Who measures fidelity?				
How often is fidelity measured?				
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
Have staff been specifically trained to implement the EBP?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No

Comments on Data (overall):
KY has not implemented these EBPs according to the definition in URS.
Comments on Data (Family Psycho-education):
CMHCs may bill this as individual or group therapy.
Comments on Data (Integrated Treatment for Co-occurring Disorders):
CMHCs may bill this as ACT; IDDT is performed by ACT teams and fidelity is monitored.

Comments on Data (Illness Self-Management):
CMHCs may bill IMR as Individual or Group Therapy.
Comments on Data (Medication Management):

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 21 (URS Table 19A) - Profile of Criminal Justice or Juvenile Justice Involvement

1. The SAMHSA National Outcome Measure for Criminal Justice measures the change in Arrests over time.

2. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.

3. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.

4. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

For Consumers in Service for at least 12 months

| | T1 | | | T2 | | | T1 to T2 Change | | | | | | Assessment of the Impact of Services | | | | | |
| | "T1" Prior 12 months (more than 1 year ago) | | | "T2" Most Recent 12 months (this year) | | | If Arrested at T1 (Prior 12 Months) | | | If Not Arrested at T1 (Prior 12 Months) | | | Over the last 12 months, my encounters with the police have... | | | | | |
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	441	49,759	0	538	49,662	0	255	186	0	283	49,476	0	280	49,538	382	0	0	50,200
Total Children/Youth (under age 18)	19	16,435	0	30	16,424	0	10	9	0	20	16,415	0	13	16,419	22	0	0	16,454
Female	10	7,121	0	7	7,124	0	2	8	0	5	7,116	0	9	7,116	6	0	0	7,131
Male	9	9,297	0	23	9,283	0	8	1	0	15	9,282	0	4	9,286	16	0	0	9,306
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	17	0	0	17	0	0	0	0	0	17	0	0	17	0	0	0	17
Total Adults (age 18 and over)	422	33,324	0	508	33,238	0	245	177	0	263	33,061	0	267	33,119	360	0	0	33,746
Female	202	18,784	0	222	18,764	0	117	85	0	105	18,679	0	131	18,707	148	0	0	18,986
Male	219	14,517	0	284	14,452	0	127	92	0	157	14,360	0	136	14,390	210	0	0	14,736
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	1	23	0	2	22	0	1	0	0	1	22	0	0	22	2	0	0	24

For Consumers Who Began Mental Health Services during the past 12 months

	T1 "T1" 12 months prior to beginning services			T2 "T2" Since Beginning Services (this year)			T1 to T2 Change — If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Assessment of the Impact of Services — Since starting to receive MH Services, my encounters with the police have…					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	2	72	0	3	71	0	0	2	0	3	69	0	2	69	3	0	0	74
Total Children/Youth (under age 18)	0	18	0	1	17	0	0	0	0	1	17	0	0	17	1	0	0	18
Female	0	9	0	0	9	0	0	0	0	0	9	0	0	9	0	0	0	9
Male	0	9	0	1	8	0	0	0	0	1	8	0	0	8	1	0	0	9
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Adults (age 18 and over)	2	54	0	2	54	0	0	2	0	2	52	0	2	52	2	0	0	56
Female	0	36	0	1	35	0	0	0	0	1	35	0	0	35	1	0	0	36
Male	2	18	0	1	19	0	0	2	0	1	17	0	2	17	1	0	0	20
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information:
- ☐ 1. Consumer survey (recommended questions)
- ☐ 2. Other Consumer Survey: Please send copy of questions
- ☑ 3. Mental health MIS
- ☐ 4. State criminal justice agency
- ☐ 5. Local criminal justice agency
- ☐ 6. Other (specify)

Sources of children/youth criminal justice information:
- ☐ 1. Consumer survey (recommended questions)
- ☐ 2. Other Consumer Survey: Please send copy of questions
- ☑ 3. Mental health MIS
- ☐ 4. State criminal/juvenile justice agency
- ☐ 5. Local criminal/juvenile justice agency
- ☐ 6. Other (specify)

Measure of adult criminal justice involvement: ◉ 1. Arrests ○ 2. Other (specify)

Measure of children/youth criminal justice involvement:	● 1. Arrests	○ 2. Other (specify)

Mental health programs included:

