

I: State Information

State Information

State DUNS Number

Number

927049767

Expiration Date

6/30/2018

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

100 Fair Oaks Lane, 4E-B

City

Frankfort

Zip Code

40621

II. Contact Person for the Grantee of the Block Grant

First Name

Natalie

Last Name

Kelley

Agency Name

Division of Behavioral Health

Mailing Address

100 Fair Oaks Lane, 4E-B

City

Frankfort

Zip Code

40621

Telephone

502-564-4456

Fax

502-564-9010

Email Address

Natalie.Kelly@ky.gov

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

From

7/1/2012

To

6/30/2013

IV. Date Submitted

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

Submission Date

12/2/2013 11:06:25 PM

Revision Date

V. Contact Person Responsible for Application Submission

First Name

Michele

Last Name

Blevins

Telephone

502-564-4456

Fax

502-564-9010

Email Address

Michele.Blevins@ky.gov

Footnotes:

II: Annual Report

Table 1 - State Priorities

Number	Title	Description
1	(New Priority) Access	Ensure access to community based behavioral health services and supports across the Commonwealth.
2	(New Priority) Quality Services	Ensure availability of high quality (science-based) services and supports for all consumers of the publicly funded behavioral healthcare system.
3	(New Priority) Integrated Health Services	Promote holistic, integrated physical and behavioral health services/supports, utilizing bi-directional models, across Kentucky's publicly funded healthcare system.
4	(New Priority) Reduce Premature Death	Reduce premature death of individuals with behavioral health disorders.
5	(New Priority) Priority Populations	Maintain focus on addressing the behavioral health care needs of targeted populations, including: <ul style="list-style-type: none"> * Persons who have mental health or substance use disorders, and - Pregnant; - Diagnosed with HIV/AIDS; - Intravenous drug users; - Diagnosed with tuberculosis; and - Adolescents * Adults with Severe Mental Illness (SMI) * Children with Severe Emotional Disturbance (SED) * Individuals with Co-occurring Mental Health and Substance Use Disorders
6	(New Priority) Promotion and Prevention	Further develop evidence based substance abuse prevention and mental health promotion and prevention activities across the Commonwealth, particularly with regard to the implementation of programs and strategies aimed at reducing the consequences of under age binge drinking and prescription drug use and misuse among 10th graders in Kentucky. Underage binge drinking and prescription drug misuse and abuse were identified as state priorities in the most recent SEOW needs assessment completed in the spring of 2011. Kentucky is currently addressing these priorities through its statewide "Changing Social Norms and Policy" (CSNaP) initiative.
7	(New Priority) Criminal Justice Interface	Further develop behavioral health services and supports for adults with SMI and children/youth with SED involved with the juvenile and criminal justice systems.
8	(New Priority) Services for Military	Expand behavioral health (mental health and substance abuse) prevention and treatment services to military personnel and their families.
9	(New Priority) Anti-Stigma	Enhance knowledge and skills of behavioral health providers and others that could/do lend support to citizens with behavioral health disorders (first responders, law enforcement, courts, employers, human service agencies, etc.).

footnote:

II: Annual Report

Table 2 - Priority Area by Goal, Strategy, and Performance Indicator

Priority:	Access
Goal of the priority area:	Increase the number of individuals served by the Community Mental Health Centers (including their affiliates), who have behavioral health needs (mental health and substance abuse).
Strategies to attain the goal:	Expand capacity to serve those in need of behavioral health services through the state's publicly funded provider network.
Annual Performance Indicators to measure goal success	
Indicator:	Total number of individuals served annually by the Community Mental Health Centers in mental health and substance abuse programs.
Description of Collecting and Measuring Changes in Performance Indicator:	KY's MIS client and event data set and prior year service data.
Achieved:	Yes
Proposed Changes:	

Reason Not Achieved:

Priority: Quality Services

Goal of the priority area:

Promote peer services as a necessary component of recovery-oriented systems of care for individuals with substance use disorders, adults with SMI, Children with SED, and individuals with co-occurring disorders.

Strategies to attain the goal:

Combine competency training for all Recovery Coaches and Peer Specialists (across populations) including:

- Individuals with substance use disorders;
- Adults with SMI;
- Individuals with co-occurring mental health and substance abuse; or
- Individuals with co-occurring behavioral health and physical health concerns.

Annual Performance Indicators to measure goal success

Indicator: Number of Peer Specialists certified. Baseline Number: Number of Peer Specialists who successfully complete the training module (30 hours).

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Behavioral Health maintains database(s) of all individuals who participate in Peer Support training and certifies those who adequately complete the training and pass the written and oral examinations.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Integrated Health Services

Goal of the priority area:

Improve coordination between primary care and behavioral healthcare delivery.

Strategies to attain the goal:

Commit to the KY Primary Care Association to participate in the organization of five (5) stakeholder working forums to identify opportunities and begin planning for integration of physical and behavioral healthcare.

Annual Performance Indicators to measure goal success

Indicator: Number of forums and planning meetings attended by DBH staff.

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Behavioral Health will ensure that designated staff attends all five (5) Integrated Care Forums planned for 2012-2013. Additional participation in meetings, conducting research or information gathering may be needed. Additionally, staff will examine and pursue methods for gathering data to develop a baseline indicator for the number of individuals who have had a complete annual physical exam in the last year, the number of screenings completed related to physical health needs and the number of referrals to a primary care provider from a behavioral health treatment setting.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

Decrease the incidence of suicide among all Kentucky citizens by enhancing public awareness of the signs, symptoms and most effective interventions, as well as vulnerable populations (youth, elderly, military, LGBTQ).

Strategies to attain the goal:

Implement statewide training initiative for behavioral health consumers in long-term care using the SPARK tool kit.

Annual Performance Indicators to measure goal success

Indicator: Number of training events conducted annually.

Description of Collecting and Measuring Changes in Performance Indicator:

Department will maintain database to track number of participants and number of individuals who are trained. This will begin in SFY 2012 and continue for SFY 2013. This is targeted to older adult population.

Achieved: No

Proposed Changes:

Plan to work with staff from Outcome, Transformation and Education Branch on providing trainings involving the SPARK toolkit to our two (2) state operated nursing home facilities. These facilities serve adults with SMI and physical disorders.

Also plan to work with existing trainers at state operated/state contracted psychiatric facilities to add the SPARK toolkit to their current trainings with Personal Care Home staff across the state.

Reason Not Achieved:

Leadership Staff changed. (Adult Branch Manager was working on this project with other staff members, then Adult Branch Manager resigned and project was not taken up by new leadership.)

Priority: Reduce Premature Death

Goal of the priority area:

Decrease the incidence of suicide among all Kentucky citizens by enhancing public awareness of the signs, symptoms and most effective interventions, as well as vulnerable populations (youth, elderly, military, LGBTQ).

Strategies to attain the goal:

Build capacity to provide training to personnel and students in Kentucky's middle and high schools across the Commonwealth.

Annual Performance Indicators to measure goal success

Indicator: Percentage of schools in which personnel receive training and percentage of schools in which middle and high school students receive suicide prevention information.

Description of Collecting and Measuring Changes in Performance Indicator:

Department will maintain database to track number of middle and high schools in which personnel receive training and students receive suicide prevention information.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

Expand indicators related to prescription drug abuse.

Strategies to attain the goal:

Revise the KIP School Surveys to include questions on perceived availability, peer usage, perception of risk of prescription drugs, and favorable attitudes toward prescription drugs.

Annual Performance Indicators to measure goal success

Indicator: Number of new questions added to KIP concerning prescription drug abuse and misuse.

Description of Collecting and Measuring Changes in Performance Indicator:

These questions will be integrated into the KIP School Survey. Currently, the only data collected on prescription drugs is lifetime, past year,

and past 30 day use.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

Improve access to nicotine replacement for individuals with behavioral health disorders who use tobacco products.

Strategies to attain the goal:

Commit to participating in the University of Kentucky's effort to develop a mechanism for tracking the number of individuals who receive nicotine replacement under the newly expanded nicotine replacement benefit under the Medicaid pharmacy program.

Annual Performance Indicators to measure goal success

Indicator: Establish baseline data on the number of Medicaid eligible individuals who have filled prescriptions for nicotine replacement pharmaceuticals.

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Behavioral Health will have access to the UK data. DBH will attend all planning meetings, conduct research and participate in any additional information gathering needed.

Footnote: Additionally, staff will examine and pursue methods for gathering data and develop a baseline performance indicator for the number of Medicaid eligible individuals with a behavioral health disorder who have received a prescription for nicotine replacement and have had those filled.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Reduce Premature Death

Goal of the priority area:

Prevent or reduce the negative consequences of underage drinking.

Strategies to attain the goal:

Supporting/strengthening the enforcement of existing laws regarding adults providing alcohol to minors. Implement local policies that target social access of alcohol to youth (social host and unruly gathering ordinances).

Annual Performance Indicators to measure goal success

Indicator: Reduce 10th grade, 30 day binge drinking by at least 1% annually, in targeted counties.

Description of Collecting and Measuring Changes in Performance Indicator:

Percentage of youth reporting use of alcohol in the past thirty days on the annual Kentucky Incentives for Prevention (KIP) School Survey.

Footnote: Historical data is available.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Populations

Goal of the priority area:

Track the number of individuals from the target populations served by the 14 Regional Boards/CMHCs (including their affiliates).

Strategies to attain the goal:

Track the number of individuals from the target populations served by the 14 Regional Boards/CMHCs (including their affiliates), including:

- Individuals with substance use disorders (using estimated prevalence rate of 10% of the adult population);
- Adults with SMI (using estimated prevalence rate of 2.6% of the adult population (age 18 and above); and
- Children and youth with SED (using estimated prevalence rate of 5% of the child population (under age 18).

Concentrate efforts in FY 2012 and 2103 on data that is reliable and readily available and plan for improved data collection of additional priority populations in subsequent years.

Annual Performance Indicators to measure goal success

Indicator: Numerator: Total unduplicated number served in each service category by the 14 Regional Boards/CMHCs and their affiliates.

Description of Collecting and Measuring Changes in Performance Indicator:

KY's MIS client and event data set. National prevalence rate estimate information and available Medicaid data from the Kentucky Department for Medicaid Services (DMS) and the four Managed Care Organizations recently contracted to provide data to DBH.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Promotion and Prevention

Goal of the priority area:

Integrate the prevention of mental illness into state and local substance abuse prevention efforts.

Strategies to attain the goal:

Provide training for Prevention staff (Central office staff and Regional Prevention Center staffs) regarding strategies and available resources to address the prevention of mental illness, including cultural awareness training of high risk populations (LGBTQ, Military & their Families, and Native Americans).

Annual Performance Indicators to measure goal success

Indicator: Baseline data will be collected. Number of trainings provided and the number of Central office staff and Regional Prevention Center staff.

Description of Collecting and Measuring Changes in Performance Indicator:

Prevention data set will be expanded to collect new data.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Criminal Justice Interface

Goal of the priority area:

To ensure that adults with SMI who are being released from specialized mental health treatment units in prison receive timely behavioral health services in their chosen community.

Strategies to attain the goal:

To work with providers and the Department of Corrections to enhance continuity of care for this vulnerable population.

Annual Performance Indicators to measure goal success
Indicator: The number of adults with SMI who are released from prison programs Correctional Psychiatric Treatment Unit (CPTU) and Psychiatric Correctional Unit (PCU) and who receive services (in the community), from the Regional Boards.

Description of Collecting and Measuring Changes in Performance Indicator:
Numerator: Number of adults with SMI who are released from CPTU and PCU prison programs and receive services from a Regional Board.
Denominator: Number of adults with SMI released from CPTU and PCU prison programs.
DBHDID is currently working with the Department of Corrections regarding data sharing to track discharges and Regional Board admissions.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Services for Military
Goal of the priority area:

To accurately track all individuals served by the Regional Boards who are active duty service members or veterans, or the family member of active duty service members or veterans.

Strategies to attain the goal:

Improve data collection system for capturing individuals served by the Regional Boards who are active duty service members or veterans, or the family member of active duty service members or veterans.

Annual Performance Indicators to measure goal success

Indicator: Establish accurate baseline by collecting the number of individuals served by the Regional Boards who are active duty service members or veterans, or the family member of active duty service members or veterans.

Description of Collecting and Measuring Changes in Performance Indicator:

Kentucky's MIS client and event data system.

Note: During FY 2011, the CMHCs in Kentucky reported treating 797 active duty service members.
During FY 2011, the CMHCs in Kentucky reported treating 2, 216 veterans.
Data collection for family members is in development.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Anti-Stigma

Goal of the priority area:

Reduce discrimination of individuals with behavioral health disorders by providing additional awareness training to targeted individuals and groups that interface with individuals with behavioral health disorders.

Strategies to attain the goal:

Provide formal training and public awareness campaigns to enhance knowledge and to reduce discrimination.

Annual Performance Indicators to measure goal success

Indicator: Develop database to track the number of Mental Health First Aid trainings provided to targeted individuals and groups that interface with individuals with behavioral health disorders.

Description of Collecting and Measuring Changes in Performance Indicator:

Develop database that includes Mental Health First Aid trainings, as well as other trainings and public awareness campaigns already in existence (e.g., Crisis Intervention Training, Children's Mental Health Awareness Day campaign), and others to be offered in SFYs 2012 and 2013.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Footnotes:

III: State Agency Expenditure Reports

Table 4 (URS Table 7) - Profile of Mental Health Service Expenditures and Sources of Funding

Start Year:

End Year:

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	\$	\$	\$	\$	\$	\$	\$
2. Primary Prevention	\$	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="120,000"/>	<input type="text" value="10,000"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. State Hospital	\$	\$	<input type="text" value="34,000,000"/>	<input type="text" value="15,000,000"/>	<input type="text" value="3,000,000"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6. Other 24 Hour Care	\$	<input type="text" value="0"/>	<input type="text" value="19,000,000"/>	<input type="text" value="1,000,000"/>	<input type="text" value="7,800,000"/>	<input type="text" value="2,000,000"/>	<input type="text" value="0"/>
7. Ambulatory/Community Non-24 Hour Care	\$	<input type="text" value="5,255,000"/>	<input type="text" value="33,000,000"/>	<input type="text" value="32,000,000"/>	<input type="text" value="31,000,000"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Administration (Excluding Program and Provider Level)	\$	<input type="text" value="25,000"/>	<input type="text" value="450,000"/>	<input type="text" value="40,000"/>	<input type="text" value="1,700,000"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
9. Subtotal (Rows 1, 2, 3, 4, and 8)	\$	\$25,000	\$450,000	\$160,000	\$1,710,000	\$0	\$0
10. Subtotal (Rows 5, 6, 7, and 8)	\$	\$5,280,000	\$86,450,000	\$48,040,000	\$43,500,000	\$2,000,000	\$0
11. Total	\$	\$5,280,000	\$86,450,000	\$48,160,000	\$43,510,000	\$2,000,000	\$0

Please indicate the expenditures are actual or estimated.

Actual Estimated

Please identify which of the information in Table 4a is estimated rather than actual:

Identify the date by when all estimates can be replaced with actual expenditures:

Footnotes:

Table 5 - MHBG Expenditures By Service

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

Service	Unduplicated Individuals	Units	Expenditures
Prevention (Including Promotion)			\$
Screening, Brief Intervention and Referral to Treatment	0	0.00	\$
Brief Motivational Interviews	0	0.00	\$
Screening and Brief Intervention for Tobacco Cessation	0	0.00	\$
Parent Training	0	0.00	\$
Facilitated Referrals	0	0.00	\$
Relapse Prevention/Wellness Recovery Support	0	0.00	\$
Warm Line	0	0.00	\$
Engagement Services			\$
Assessment			\$
Specialized Evaluations (Psychological and Neurological)			\$
Service Planning (including crisis planning)			\$
Consumer/Family Education			\$
Outreach			\$
Outpatient Services			\$
Individual evidenced based therapies			\$
Group therapy			\$
Family therapy			\$
Multi-family therapy			\$
Consultation to Caregivers			\$
Medication Services			\$
Medication management			\$

Pharmacotherapy (including MAT)			\$
Laboratory services			\$
Community Support (Rehabilitative)			\$
Parent/Caregiver Support			\$
Skill building (social, daily living, cognitive)			\$
Case management			\$
Continuing Care			\$
Behavior management			\$
Supported employment			\$
Permanent supported housing			\$
Recovery housing			\$
Therapeutic mentoring			\$
Traditional healing services			\$
Recovery Supports			\$
Peer Support			\$
Recovery Support Coaching			\$
Recovery Support Center Services			\$
Supports for Self Directed Care			\$
Other Supports (Habilitative)			\$
Personal care			\$
Homemaker			\$
Respite			\$
Supported Education			\$
Transportation			\$
Assisted living services			\$
Recreational services			\$
Trained behavioral health interpreters			\$

Interactive communication technology devices				\$
Intensive Support Services				\$
Substance abuse intensive outpatient (IOP)				\$
Partial hospital				\$
Assertive Community Treatment				\$
Intensive home based services				\$
Multi-systemic therapy				\$
Intensive Case Management				\$
Out-of-Home Residential Services				\$
Crisis residential/stabilization				\$
Adult Substance Abuse Residential				\$
Adult Mental Health Residential				\$
Youth Substance Abuse Residential Services				\$
Children's Residential Mental Health Services				\$
Therapeutic foster care				\$
Acute Intensive Services				\$
Mobile crisis				\$
Peer based crisis services				\$
Urgent care				\$
23 hr. observation bed				\$
Medically Monitored Intensive Inpatient				\$
24/7 crisis hotline services				\$
Other (please list)				\$

footnote:

Data not captured in this manner and thus cannot be reported. Kentucky understands that this table is optional.

III: State Agency Expenditure Reports

Table 6 - Primary Prevention Expenditures Checklist

Start Year:

End Year:

Strategy	IOM Target	MHBG Block Grant	Other Federal	State	Local	Other
Information Dissemination	Universal	\$ <input type="text"/>				
Information Dissemination	Selective	\$ <input type="text"/>				
Information Dissemination	Indicated	\$ <input type="text"/>				
Information Dissemination	Unspecified	\$ <input type="text"/>				
Information Dissemination	Total	\$	\$	\$	\$	\$
Education	Universal	\$ <input type="text"/>				
Education	Selective	\$ <input type="text"/>				
Education	Indicated	\$ <input type="text"/>				
Education	Unspecified	\$ <input type="text"/>				
Education	Total	\$	\$	\$	\$	\$
Alternatives	Universal	\$ <input type="text"/>				
Alternatives	Selective	\$ <input type="text"/>				
Alternatives	Indicated	\$ <input type="text"/>				
Alternatives	Unspecified	\$ <input type="text"/>				
Alternatives	Total	\$	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$ <input type="text"/>				
Problem Identification and Referral	Selective	\$ <input type="text"/>				
Problem Identification and Referral	Indicated	\$ <input type="text"/>				
Problem Identification and Referral	Unspecified	\$ <input type="text"/>				
Problem Identification and Referral	Total	\$	\$	\$	\$	\$

Community-Based Process	Universal	\$ <input type="text"/>				
Community-Based Process	Selective	\$ <input type="text"/>				
Community-Based Process	Indicated	\$ <input type="text"/>				
Community-Based Process	Unspecified	\$ <input type="text"/>				
Community-Based Process	Total	\$	\$	\$	\$	\$
Environmental	Universal	\$ <input type="text"/>				
Environmental	Selective	\$ <input type="text"/>				
Environmental	Indicated	\$ <input type="text"/>				
Environmental	Unspecified	\$ <input type="text"/>				
Environmental	Total	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$ <input type="text"/>				
Section 1926 Tobacco	Selective	\$ <input type="text"/>				
Section 1926 Tobacco	Indicated	\$ <input type="text"/>				
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>				
Section 1926 Tobacco	Total	\$	\$	\$	\$	\$
Other	Universal	\$ <input type="text"/>				
Other	Selective	\$ <input type="text"/>				
Other	Indicated	\$ <input type="text"/>				
Other	Unspecified	\$ <input type="text"/>				
Other	Total	\$	\$	\$	\$	\$

Footnotes:

Data not collected in this manner so not able to report. KY understands that this is an optional table.

Table 9 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2011) + B2(2012)</u> 2 (C)
SFY 2011 (1)	\$20,481,089	
SFY 2012 (2)	\$20,509,460	\$20,495,275
SFY 2013 (3)	\$20,060,056	

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

SFY 2011 Yes X No _____
 SFY 2012 Yes X No _____
 SFY 2013 Yes X No _____

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

footnote:

Table 10 - Report on Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2012	Estimated/Actual SFY 2013
\$9,483,648	\$10,416,978	\$10,039,237

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

footnote:

Kentucky Mental Health Planning and Advisory Council

Mary Singleton, Chair
Rebecca Garrett, Vice Chair
Gayla Hayes, Secretary

November 21, 2013

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

Dear Ms. Simmons:

I am writing on behalf of the Kentucky Behavioral Health Planning and Advisory Council to confirm that our Council has received an overview of the 2014 SABG Behavioral Health Report and the 2014 MHBG Behavioral Health Report. Members were given an opportunity to provide comments during the meeting and information on how to provide feedback until the December 1st due date. Comments and suggestions made during today's meeting will be incorporated into the report.

The Council would like to express its appreciation for the opportunity to participate in the State Planning Council National Learning Collaborative Project over the past year. The technical assistance provided was instrumental in our Council developing two additional committees and a plan to increase integration of substance abuse prevention and treatment into our membership and work. Thank you for the opportunity to participate in the learning collaborative.

Our Council also thanks you for the continued support of block grant funds. In the next year we plan to use these funds to serve Kentuckians without health coverage or between health coverage and for services not covered by Medicaid.

Sincerely,



Mary Singleton
Chair, Kentucky Behavioral Health Planning and Advisory Council

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