☐ 1. Adults with SMI only	☐ 2. Other adults (specify)	☐ 3. Both (all adults)
☐ 1. Children with SED only	☐ 2. Other Children (specify)	☐ 3. Both (all Children)

Region for which adult data are reported:	● 1. The whole state	○ 2. Less than the whole state (please describe)
Region for which children/youth data are reported:	● 1. The whole state	○ 2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported

	Child/Adolescents	Adults
1. If data is from a survey, What is the total Number of people from which the sample was drawn?		
2. What was your sample size? (How many individuals were selected for the sample)?		
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)		
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?		
5. What was your response rate? (number of Completed surveys divided by number of Contacts)		

State Comments/Notes:

Instructions: If you have responses to a survey by person not in the expected age group, you should include those responses with other responses from the survey (e.g., if a 16 or 17 year old responds to the Adult MHSIP survey, please include their responses in the Adult categories, since that was the survey they used)." to be included in BGAS form at the bottom of the page.
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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 22 (URS Table 19B) - Profile of Change in School Attendance

1. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.

2. If your SMHA has data on School Attendance from alternative sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in the Attendance from T1 to T2, please use all these columns.

3. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.

4. Please tell us anything else that would help us to understand your indicator (e. g., list survey or MIS questions; describe linking methodology and data sources; specifiy time period for criminal justice involvement; explain whether treatment data are collected).

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

For Consumers in Service for at least 12 months

	T1 "T1" 12 months prior to beginning services			T2 "T2" Since Beginning Services (this year)			T1 to T2 Change — If Suspended at T1 (Prior 12 Months)			T1 to T2 Change — If Not Suspended at T1 (Prior 12 Months)			Impact of Services — Over that last 12 months, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																		
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

	T1 "T1" 12 months prior to beginning services			T2 "T2" Since Beginning Services (this year)			T1 to T2 Change — If Suspended at T1 (Prior 12 Months)			T1 to T2 Change — If Not Suspended at T1 (Prior 12 Months)			Impact of Services — Since starting to receive MH Services, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																		
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source of School Attendance Information:
☐ 1. Consumer survey (recommended items)   ☐ 2. Other Survey: Please send us items   ☐ 3. Mental health MIS
☐ 4. State Education Department   ☐ 5. Local Schools/Education Agencies   ☐ 6. Other (specify)
☐

Measure of School Attendance:
○ 1. School Attendance   ○ 2. Other (specify):

Mental health programs include:
☐ 1. Children with SED only   ☐ 2. Other Children (specify)   ☐ 3. Both

Region for which data are reported:
○ 1. The whole state   ○ 2. Less than the whole state (please describe):

What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported?

<div align="right">Child/Adolescents:</div>

1. If data is from a survey, what is the total number of people from which the sample was drawn?

2. What was your sample size? (How many individuals were selected for the sample)?

3. How many survey contacts were made? (surveys to valid phone numbers or addresses)

4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?

5. What was your response rate? (number of Completed surveys divided by number of Contacts)

State Comments/Notes:

Prior to 2014, this data collected was on a subset of KY SED pop via an outcomes instrument. In 2014 the instrument was changed and since then the data for school suspensions & expulsions has not been collected.

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 23A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**7396**	**679**	**1738**	**9.18 %**	**23.50 %**
Age					
0-12 years	0	0	0	**0.00 %**	**0.00 %**
13-17 years	11	0	0	**0.00 %**	**0.00 %**
18-20 years	397	34	84	**8.56 %**	**21.16 %**
21-64 years	6591	615	1596	**9.33 %**	**24.21 %**
65-74 years	290	25	47	**8.62 %**	**16.21 %**
75+ years	98	5	11	**5.10 %**	**11.22 %**
Not Available	9	0	0	**0.00 %**	**0.00 %**
Gender					
Female	3117	266	681	**8.53 %**	**21.85 %**
Male	4270	413	1057	**9.67 %**	**24.75 %**
Other	0	0	0	**0.00 %**	**0.00 %**
Gender Not Available	9	0	0	**0.00 %**	**0.00 %**
Race					
American Indian/Alaska Native	12	1	1	**8.33 %**	**8.33 %**
Asian	30	2	3	**6.67 %**	**10.00 %**
Black/African American	926	68	207	**7.34 %**	**22.35 %**
Hawaiian/Pacific Islander	110	9	29	**8.18 %**	**26.36 %**

White	6150	583	1456	**9.48 %**	**23.67 %**
More than one race	43	5	12	**11.63 %**	**27.91 %**
Race Not Available	125	11	30	**8.80 %**	**24.00 %**
Hispanic/Latino Origin					
Hispanic/Latino Origin	110	9	29	**8.18 %**	**26.36 %**
Non Hispanic/Latino	7161	659	1679	**9.20 %**	**23.45 %**
Hispanic/Latino Origin Not Available	125	11	30	**8.80 %**	**24.00 %**

Are Forensic Patients Included?   ◯ Yes   ⦿ No

Comments on Data:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 23B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

Reporting Period Start Date: 7/1/2021   Reporting Period End Date: 6/30/2022

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**777**	**0**	**3**	**0.00 %**	**0.39 %**
Age					
0-12 years	0	0	0	**0.00 %**	**0.00 %**
13-17 years	0	0	0	**0.00 %**	**0.00 %**
18-20 years	42	0	1	**0.00 %**	**2.38 %**
21-64 years	682	0	2	**0.00 %**	**0.29 %**
65-74 years	18	0	0	**0.00 %**	**0.00 %**
75+ years	0	0	0	**0.00 %**	**0.00 %**
Not Available	35	0	0	**0.00 %**	**0.00 %**
Gender					
Female	211	0	0	**0.00 %**	**0.00 %**
Male	531	0	3	**0.00 %**	**0.56 %**
Other	0	0	0	**0.00 %**	**0.00 %**
Gender Not Available	35	0	0	**0.00 %**	**0.00 %**
Race					
American Indian/Alaska Native	0	0	0	**0.00 %**	**0.00 %**
Asian	0	0	0	**0.00 %**	**0.00 %**
Black/African American	192	0	1	**0.00 %**	**0.52 %**
Hawaiian/Pacific Islander	6	0	0	**0.00 %**	**0.00 %**

White	523	0	1	**0.00 %**	**0.19 %**
More than one race	0	0	0	**0.00 %**	**0.00 %**
Race Not Available	56	0	1	**0.00 %**	**1.79 %**

Hispanic/Latino Origin					
Hispanic/Latino Origin	6	0	0	**0.00 %**	**0.00 %**
Non Hispanic/Latino	715	0	2	**0.00 %**	**0.28 %**
Hispanic/Latino Origin Not Available	56	0	1	**0.00 %**	**1.79 %**

Comments on Data:
  KCPC serves adults only and is the only state supported forensic psychiatric facility in Kentucky.

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 24 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

Expenditure Period Start Date: 7/1/2021   Expenditure Period End Date: 6/30/2022

	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within the state		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**7,653**	**681**	**1,756**	**0.09**	**0.23**
Age					
0-12 years	0	0	0	**0.00 %**	**0.00 %**
13-17 years	11	0	0	**0.00 %**	**0.00 %**
18-20 years	411	34	86	**8.27 %**	**20.92 %**
21-64 years	6,815	617	1,611	**9.05 %**	**23.64 %**
65-74 years	296	25	48	**8.45 %**	**16.22 %**
75+ years	98	5	11	**5.10 %**	**11.22 %**

Not Available	22	0	0	0.00 %	0.00 %

Gender

Female	3,186	266	685	8.35 %	21.50 %
Male	4,445	415	1,071	9.34 %	24.09 %
Other	0	0	0	0.00 %	0.00 %
Gender Not Available	22	0	0	0.00 %	0.00 %

Race

American Indian/Alaska Native	11	1	1	9.09 %	9.09 %
Asian	30	2	3	6.67 %	10.00 %
Black/African American	989	68	212	6.88 %	21.44 %
Hawaiian/Pacific Islander	113	9	29	7.96 %	25.66 %
White	6,322	584	1,467	9.24 %	23.20 %
More than one race	43	5	12	11.63 %	27.91 %
Race Not Available	145	12	32	8.28 %	22.07 %

Hispanic/Latino Origin					
Hispanic/Latino Origin	112	9	29	8.04 %	25.89 %
Non Hispanic/Latino	7,396	660	1,695	8.92 %	22.92 %
Hispanic/Latino Origin Not Available	145	12	32	8.28 %	22.07 %

1. Does this table include readmission from state psychiatric hospitals?   ⦿ Yes ◯ No

2. Are Forensic Patients Included?   ⦿ Yes ◯ No

Comments on Data:

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Footnotes: