Kentucky

UNIFORM APPLICATION FY 2021 Mental Health Block Grant Report COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022 (generated on 07/22/2021 4.13.25 PM)

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

A. State Information

State Information

State DUNS Number

Number 927049767

Expiration Date

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

Agency Name Cabinet for Health and Family Services

Organizational Unit Department for Behavioral Health, Developmental and Intellectual Disabilities

Mailing Address 275 East Main Street 4W-G

City Frankfort
Zip Code 40621

II. Contact Person for the Grantee of the Block Grant

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Last Name Blevins

Agency Name Department for Behavioral Health, Developmental and Intellectual Disabilities

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

From 7/1/2019

To 6/30/2020

IV. Date Submitted

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

Submission Date 11/30/2020 10:26:36 PM

Revision Date 11/30/2020 10:26:43 PM

V. Contact Person Responsible for Report Submission

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

Footnotes:

Printed: 7/22/2021 4:13 PM - Kentucky - 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

B. Implementation Report

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

Priority #: 1

Priority Area: Adults with Serious Mental Illness (SMI)

Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Increase access to employment for Adults with SMI

Strategies to attain the goal:

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

-Annual Performance Indicators to measure goal success-

Indicator #:

Indicator: Adults with SMI who are employed

Baseline Measurement: The SFY2019 percentage of Adults with SMI served by the 14 CMHCs who are employed.

SFY2019: 18.22% = 7,979/43,765

First-year target/outcome measurement: Increase by .25% the percentage of Adults with SMI served by the 14 CMHCs who are

employed from SFY2019. This is a comparison across consecutive years. FROM SFY2019:

18.22% TO SFY2020: 18.47%

Second-year target/outcome measurement: Increase by .25% the percentage of Adults with SMI served by the 14 CMHCs who are

employed from SFY2019. This is a comparison across consecutive years. FROM SFY2019:

18.22% TO SFY2021: 18.72%

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

Data Source:

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

New Data Source(if needed):

Description of Data:

Data report to show per State Fiscal Year (SFY): Report ID: BG_Adult_1_5_State

- * the total number of unduplicated Adults w SMI served by the 14 CMHCs,
- * the total number of unduplicated Adults w SMI served by the 14 CMHCs who are employed,
- * the percentage of Adults w SMI served by the 14 CMHCs who are employed.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment First Year Target: Achieved Not Achieved (if not achieved,explain why) Reason why target was not achieved, and changes proposed to meet target: While progress was made towards target, the COVID pandemic may have impacted the employment rate of adults with SMI as it impacted businesses negatively across the country. The 2020 goal was to reach an employment rate among adults with SMI served to 18.74%. There was an increase of 18.22% in SFY 2019 to 18.25% in SFY 2020. Programs will continue to implement IPS Supported Employment in an effort to increase employment among adults with SMI who are served by the 14 CMHCs. How first year target was achieved (optional):

Priority #: 2

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

Priority Type: MHS

Population(s): ESMI

Goal of the priority area:

Increase access to evidence-based practices for individuals with early serious mental illness/first episode of psychosis (ESMI/FEP).

Strategies to attain the goal:

Provide training and technical assistance to all outpatient sites funded to provide CSC to this population.

Utilize consultation from national experts in the field.

Convene biannual meetings with all key contacts from CMHCs regarding this population, to provide technical assistance/education regarding CSC and the ESMI/FEP population.

-Annual Performance Indicators to measure goal success-

Indicator #:

Indicator: Coordinated Specialty Care (CSC) as an evidence-based practice to individuals with

ESMI/FEP.

Baseline Measurement: At the end of SFY 2019, three (3) outpatient iHOPE sites had fully implemented Coordinated

Specialty Care to serve individuals with ESMI/FEP (CMHC Regions 4, 6, and 11).

First-year target/outcome measurement: By the end of SFY 2020, at least one (1) additional outpatient site will offer fully

implemented CSC to individuals with ESMI/FEP.

Second-year target/outcome measurement: By the end of SFY 2021, at least one (1) additional outpatient sites offering fully

implemented CSC to individuals with ESMI/First Episode of Psychosis.

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

Data Source:

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

New Data Source(if needed):

Description of Data:

DEFINITIONS:

The following implementation stage definitions are from:

"The Snapshot of State Plans for Using the Community Mental Health Block Grant 10 percent set-aside to address first episode psychosis" (August 2018, page 5)

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

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

Data issues/caveats that affect outcome measures:

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

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

How first year target was achieved (optional):

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

Priority #: 3

Priority Area: Children with Severe Emotional Disturbance (SED)

Priority Type: MHS
Population(s): SED

Goal of the priority area:

Increase access to evidence-based practices for children/youth with SED.

Strategies to attain the goal:

CMHCs with Transition Age Youth specialized programming are required by contract to have Peer Support services available to children and youth being served.

Provide training and technical assistance to ensure that CMHCs understand how to recruit, retain and support Youth and Family Peer Support Specialists in the workplace and how to appropriately document and bill for services.

Provide awareness activities and training regarding resiliency and recovery principles and guidance in the process of fully including Peer Specialists in the service delivery array.

Provide training and technical assistance regarding the supervision of Peer Specialists.

Provide technical assistance to CMHCs regarding accurate coding procedures for reporting Peer Support services in client/event data set.

-Annual Performance Indicators to measure goal success-

Indicator #:

Indicator: Peer Support services for children with SED.

Baseline Measurement:Total number of children who received Peer Support services from the 14 CMHCs in SFY

2018=949

First-year target/outcome measurement: Increase by .25% (of 949) the total number of children who receive Youth and Family Peer

Support services, from the 14 CMHCs, during SFY 2020.

Second-year target/outcome measurement: Increase by .25% (of 949) the total unduplicated number of children and youth with SED

who receive Youth and Family Peer Support services from the 14 CMHCs during SFY 2021. New Second-year target/outcome measurement(if needed): **Data Source:** MIS Client/Event data set used by DBHDID and the 14 CMHCs. New Data Source(if needed): **Description of Data:** Data report to show the total number of children served by the 14 CMHCs who received Peer Support services in the SFY (including youth or family, individual or group Peer Support). Report form AMART using service codes 147-150. may be some duplication across services but unduplicated count of children within a service. Additional children to be served equals 24 in SFY 2020 and an 24 additional in SFY 2021. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: N/A New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment **✓** Achieved Not Achieved (if not achieved, explain why) First Year Target: Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): Priority #: **Priority Area: Primary Substance Use Prevention Priority Type:** SAP Population(s): PΡ Goal of the priority area: Increase the perception of harm of electronic cigarettes Reduce the incidence of Underage Drinking Strategies to attain the goal: * Educate youth, parents, educators about the harmful effects of electronic cigarette use * Work to update current school and community smoke-free policies to address electronic cigarette use * Conduct Reward/Remind type activities with retailers related to sale of electronic cigarettes to minors * Improve early prevention screening and assessment of adolescents in school settings * Educate parents about "host parties" and the negative psychological effects of alcohol consumption by adolescents * Work to establish Social Host Ordinances * Implement Strategies such as "I Won't be the One" to reduce underage use social access to alcohol * Improve early prevention screening and assessment of adolescents in school settings

Annual Performance Indicators to measure goal success Indicator #: 1

Indicator: Number of 10th graders who participate in the KIP survey who report perception of harm of

electronic cigarettes.

Baseline Measurement: 2018 KIP Survey results indicate that 42.8% of 10th graders, who participate in the KIP

survey reported that using electronic cigarettes on a regular basis had moderate to great

risk

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

electronic cigarette use among youth as measured by data entered into the Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total of 21 Kentucky residents, under the age of 19, received prevention services targeting tobacco use. First-year measure for the block grant will increase by 200 activities as a result

of the emphasis placed on prevention of this substance.

Second-year target/outcome measurement: Increase by .5% the percentage of 10th graders, who participate in the KIP survey, who

report use of electronic cigarettes on a regular basis has "moderate" to "great risk" (43.5%)

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

Data Source:

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

New Data Source(if needed):

Description of Data:

The KIP Survey provides information about student perceptions about the health dangers of electronic cigarettes and perceived accessibility of electronic cigarettes in the community. The 2018 survey included the addition of several new questions related to electronic cigarettes. Once the survey data are gathered and analyzed, each participating school district receives a report outlining district-specific results, and depicting comparisons to the region, state and (when available) the rest of the country.

The KIP survey, conducted every other year, is Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance use. In 2018, over 128,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for those communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Results of KIP survey conducted in 2020 are available in 2021

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved If not achieved, explain why)

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

How first year target was achieved (optional):

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

Indicator #:

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

alcoholic beverages

Baseline Measurement: 2018 KIP Survey results indicate 16.8% of 10th graders answered that they consumed

alcohol, on at least one occasion, in the past 30 days.

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

address underage drinking use among youth as measured by data entered into the

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

Second-year target/outcome measurement:

Decrease by 2% the number of 10th graders that report having consumed alcohol, on at least one occasion, in the past 30 days.

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

Data Source:

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

New Data Source(if needed):

Description of Data:

The KIP Survey provides information about student perceptions and use of alcohol, tobacco and other drugs. Once the survey data is gathered and analyzed, each participating school district receives a report outlining district-specific results, and depicting comparisons to the region, state and (when available) the rest of the country.

The KIP survey is Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance abuse. In 2018, over 128,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for those communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Results of KIP survey conducted in 2020 are available in 2021

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

Priority #: 5

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

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

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

Strategies to attain the goal:

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

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

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

Indicator #:	1
Indicator:	Plan of Safe Care (POSC) Implementation
Baseline Measurement:	Establishment of POSC sites to serve PWWDC with SUDs
First-year target/outcome measurement:	At the end of SFY2020, four (4) Community Mental Health Centers (CMHC) will become a fully established Plan of Safe Care site. (CMHC regions 6,11,14,15)
Second-year target/outcome measurement:	By the end of SFY2021, at least one (1) additional Plan of Safe Care site will be established at a CMHC.
New Second-year target/outcome measurem	ent(if needed):
Data Source:	
Opioid STR Table B2 (KORE funding and CMI Annual Statement of Revenues and Expendit	
New Data Source(if needed):	
Description of Data:	
By the end of 2021, there will be at least 5 PC	DSC sites implemented.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome meas	sures:
N/A	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	ed Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved (optional):	-
Fully implemented POSC sites include Region	

Priority #: 6

Priority Area: Persons who inject drugs

Priority Type: SAT

Population(s): PWID

Goal of the priority area:

 $Reduce\ the\ outbreak\ of\ Hepatitis\ by\ increasing\ the\ availability\ and\ awareness\ of\ Syringe\ Exchange\ Programs\ (SEPs)\ statewide$

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success Indicator #: Indicator: The number of syringe exchange programs (SEPs) in place across the Commonwealth **Baseline Measurement:** At the end of SFY2019, there are 62 SEPs across the Commonwealth. First-year target/outcome measurement: Increase by 2, the total number of SEPs from SFY2019. This is a comparison across consecutive years. Increase by 2, the total number of SEPs from SFY2019. This is a comparison across Second-year target/outcome measurement: consecutive years. New Second-year target/outcome measurement(if needed): **Data Source:** The Kentucky Deparment for Public Health Surveillance data, Kentucky Office of Drug Control Policy (ODCP), Kentucky Harm Reduction Coalition, the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx New Data Source(if needed): **Description of Data:** The Kentucky Department for Public Health monitors the number of SEPs statewide and also posts to their website the days/hours of operation for each program. The ODCP and the KY Harm Reduction Coalition and the Ky DBHDID work to educate individuals and comunities about the cost, benefits, myths and best practice guidelines for initiating and maintaining SEPs. New Description of Data:(if needed) Data issues/caveats that affect outcome measures: Syringe Exchange Programs (SEPs) have existed and been studied extensively in the United States since 1988. The SEPs are communitybased programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes and offer safer injection education. The SEPs in Kentucky also provide linkages to critical services and programs including substance use disorder treatment programs; overdose revention education; screening, care and treatment for HIV and viral hepatitis; prevention of mother-to-child transmission; hepatitis A and hepatitis B vaccination; screening for other sexually transmitted diseases and turberculosis; partner services and other medical, social and mental health services. In direct response to Senate Bill 192, enacted during the 2015 regular legislative session, the Kentucky Department for Public Health has published guidelines for local health departments implementing harm reduction and syringe exchange programs. NO SABG FUNDS WILL BE USED TO SUPPORT THE SEPS. New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved If not achieved, explain why)

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

How first year target was achieved (optional):

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

Priority #: 7

Priority Area: Individuals who receive Substance Use Disorder (SUD) services and have or are at risk for Tuberculosis (TB)

Priority Type: SAT
Population(s): TB

Goal of the priority area:

Improve data collection of individuals with or at risk of TB who receive services for SUDs

Strategies to attain the goal:

- * Continue partnering with the Ky Department for Public Health and the CMHCs to improve data collection definitions and screening protocol for TB
- $^{\star} \ Ensure \ that \ CMHCs \ are \ systematically \ screening \ for \ TB \ among \ individuals \ receiving \ services \ for \ SUDs$
- * Offer CMHCs technical assistance in updating and improving their policies and procedures regarding TB screening and referral.

Indicator #:	1					
Indicator:	Screen for TB persons who present for substance use services at the 14 CMHCs.					
Baseline Measurement:	During SFY2019, 12 of 14 CMHCs had written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders					
First-year target/outcome measurement:	Thirteen of 14 CMHCs will submit their written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders. This is a comparison across consecutive years. FROM SFY2019: 12 TO SFY2020: 13					
Second-year target/outcome measurement: Fourteen of 14 CMHCs will submit their new or updated written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders. This is a comparison across consecutive years. FROM SFY2019: 12 TO SFY2020: 14						
New Second-year target/outcome measurem	nent(if needed):					
Data Source:						
Submission of copies of TB-related policies	and procedures, by 14 CMHCs, through the Plan and Budget process conducted in April					
New Data Source(if needed):						
Description of Data:						
Written policies and procedures submitted by	by CMHCs					
New Description of Data:(if needed)						
New Description of Data.(if needed)						
Data issues/caveats that affect outcome mea	sures:					
N/A						
New Data issues/caveats that affect outcome	e measures:					
Poport of Progress Toward Co	al Attainment					
Report of Progress Toward Go						
First Year Target: Achiev	Not Achieved (if not achieved,explain why)					
Reason why target was not achieved, and ch	anges proposed to meet target:					
How first year target was achieved (optional)	:					
All 14 CMHCs have submitted TB screening F	Policy and Procedure.					
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MHBG Table 2A (URS Table 7) - State Agency Expenditures Report

This table describes expenditures for public mental health services provided or funded by the State mental health agency by source of funding. Include ONLY funds expended by the executive branch agency administering the MH Block Grant.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Activity (See instructions for using Row	Source of Funds								
1.)	A. Substance Abuse Block Grant	B. Mental Health 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		
Substance Abuse Prevention and Treatment									
a. Pregnant Women and Women with Dependent Children									
b. All Other									
2. Primary Prevention*		\$0	\$0	\$0	\$0	\$0	\$0		
3. Evidence-Based Practices for Early Serious Mental Illness.**		\$934,093	\$0	\$0	\$0	\$0	\$0		
4. Tuberculosis Services									
5. HIV Early Intervention Services									
6. State Hospital			\$51,819,404	\$9,434,733	\$66,010,456	\$3,118,846	\$76,104		
7. Other Psychiatric Inpatient Care			\$0	\$0	\$1,800,000	\$0	\$0		
8. Other 24-Hour (residential Care)		\$50,000	\$16,988,121	\$464,214	\$2,626,459	\$2,567,072	\$13,681		
9. Ambulatory/Community Non- 24 Hour Care		\$6,701,951	\$211,631	\$2,284,796	\$36,296,448	\$0	\$1,841,572		
10. Administration (Excluding Program and Provider Level)		\$13,877	\$110,484	\$120,635	\$7,638,362	\$0	\$84,301		
11. Total	\$0	\$7,699,921	\$69,129,640	\$12,304,378	\$114,371,725	\$5,685,918	\$2,015,658		
Comments on Data:									

^{*}States may only use MHBG funds to provide primary prevention services to the priority populations of adults with serious mental illness and children with severe emotional disturbance.

^{**}Column 3B is for expenditures related to ESMI including Frist Episode Psychosis programs funded through MHBG setaside. These funds are not to be

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C Actual C Estimated
Please indicate the expenditures are <u>actual</u> or <u>estimated</u> .
also counted in #9 Ambulatory/Community Non-24-Hour Care.

MHBG Table 2B (URS Table 7A) - MHBG State Agency Early Serious Mental Illness and First Episode Psychosis Expenditures Report

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Activity (See instructions for using Row 1.)	Source of Funds							
	A. Mental Health Block Grant	B. Medicaid (Federal, State, and Local)	C. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other		
CSC-Evidences-Based Practices for First Episode Psychosis*	\$922,365	\$0	\$0	\$0	\$0	\$0		
Training for CSC Practices	\$11,728	\$0	\$0	\$0	\$0	\$0		
Planning for CSC Practices	\$0	\$0	\$0	\$0	\$0	\$0		
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	\$934,093	\$0	\$0	\$0	\$0	\$0		
Comments on Data:								

^{*}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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0930-0168	Approved:	04/19/2019	Expires:	04/30/2022

Footnotes:			

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

Reporting Period Start Date: 7/1/2019 Reporting Period End Date: 6/30/2020

Statewide Expenditures for Children's Mental Health Services									
Actual SFY 1994	Actual SFY 2019	Estimated/Actual SFY 2020	Expense Type						
\$3,832,010	\$3,832,010 \$7,879,497 \$8,178,327 • Actual • Estim								
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.									
0930-0168 Approved: 04/19/2019 Expire Footnotes:	es: 04/30/2022								

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: 7/1/2019 Expenditure Period End Date: 6/30/2020

Activity	Total of Block Grant						
1. Information Systems	\$98,125						
2. Infrastructure Support	\$76,250						
3. Partnerships, Community Outreach and Needs Assessment	\$178,100						
4. Planning Council Activities	\$2,319						
5. Quality Assurance and Improvement	\$						
6. Research and Evaluation	\$						
7. Training and Education	\$862						
Total Non-Direct Services	\$355,656						
Comments on Data: See general notes							

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Footnotes:			

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

									Source of Funds		
Entity Number	Area Served (Statewide or Sub- State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	Total Block Grant 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	\$275,809.00	\$186,612.00	\$86,197.00	\$3,000.00	\$0.00
6	Sub-State Planning Area	Centerstone	10101 Linn Station Road, Ste 600	Louisville	KY	40223	\$1,307,555.00	\$975,620.00	\$206,935.00	\$125,000.00	\$0.00
5	Sub-State Planning Area	Communicare	107 Cranes Roost Court	Elizabethtown	KY	42701	\$578,136.00	\$352,808.00	\$100,328.00	\$125,000.00	\$0.00
8	Sub-State Planning Area	Comprehend	611 Forest Avenue	Maysville	кү	41056	\$169,815.00	\$89,093.00	\$77,722.00	\$3,000.00	\$0.00
13	Sub-State Planning Area	Cumberland River	PO Box 568	Corbin	ку	40702	\$564,640.00	\$319,499.00	\$120,141.00	\$125,000.00	\$0.00
1	Sub-State Planning Area	Four Rivers	425 Broadwaqy	Paducah	ку	42001	\$497,224.00	\$283,286.00	\$88,938.00	\$125,000.00	\$0.00
16	Statewide	Kentucky Housing Corporation	1231 Louisville Road	Frankfort	KY	40601	\$13,334.00	\$13,334.00	\$0.00	\$0.00	\$0.00
17	Statewide	Kentucky Partnership for Families & Children (KPFC)	1st Floor 207 Holmes Street	Frankfort	ку	40601	\$143,000.00	\$0.00	\$143,000.00	\$0.00	\$0.00
12	Sub-State Planning Area	Kentucky River	115 Rockwood Lane	Hazard	ку	41701	\$230,045.00	\$133,662.00	\$93,383.00	\$3,000.00	\$0.00
4	Sub-State Planning Area	Lifeskills	PO Box 6499	Bowling Green	кү	42102	\$792,813.00	\$430,974.00	\$161,839.00	\$200,000.00	\$0.00
11	Sub-State Planning Area	Mountain	104 South Front Street	Prestonsburg	кү	41653	\$456,608.00	\$246,333.00	\$85,275.00	\$125,000.00	\$0.00
18	Statewide	NAMI Kentucky	2441 S. Hwy 2	Somerset	ку	42501	\$145,054.00	\$142,554.00	\$0.00	\$2,500.00	\$0.00
19	Statewide	NAMI Lexington (KY) Inc.	498 Georgetown St Ste 100	Lexington	КҮ	40508	\$150,190.00	\$150,190.00	\$0.00	\$0.00	\$0.00
15	Sub-State Planning Area	New Vista	1351 Newtown Pike	Lexington	KY	40511	\$623,282.00	\$309,456.00	\$188,826.00	\$125,000.00	\$0.00
7	Sub-State Planning Area	North Key	502 Farrell Drive PO Box 2680	Covington	кү	41011	\$481,907.00	\$357,631.00	\$121,276.00	\$3,000.00	\$0.00
10	Sub-State Planning Area	Pathways	PO Box 790	Ashland	ку	41105	\$493,374.00	\$268,042.00	\$100,332.00	\$125,000.00	\$0.00
2	Sub-State Planning Area	Pennyroyal	3999 Fort Campbell Blvd	Hopkinsville	KY	42241	\$340,218.00	\$262,833.00	\$74,385.00	\$3,000.00	\$0.00
3	Sub-State Planning Area	River Valley	1100 Walnut Street PO Box 1637	Owensboro	ку	42302	\$359,068.00	\$271,059.00	\$85,009.00	\$3,000.00	\$0.00
21	Statewide	Technical Assi	31 Saint James Ave Ste 950	Boston	МА	2116	\$43,914.00	\$43,914.00	\$0.00	\$0.00	\$0.00
20	Statewide	Wellspring Inc.	PO Box 1927	Louisville	КҮ	40201	\$50,000.00	\$50,000.00	\$0.00	\$0.00	\$0.00
Total							\$7,715,986.00	\$4,886,900.00	\$1,733,586.00	\$1,095,500.00	\$0.00

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Footnotes:	

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

Reporting Period Start Date: 07/01/2019 Reporting Period End Date: 06/30/2020

Period	Expenditures	<u>B1(2018) + B2(2019)</u> 2
(A)	(B)	(C)
SFY 2018 (1)	\$20,546,106	
SFY 2019 (2)	\$20,551,883	\$20,548,995
SFY 2020 (3)	\$20,554,227	

SFY 20 (3))20			\$20,554,227		
Are the expenditure amo	·	n Column B	"actual" expend	itures for the State fisc	cal years involved?	
SFY 2019 SFY 2020	_	X No	_			
	_		ate when actual	expenditure data will	be submitted to SAMHSA:	
0930-0168 Approved: 04/ Footnotes:	/19/2019 Expires	: 04/30/2022	!			

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 Serious Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		
930-0168 Approved: 04/19/2019 Expires: 04/30/2022		
Footnotes:		

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: 7/1/2019 Expenditure Period End Date: 6/30/2020

		To	otal			ican Ind Iska Na	dian or itive	Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	11,452	18,086	132	29,670	16	21	0	25	36	0	1,152	2,093	7	11	11	0	8,749	13,671	58	572	870	1	927	1,384	66
13-17 years	10,359	10,638	110	21,107	16	21	0	35	33	1	866	992	4	10	9	1	8,145	8,313	51	448	454	2	839	816	51
18-20 years	3,961	3,603	60	7,624	8	5	0	16	16	0	330	332	1	2	1	0	3,086	2,808	32	150	135	0	369	306	27
21-24 years	4,689	4,261	77	9,027	12	4	1	8	18	0	436	435	5	6	1	0	3,604	3,277	30	158	103	2	465	423	39
25-44 years	25,484	23,758	297	49,539	53	31	0	51	64	0	2,229	2,342	10	24	24	0	20,466	18,632	116	440	322	3	2,221	2,343	168
45-64 years	18,094	15,092	121	33,307	46	34	0	56	30	1	1,611	1,588	5	13	11	0	14,932	12,106	40	263	201	0	1,173	1,122	75
65-74 years	2,835	1,751	13	4,599	6	2	0	6	4	0	195	133	0	3	1	0	2,412	1,432	4	33	26	0	180	153	9
75 and older	746	420	13	1,179	2	0	0	2	1	0	46	20	0	1	0	0	613	330	1	5	6	0	77	63	12
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
Total	77,620	77,609	823	156,052	159	118	1	199	202	2	6,865	7,935	32	70	58	1	62,007	60,569	332	2,069	2,117	8	6,251	6,610	447
Pregnant Women	747	0	0	747	1			1			80			3			580			25			57		

Are these numbers unduplicated?	~	Unduplicated	and Co	Duplicated : between Hospitals	Duplicated : Among Community Programs
	and ac	Duplicated between children dults		Other : describe	

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	Notice an increase in the number of Race Not Available; will try to identify the cause and improve reporting for next year.
Comments on Data (Overall):	URS 2020 Not Available increased; unsure of reason but will continue to monitor. May be impacted by CMHCs reduction of face-to-face contacts and more telehealth during COVID19 pandemic; intake process may be more brief.

	Not F	lispanic or I	Latino	His	panic or Lat	tino	Hispanic or L	atino Origin I	Not Available	Total					
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total		
0-12 years	10,849	17,149	65	480	722	2	123	215	65	11,452	18,086	132	29,670		
13-17 years	9,777	10,126	57	478	433	5	104	79	48	10,359	10,638	110	21,107		
18-20 years	3,763	3,378	28	115	117	1	83	108	31	3,961	3,603	60	7,624		
21-24 years	4,461	3,994	32	127	84	3	101	183	42	4,689	4,261	77	9,027		
25-44 years	24,453	22,530	121	451	362	2	580	866	174	25,484	23,758	297	49,539		
45-64 years	17,522	14,405	38	230	170	3	342	517	80	18,094	15,092	121	33,307		
65-74 years	2,726	1,645	4	50	28	0	59	78	9	2,835	1,751	13	4,599		
75 and older	716	393	1	11	4	0	19	23	12	746	420	13	1,179		
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total	74,267	73,620	346	1,942	1,920	16	1,411	2,069	461	77,620	77,609	823	156,052		
Pregnant Women	719			18			10			747	0	0	747		

Comments on Data (for Age):	
Comments on Data (for Gender):	In 2021, SMHA plans to add to MMIS System additional values for answer options for Gender at Birth, add a new Gender Identify field, and add a new Sexual Orientation field.
Comments on Data (for Ethnicity):	Notice an increase in the number of Ethnicity Not Available; will try to identify the cause and improve reporting for next year.
Comments on Data (Overall):	URS 2020 Not Available increased; will continue to monitor. May be impacted by CMHCs reduction of face-to-face contacts and more telehealth during COVID19 pandemic; intake process may be more brief.

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Footnotes:			

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: 7/1/2019 Expenditure Period End Date: 6/30/2020

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	e Setting Age 0-17		Age 18-20			Age 21-64				Age 65+		Age	Not Ava	ilable		Total				
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total	
Community Mental Health Programs	21,810	28,723	242	3,936	3,538	60	47,810	42,037	495	3,531	2,104	26	0	0	0	77,087	76,402	823	154,312	
State Psychiatric Hospitals	5	4	0	90	166	0	1,540	2,776	2	131	137	0	0	0	0	1,766	3,083	2	4,851	
Other Psychiatric Inpatient	0	1	0	11	14	1	320	405	5	27	23	2	0	0	0	358	443	8	809	
Residential Treatment Centers	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	

Comments on Data (for Age):

Notice an increase in the number of Age Not Available; will try to identify the cause and improve reporting for next year.

Comments on Data (for Gender):

Comments on Data (Overall):

URS 2020 Not Available increased; will continue to monitor. May be impacted by CMHCs reduction of face-to-face contacts and more telehealth during COVID19 pandemic; intake process may be more brief.

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Footnotes:

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: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Total				American Indian Asian or Alaska Native					Black or African American			Native Hawaiian or Other Pacific Islander							Than (
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
Medicaid (only Medicaid)	39,391	37,096	447	76,934	81	66	0	94	81	1	3,970	4,291	19	42	27	1	30,255	27,744	156	1,269	1,332	2	3,680	3,555	268
Non- Medicaid Sources (only)	24,981	26,486	289	51,756	60	33	0	72	69	1	1,801	2,171	9	21	16	0	20,600	21,404	134	476	449	4	1,951	2,344	141
People Served by Both Medicaid and Non- Medicaid Sources	12,715	12,820	87	25,622	17	19	1	29	46	0	1,023	1,235	4	7	15	0	10,728	10,526	42	319	331	2	592	648	38
Medicaid Status Not Available	533	1,207	0	1,740	1	0	0	4	6	0	71	238	0	0	0	0	424	895	0	5	5	0	28	63	0
Total Served	77,620	77,609	823	156,052	159	118	1	199	202	2	6,865	7,935	32	70	58	1	62,007	60,569	332	2,069	2,117	8	6,251	6,610	447

	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 Gende	r):			
Comments on Data (Overall): URS 2020 Not Available increa pandemic; intake process may	•	nitor. May be impacted by CMHCs reduction of face-to-face contacts and	more	e telehealth during COVID19

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 unduplicate 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: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Hisp	oanic or Lat	ino	Not H	ispanic or l	.atino	Hispanic	or Latino O Available	rigin Not	Total				
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total	
Medicaid Only	1,135	1,117	10	37,808	35,507	170	448	472	267	39,391	37,096	447	76,934	
Non- Medicaid Only	554	548	6	24,056	25,481	133	371	457	150	24,981	26,486	289	51,756	
People Served by Both Medicaid and Non- Medicaid Sources	251	250	0	12,298	12,386	43	166	184	44	12,715	12,820	87	25,622	
Medicaid Status Unknown	2	5	0	105	246	0	426	956	0	533	1,207	0	1,740	
Total Served	74,267	73,620	346	1,942	1,920	16	1,411	2,069	461	77,620	77,609	823	156,052	

Comments on Data (for Ethnicity):

Comments on Data (for Gender):

Notice an increase in the number of Gender Not Available; will try to identify the cause and improve reporting for next year.

Comments on Data (Overall):

URS 2020 Not Available increased; possible indirect result from limited binary-only gender choices; SMHA to add choices in 2021.

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:			

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Days): Di	f Stay (in scharged ents	For Clients for Less Th Length o Days): Re end o	nan 1 Year: f Stay (in sidents at	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	349	6,225	6,269	21	5	16	5	1,228	871	
Children (0 to 17 years)	0	3	3	8	2	0	0	0	0	
Adults (18 yrs and over)	332	6,213	6,256	18	9	49	15	1,494	805	
Age Not Available	17	9	10	37	5	0	0	2,191	1,807	
Other Psychiactric Inpatient	89	1,824	1,851	10	5	34	8	458	450	
Children (0 to 17 years)	0	1	1	5	5	0	0	0	0	
Adults (18 yrs and over)	61	1,452	1,454	12	5	34	8	458	450	
Age Not Available	28	371	396	14	0	0	0	0	0	
Residential Tx Centers	0	0	0	0	0	0	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	55,118	99,194	0	0	0	0	0	0	0	
Children (0 to 17 years)	20,173	30,602								
Adults (18 yrs and over)	34,945	68,575								
Age Not Available	0	17								

Comments on Data (State Hospital):

Since 2019, numbers in this category decreased by shifting 1 contracted hosp.(ARH) reporting to "Other Psych Inpatient" category

Comments on Data (Other Inpatient):

Numbers in this category increased for first time during 2020 because we shifted 1 contracted hospital (ARH) reporting from the State Hospital category

Comments on Data (Community Programs):	
Comments on Data (Overall):	
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022	
Footnotes:	

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.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

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.)

	in the data provided in the ta	oles. (Check all 1	that apply.)							
			Population	ns Covered:	Included	in Data				
		State H	lospitals	Community Programs	State Hospitals	Community Programs				
1. Age	ed 0 to 3		Yes	✓ Yes	☐ Yes	▼ Yes				
2. Age	ed 4 to 17		Yes	▼ Yes	☐ Yes	Yes Yes Yes Serious mental illness and of serious mental illness an				
3. Adı	ults Aged 18 and over	V	Yes	▼ Yes	▼ Yes	▼ Yes				
4. For	rensics	V	Yes	☐ Yes	▼ Yes	☐ Yes				
Comr	nents on Data:	·								
2.	Do all of the adults and childs serious emotional disturbance		gh the state	mental health agency mee	t the Federal definitions of	serious mental illness and				
2.a.	If no, please indicate the perc	entage of perso	☐ Serious	Mental Illness Emotional Disturbances the reporting period who	met the federal definitions (of serious mental illness a				
	serious emotional disturbance			and representations						
2.a.1.	Percent of adults meeting Fed									
2.a.2. 3.	Percentage of children/adoles Co-Occurring Mental Health a			tion of SED:						
3.a.	What percentage of persons s			eporting period have a dua	l diagnosis of mental illness	and substance abuse?				
3.a.1.	Percentage of adults served b	y the SMHA who	o also have a	diagnosis of substance abu	ise problem:	17.0 %				
3.a.2.	Percentage of children/adoles	cents served by	the SMHA wh	ho also have a diagnosis of	substance abuse problem:	1.0 %				
3.b.	What percentage of persons s			od who met the Federal def	initions of adults with SMI a	and children with SED hav				
3.b.1.	Percentage of adults meeting	Federal definiti	on of SMI who	o also have a diagnosis of	substance abuse problem:	7.5 %				
3.b.2.	2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:									
3.b.3.	Please describe how you calcuthe number of persons with codisorders.		disorder are total childre	from AMART—client coun n and adults served. Perce	nd adults who also have a co ts with both MH and SA reco ntages of children/adolesce stance use disorder is calcul	ord markers = true divided nt with SMI and adults wi				
4.	State Mental Health Agency F	•								
	a. Medicaid: Does the State M Medicaid? (Check All that App 1. State Medicaid Operating A	y)	etico travel any	nbetref rhildwary adalesrai	ૹ૽૽ૹૡ૽ઙ૽૽ઌ૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱	vaces provite exitentoly in				

2. Setting Standards

	3. Quality Improvement/Program Compliance4. Resolving Consumer Complaints5. Licensing6. Sanctions7. 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 initia	tive?	∨ Yes	▼ Yes
4.b.2	Does the State Mental Health Agency have any responsive through Medicaid Managed Care?	onsibilities for mental health services provided	▼ Yes	Yes
-	please check the responsibilities the SMHA has:	a MCOs or PLIOs	Yes	
4.b.3	Direct contractual responsibility and oversight of the	e MCOS OF BHOS	Yes	
4.b.4 4.b.5	Setting Standards for mental health services	inc	Yes	
	Coordination with state health and Medicaid agenc	les	✓ Yes	
4.b.6	Resolving mental health consumer complaints			
4.b.7	Input in contract development		Yes	
4.b.8 4.b.9	Performance monitoring Other		Yes	
5.	Data Reporting: Please describe the extent to which different parts of your mental health system. Please counts of clients served across your entire mental h	respond in particular for Table MHBG 13a and		
	Are the data reporting in the tables?			_
5.a. 5.b. 5.c. 5.d. 5.e.	Unduplicated: counted once even if they were serve community mental health agencies responsible for community mental health agencies responsible for compulicated: across state hospital and community propulicated: within community programs Duplicated: Between Child and Adult Agencies Plans for Unduplication: If you are not currently ablesystem, please describe your plans to get unduplication:	different geographic or programmatic areas. Ograms e to provide unduplicated client counts across a	all parts of your me	V
6.	Summary Administrative Data			
6.a.	Report Year:	7/1/2019-6/30/2020		
6.b.	State Identifier:	КУ		
6.c.	Summary Information on Data Submitted by SMHA: Year being reported:	7/1/2019 12:00:00 AM to 6/30/2020 12:00:00 A	λM	
6.d.	Person Responsible for Submission:	Hope Beatty		
6.e.	Contact Phone Number:	(502) 782-6147		
6.f.	Contact Address:	275 E. Main Street 4W-G Frankfort, KY 40601		
6.g.	E-mail:	HopeB.Beatty@ky.gov		
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Foo	tnotes:			

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.

		To	tal			rican In aska Na	dian or itive		Asian			ck or Af America			lawaiiar cific Isla	or Other nder		White			Than O	ne Race ed	Race	Not Av	ailable
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Availab
0-12 years	5,011	8,778	44	13,833	6	9	0	5	13	0	596	1,192	5	6	5	0	3,780	6,502	18	293	478	0	325	579	2
13-17 years	4,895	5,272	43	10,210	5	9	0	13	11	1	443	566	2	5	6	0	3,889	4,113	25	244	273	1	296	294	1
18-20 years	1,607	1,337	16	2,960	3	2	0	5	6	0	165	125	1	1	1	0	1,280	1,089	11	64	53	0	89	61	
21-24 years	1,614	1,232	21	2,867	6	0	1	1	7	0	171	132	1	2	0	0	1,265	976	11	58	30	1	111	87	
25-44 years	9,875	7,593	64	17,532	24	12	0	24	24	0	1,083	927	3	10	8	0	7,969	6,091	29	201	131	0	564	400	3
45-64 years	10,165	6,710	34	16,909	29	18	0	36	15	0	1,081	772	2	9	7	0	8,414	5,557	14	152	81	0	444	260	1
65-74 years	1,590	798	1	2,389	4	2	0	5	3	0	123	69	0	0	0	0	1,388	683	0	17	11	0	53	30	
75 and older	283	118	0	401	0	0	0	1	1	0	25	6	0	0	0	0	244	100	0	3	3	0	10	8	
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	
Pregnant Women	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	35,040	31,838	223	67,101	77	52	1	90	80	1	3,687	3,789	14	33	27	0	28,229	25,111	108	1,032	1,060	2	1,892	1,719	9
Comments	s on Data	(for Age	e):																						
Comments	s on Data	a (for Ger	nder):			I	Notice an increase in the number of Gender Not Available in White category; will try to identify the cause and improve reporting for next year.																		
Comments on Data (for Race/Ethnicity):							otice an ir ear.	icrease in	the nu	mber of R	ace Not A	Availabl	e; will try t	o identify	the cau	se and imp	rove rep	orting fo	or next						

1	Ctata	Definitions	Match the	Fodoral	Definition
Ι.	State	Definitions	iviaten the	reneral	Definitions

0	Yes	•	Nο	Adults with SMI, if No describe or attach state definition:	See General Notes	^
	. 05			ridatio mini omi, ii rio desense ei attaen state deiinitioni		
0	Voc		No	Diagnoses included in the state SMI definition:		^
\sim	res		INO	Diagnoses included in the state SMI definition.		\vee
	V	6	NI.	Children with SED, if No describe or attach state definition:	See General Notes	^
0	Yes	•	INO	Children with SED, it is describe or attach state definition:		\vee
\odot	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: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Not F	lispanic or	Latino	His	panic or La	tino	Hispanic or L	atino Origin l	Not Available		То	tal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	4,775	8,319	23	200	377	1	36	82	20	5,011	8,778	44	13,833
13-17 years	4,644	5,031	27	216	217	2	35	24	14	4,895	5,272	43	10,210
18-20 years	1,547	1,276	12	47	46	0	13	15	4	1,607	1,337	16	2,960
21-24 years	1,548	1,175	13	47	32	1	19	25	7	1,614	1,232	21	2,867
25-44 years	9,544	7,364	31	188	114	0	143	115	33	9,875	7,593	64	17,532
45-64 years	9,943	6,513	13	132	93	1	90	104	20	10,165	6,710	34	16,909
65-74 years	1,555	770	0	25	16	0	10	12	1	1,590	798	1	2,389
75 and older	273	116	0	8	1	0	2	1	0	283	118	0	401
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	33,829	30,564	119	863	896	5	348	378	99	35,040	31,838	223	67,101
Comments on Data (for Age)	:												
Comments on Data (for Gend	der):		ice an increa	ase in the n	umber of G	ender Not A	vailable; will t	ry to identify	the cause and	improve re	porting for		

Comments on Data (for Race/Ethnicity):	Notice an increase in the number of Ethnicity Not Available; will try to identify the cause and improve reporting for next year.	
Comments on Data (Overall):		

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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 mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, residential treatment centers and Institutions under Justice System.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Service Setting	Age 0-17			Age 18-20		Age 21-64		Age 65+		Age	Age Not Available			Total					
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	9,906	14,050	87	1,607	1,337	16	21,654	15,535	119	1,873	916	1	0	0	0	35,040	31,838	223	67,101
State Psychiatric Hospitals	2	2	0	32	59	0	658	942	0	43	27	0	0	0	0	735	1,030	0	1,765
Other Psychiatric Inpatient	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
Institutions in the Justice System	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):

Notice an increase in the number of Gender Not Available; will try to identify the cause and improve reporting for next year.

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

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.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Adults Served	18-20			21-64	21-64 65+				Age Not Available				Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	858	587	24	11,711	10,542	248	201	152	2	0	0	0	12,770	11,281	274	24,325
Unemployed	938	886	6	13,800	14,304	79	221	156	0	0	0	0	14,959	15,346	85	30,390
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	1,987	1,890	18	20,278	14,567	72	2,912	1,645	8	0	0	0	25,177	18,102	98	43,377
Not Available	153	175	12	2,021	2,624	96	197	151	16	0	0	0	2,371	2,950	124	5,445
Total	3,936	3,538	60	47,810	42,037	495	3,531	2,104	26	0	0	0	55,277	47,679	581	103,537
How Often Does your State Measure Employment Status?	☐ At Ac	Imission \square	At Discharge	☐ Monthly	Quarterl	y Cother,	describe:									
What populations are included:	· All cl	ients © Onl	y selected gr	oups, descri	be:											
Comments on Data (for Age):																
Comments on Data (for Gender): Notice an increase in the number of Gender Not Available; will try to identify the cause and improve reporting for next year.																
Comments on Data (Overall): URS 2020 Not Available increased; possible indirect result from limited binary-only gender choices; SMHA to add choices in 2021.																
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Footnotes:	·ootnotes:															

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: 7/1/2019 Expenditure Period End Date: 6/30/2020

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)	373	848	3,707	267	5,195
Bipolar and Mood Disorders (F30,F31,F32,F33,F34.1,F60.89,F34.0,F32.9)	7,519	8,291	16,192	1,308	33,310
Other Psychoses (F22,F23,F24,F28,F29)	219	464	831	229	1,743
All Other Diagnoses	16,214	20,787	22,647	3,641	63,289
No DX and Deferred DX (R69,R99,Z03.89)	0	0	0	0	0
Diagnosis Total	24,325	30,390	43,377	5,445	103,537

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Comments on Data (for Diagnosis):

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

Expenditure Period Start Date: 07/01/2019 Expenditure Period End Date: 06/30/2020

Adult Consumer Survey Results		Number of Positive Responses Responses		Percent Positive (calculated)	
1. Social Connectednes	s	2,122	2,660	80%	
2. Functioning		2,062	2,644	78%	
Child/Adolescent Consumer Survey Results		vey Results Number of Positive Responses Responses		Percent Positive (calculated)	
3. Social Connectedness		1,191	1,191 1,279		
4. Functioning		948 1,260		75%	
Comments on Data: Fewer total 2020 surveys collected due to COVID19 pandemic when CMHCs experienced fewer face-to-face and more telehealth client interactions. Web-based suveys are not popular among clients.					

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 O 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?
Child/Family Social Connectedness and Functioning Measures	
clind/ Failing Social Connectedness and Functioning Measures	
4. Did you use the recommended new Social Connectedness Questions?	• Yes © No
	Measure used
5. Did you use the recommended new Functioning Domain Questions?	• Yes O 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).

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

Expenditure Period Start Date: 07/01/2019 Expenditure Period End Date: 06/30/2020

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
Reporting Positively about Access.	2,570	2,777	91.6-93.5
2. Reporting Positively about Quality and Appropriateness for Adults.	2,552	2,712	93.2-95
3. Reporting Positively about Outcomes.	2,022	2,580	76.8-80.0
4. Adults Reporting on Participation In Treatment Planning.	2,294	2,649	85.3-87.9
5. Adults Positively about General Satisfaction with Services.	2,630	2,817	92.4-94.3

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	1,218	1,297	92.6-95.2
2. Reporting Positively about General Satisfaction for Children.	1,227	1,293	93.7-96.1
3. Reporting Positively about Outcomes for Children.	970	1,258	74.8-79.4
4. Family Members Reporting on Participation In Treatment Planning for their Children.	1,232	1,300	93.6-96
5. Family Members Reporting High Cultural Sensitivity of Staff.	1,196	1,220	97.3-98.8

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.

Fewer total 2020 surveys collected due to COVID - use of fewer face-to-face and more telehealth client interactions. Web-based suveys are not popular among clients.

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

Adult Consumer Surveys

aui			uiveys			
1.	1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used?		Yes	O No		
	1.a.	If no, v	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.c. Did you use any translations of the MHSIP into anothe	r language?	✓ 1. Spanish						
		[2. Other Language:						
dult	Survey Approach								
	Populations covered in survey? (Note all surveys should cover a	all regions of state	e) C 1. All Consu	mers In	State © 2. Sa	ample of MH Consu	mers		
	2.a. If a sample was used, what sample methodology was u	ısed? 🤼 1. Rar	ndom Sample						
		© 2. Stra	atified / Random Strati	fied Sa	mple				
			nvenience Sample						
		C 4. Oth	ner Sample:						
	2.b. Do you survey only people currently in services, or do y	vou also survey pe	ersons no longer in ser	vice?	✓ 1. Persons	Currently Receiving	g Services		
					☐ 2. Persons	No Longer Receivir	ng Services		
3.	Please describe the populations included in your sample: (e.g.,	all adults, only a	dults with SMI, etc.)	1 .	All Adult Consur	mers In State			
				□ 2.	Adults With Seri	ious Mental Illness			
				□ 3.	Adults Who Wei	re Medicaid Eligible	e Or In Medicaid M	lanaged Care	
				☐ 4.	Other (for exam	ple, if you survey ar	nyone served in the	e last 3 months, descri	be that here):
4.	Methodology of collecting data? (Check all that apply)		Self-Administere		Internion				
			Seit-Administere	a	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 Cons	umers						
		2. Family Me	embers						
		☐ 3. Professio	nal Interviewers						
		4. MH Clinic	cians						
		▼ 5. Non Direc	ct Treatment Staff						
		☐ 6. Other, de	scribe:						

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

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

		e Confidential			
	☐ 3. Responses are	Matched to Client D	atabases		
C. Cample Cine and December Date					
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 a					
6.c. How many surveys were completed? (survey forms returned or calls complete			2,777		
6.d. What was your response rate? (number of Completed surveys divided by nur					
6.e. If you receive "blank" surveys back from consumers (surveys with no respons	ses on them), did you count	these surveys as "cor	npleted" 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 (survey was done at the local or regional level)	d or contracted for the surve	ey • Yes	○ No		
7.c. Other, describe:					
* Report Confidence Intervals at the 95% confidence level					
The confidence level tells you how sure you can be. It is expressed as a percentage and re can be 95% certain; the 99% confidence level means you can be 99% certain. Most resea When you put the confidence level and the confidence interval together, you can say that hild / Family Consumer Surveys	archers use the 95% confidence	e level.			•
1. Was the MHSIP Children / Family Survey (YSS-F) ✓ Yes Used?					
II IIO, Wildi	t 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. Spanish2. Other Language	e:			
hild Survey Approach					
2. Populations covered in survey? (Note all surveys should cover all regions of state)) 1. All Consumers I	n State 🌘 2. Samp	le of MH Consumers		
2.a. If a sample was used, what sample methodology was used?	dom Sample				
C 2. Stra	tified / Random Stratified Sa	ample			
● 3. Con	venience Sample				
C 4. Other	er Sample:				
2.b. Do you survey only people currently in services, or do you also survey pe	rsons no longer in service?	✓ 1. Persons Cui	rently Receiving Services		
		2. Persons No	Longer Receiving Services		
2a. If yes to 2, please describe how your survey persons no longer receivi	ng services.				
3. Please describe the populations included in your sample: (e.g., all children, only	children with SED, etc.)	✓ 1. All Child Co	nsumers In State		

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			□ 2.	Childr	Iren with Serious Emotional Disturbances	
			□ 3.	Childr	ren who were Medicaid Eligible or in Medicaid Managed Care	
			□ 4.	Other	r (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	Intervi	ew	1	
	Phone	☐ Yes	☐ Yes			
	Mail	Yes				
	Face-to-face	▼ Yes	☐ Yes			
	Web-Based	▼ Yes	☐ Yes			
		1				
4.b. Who administered the survey? (Check all that apply)	☐ 1. MH Cons	umers				
	2. Family Mo	embers				
	3. Professio	nal Interviewers				
	☐ 4. MH Clinic	cians				
	✓ 5. Non Dire	ct Treatment Staff				
	☐ 6. Other, de	escribe:				
5. Are Responses Anonymous, Confidential and/or Linked to oth	aar Patiant Databa	ises? 🔽 1. Responses are	o Anonym			
3. Are responses Anonymous, Confidential and/or Eniked to on	iei ratieiit Databa	2. Responses are				
		3. Responses are			lient Databases	
		•				
6. Sample Size and Response Rate						
6.a. How Many surveys were Attempted (sent out or calls initi	ated)?					
6.b. How many survey Contacts were made? (surveys to valid						
6.c. How many surveys were completed? (survey forms returned					1,297	
6.d. What was your response rate? (number of Completed sur 6.e. If you receive "blank" surveys back from consumers (surve			these sur	veys a	as "completed" for the calculation of response rates? C Yes • No	
7. Who Conducted the survey						
7.a. SMHA Conducted or contracted for the survey (survey	done at state leve	el)		○ Ye	es • No	
7.b. Local Mental Health Providers/County mental health p (survey was done at the local or regional level)	providers conducte	ed or contracted for the surv	ey	Ye	res O No	
7.c. Other, describe:						
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Footnotes:			

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

Adult Consumer Survey Results:

Indicators	T	otal		n Indian or a Native	А	sian		or African erican	Othe	awaiian or r Pacific ander	W	/hite		han One Reported		r / Not ilable	Hispar	nic Origin
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	2,602	2,815	41	44	6	7	109	123	1	1	2,168	2,325	0	0	245	277	32	38
Reporting Positively About Quality and Appropriateness.	2,583	2,747	41	43	7	7	114	124	1	1	2,166	2,287	0	0	223	250	31	35
3. Reporting Positively About Outcomes.	2,047	2,618	29	43	4	6	74	113	0	1	1,745	2,188	0	0	170	229	25	38
4. Reporting Positively about Participation in Treatment Planning	2,324	2,686	33	43	6	7	97	119	1	1	1,946	2,232	0	0	211	247	30	37
5. Reporting Positively about General Satisfaction	2,662	2,856	41	44	7	7	111	124	1	1	2,215	2,354	0	0	255	287	32	39
6. Social Connectedness	2,151	2,697	31	43	6	6	79	118	0	1	1,827	2,256	0	0	179	236	29	37
7. Functioning	2,086	2,681	29	43	6	7	78	118	0	1	1,775	2,245	0	0	174	230	24	37

Child/Adolescent Family Survey Results:

Indicators	Т	otal		n Indian or a Native	A	sian		or African erican	Othe	lawaiian or r Pacific ander	W	/hite		Than One Reported		r / Not ilable	Hispar	nic Origin
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	1,246	1,330	7	7	7	7	56	63	0	1	1,073	1,135	0	0	75	84	28	33
2. Reporting Positively About General Satisfaction	1,258	1,326	7	7	7	7	58	62	0	1	1,077	1,132	0	0	78	84	31	33

3. Reporting Positively About Outcomes.	990	1,288	6	7	5	7	35	63	0	0	874	1,109	0	0	50	72	20	30
Reporting Positively Participation in Treatment Planning for their Children.	1,262	1,332	7	7	7	7	58	64	0	1	1,085	1,136	0	0	75	85	30	32
5. Reporting Positively about General Satisfaction.	1,228	1,252	7	7	6	7	59	62	0	0	1,042	1,058	0	0	82	86	32	32
6. Social Connectedness	1,222	1,312	7	7	7	7	57	64	1	1	1,057	1,130	0	0	62	70	31	33
7. Functioning	968	1,290	6	7	5	7	34	63	0	0	854	1,111	0	0	49	72	20	30

Comments on Data: Fewer total 2020 surveys collected due to COVID - use of fewer face-to-face and more telehealth client interactions. Web-based surveys are not popular among clients

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

Footnotes:			

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.

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	47,932	1,328	387	0	0	15	20	133	0	962	50,777
18-64	49,060	233	4,429	0	0	3,163	1,001	5,729	0	35,882	99,497
65+	3,931	23	365	0	0	364	8	88	0	999	5,778
Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	100,923	1,584	5,181	0	0	3,542	1,029	5,950	0	37,843	156,052
	•										
Female	52,279	727	2,477	0	0	1,257	340	2,384	0	18,156	77,620
Male	48,261	847	2,697	0	0	2,283	687	3,549	0	19,285	77,609
Not Available	383	10	7	0	0	2	2	17	0	402	823
TOTAL	100,923	1,584	5,181	0	0	3,542	1,029	5,950	0	37,843	156,052
American Indian/Alaska Native	170	1	10	0	0	7	4	17	0	69	278
Asian	250	0	11	0	0	15	0	6	0	121	403
Black/African American	9,024	153	505	0	0	538	94	1,193	0	3,325	14,832
Hawaiian/Pacific Islander	86	4	3	0	0	1	0	3	0	32	129
White/Caucasian	80,705	1,191	4,136	0	0	2,636	870	4,297	0	29,073	122,908
More than One Race Reported	3,020	98	131	0	0	31	24	89	0	801	4,194
ted: 7/22/2021 4:13 PM - Kentucky - 00	20 0460 Appro	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 Eveiroo 04/2	00/2022	l	l					Pa Re oth615f

Race/Ethnicity Not Available	7,668	137	385	0	0	314	37	345	0	4,422	13,308
TOTAL	100,923	1,584	5,181	0	0	3,542	1,029	5,950	0	37,843	156,052

	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	2,892	51	74	0	0	24	13	86	0	738	3,878
Non Hispanic or Latino Origin	96,748	1,506	5,005	0	0	2,048	1,005	5,727	0	36,194	148,233
Hispanic or Latino Origin Not Available	1,283	27	102	0	0	1,470	11	137	0	911	3,941
TOTAL	100,923	1,584	5,181	0	0	3,542	1,029	5,950	0	37,843	156,052

Comments on Data:	BHDID does not fund Child's State Psychiatric Hospitals. Gender Not Available more than in 2019. The SMHA to add more gender values in 2021. We'll continue to monitor.
How Often Does your State Measure Living Situation?	At Admission At Discharge Monthly Quarterly Other: Describe
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022	
Footnotes:	

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: 7/1/2019 Expenditure Period End Date: 6/30/2020

Age	Adults with Serious	Mental Ilinesses (SMI)			Children with Serious	Emotional Disturbance	es (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					103	0	0	13,833
13-17 years					66	0	0	10,210
18-20 years	4	2	29	1,810	9	0	0	1,150
21-64 years	537	157	584	37,308				
65-74 years	33	4	9	2,389				
75+ years	3	0	0	401				
Not Available	0	0	0	0	0	0	0	0
Total	577	163	622	41,908	178	0	0	25,193

Gender	Adults with Serious	Mental Illnesses (SMI)			Children with Serious	Emotional Disturbance	es (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	244	94	320	24,601	78	0	0	10,439
Male	333	68	300	17,175	99	0	0	14,663
Not Available	0	1	2	132	1	0	0	91

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	1	1	0	98	0	0	0	32
Asian	4	0	1	126	0	0	0	45
Black / African American	125	24	75	4,545	22	0	0	2,945
Hawaiian / Pacific Islander	0	0	2	37	0	0	0	23
White	418	114	507	34,203	110	0	0	19,245
More than one race	11	14	19	754	12	0	0	1,340
Not Available	18	10	18	2,145	34	0	0	1,563

Hispanic/Latino Origin	Adults with Serious	Mental Illnesses (SMI)			Children with Serious	Emotional Disturbance	es (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	9	3	14	720	11	0	0	1,044
Non Hispanic / Latino	545	154	601	40,582	163	0	0	23,930
Not Available	23	6	7	606	4	0	0	219

	Adults with Serious	Mental Illnesses (SMI)			Children with Serious			
	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?	C 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		C Yes ● No	ℂ Yes • No	C Yes ● No		
Have staff been specifically trained to implement the EBP?	C Yes ● No	• Yes O No	• Yes • No		ℂ Yes ● No	C Yes ● No	○ Yes ● No		
Comments on Data (overall):									
Comments on Data (Supported Housing): SMHA does not conduct fidelity assessment on programs; yet, requires that programs conduct a self-assessment annually using the SAMHSA Permanent Supported Housing Toolkit.									
Comments on Data (Supported Employment): SE is underreported due to programs which deliver SE are not entering data in state reporting system: Wellspring, Bridghaven. Also, 2 CMHCs are delivering only part of SE thus not reporting to state as full SE delivery.									
Comments on Data (Assertive Community Treatment): ACT is a billable service via Med struggle with more than 4 perso		•							
Comments on Data (Theraputic Foster Care): Over the years, fewer CMHCs co	ontinue to provide TFC								
Comments on Data (Multi-Syster Therapy): KY BHDID does not have fundin		MST							
Comments on Data (Family Functional Therapy): KY BHDID does not have funding needed to support FFT									
0930-0168 Approved: 04/19/2019 Footnotes:	930-0168 Approved: 04/19/2019 Expires: 04/30/2022 Footnotes:								

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

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 with FEP Receiving CSC FEP Services	Current number of Children/Adolecents with FEP Receiving CSC FEP Services	Did you monitor fidelity for this service?			How often is fidelity measured?	Has staff been specifically trained to implement the CSC EBP?
iHOPE Four Rivers	16	14	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 Lifeskills	14	1	5	2	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	10	6	2	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 Seven Counties Services	8	2	1	1	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	12	17	9	6	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	8	2	2	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	2	6	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	7	4	4	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

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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.

	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			
Not Available	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					
	T	T	-						
Do you monitor fidelity for this service?	C Yes C No	C Yes C No	○ Yes ○ No	C Yes C 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?	C Yes C No	C Yes C No	○ Yes ○ No	○ Yes ○ No					
Have staff been specifically trained to implement the EBP?	○ Yes ○ No	C Yes C No	C Yes C No	C Yes C No					
Comments on Data (overall):									
KY has not implemented these EBPs according to the defini	tion in URS.								
Comments on Data (Family Psycho-education):									
Comments on Data (Integrated Treatment for Co-occurring D	Comments on Data (Integrated Treatment for Co-occurring Disorders):								
CMHCs may bill this as ACT; IDDT is performed by ACT team	s and fidelity is monitor	ed.							
Comments on Data (Illness Self-Management):									

CMHCs may bill IMR as Group Therapy.	
Comments on Data (Medication Management):	
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022	
Footnotes:	

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).

Reporting Period Start Date: 07/01/2019 Reporting Period End Date: 06/30/2020

For Consumers in Service for at least 12 months

		T1			T2				T1 to T2	Change				Asses	sment of the	Impact of S	ervices	
		or 12 mont an 1 year a	-	"T2" Mo	st Recent 1 (this year)		If Arre	sted at T1 Months	(Prior 12 s)	·	ot Arresto ior 12 M		Over the	last 12 m	onths, my e	ncounters wi	th the police	e 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	462	47863	0	466	47859	0	193	269	0	273	47590	0	318	47624	383	0	0	48325
Total Children/Youth (under age 18)	31	17318	0	36	17313	0	14	17	0	22	17296	0	21	17299	29	0	0	17349
Female	7	6884	0	17	6874	0	5	2	0	12	6872	0	4	6872	15	0	0	6891
Male	24	10416	0	19	10421	0	9	15	0	10	10406	0	17	10409	14	0	0	10440
Gender NA	0	18	0	0	18	0	0	0	0	0	18	0	0	18	0	0	0	18
Total Adults (age 18 and over)	431	30545	0	430	30546	0	179	252	0	251	30294	0	297	30325	354	0	0	30976
Female	225	17372	0	213	17384	0	92	133	0	121	17251	0	159	17275	163	0	0	17597
Male	206	13148	0	217	13137	0	87	119	0	130	13018	0	138	13025	191	0	0	13354
Gender NA	0	25	0	0	25	0	0	0	0	0	25	0	0	25	0	0	0	25

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

Т1	T2	T1 to T2 Change	Assessment of the Impact of Services

		2 months inning serv	•	"T2" Sino	e Beginnin (this year)	_	If Arre	sted at T	1 (Prior 12 s)		ot Arresto		Since startin	g to rece		rices, my enco	ounters with	the police
	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	6	55	0	4	57	0	3	3	0	1	54	0	6	54	1	0	0	61
Total Children/Youth (under age 18)	0	8	0	0	8	0	0	0	0	0	8	0	0	8	0	0	0	8
Female	0	3	0	0	3	0	0	0	0	0	3	0	0	3	0	0	0	3
Male	0	5	0	0	5	0	0	0	0	0	5	0	0	5	0	0	0	5
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)	6	47	0	4	49	0	3	3	0	1	46	0	6	46	1	0	0	53
Female	5	23	0	2	26	0	2	3	0	0	23	0	5	23	0	0	0	28
Male	1	24	0	2	23	0	1	0	0	1	23	0	1	23	1	0	0	25
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 C 2. Other (s	specif	y)		
Measure of children/youth criminal justice involvement:	•	1. Arrests C 2. Other (s	specif	·y)		
Mental health programs included:		1. Adults with SMI only 2. Other a	dults	(specify)		3. Both (all adults)
		1. Children with SED only 2. Other C	hildr	en (specify)		3. Both (all Children)
Region for which adult data are reported:	•	1. The whole state C 2. Less than the w	hole	state (please describe)		
Region for which children/youth data are reported:	•	1. The whole state C 2. Less than the w	hole	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: Data is collected in MIS by a self-reported question "Have you been arrested in the past 30 days?".

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:			

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: 07/01/2019 Reporting Period End Date: 06/30/2020

For Consumers in Service for at least 12 months

		T1			T2				T1 to T2	! Change					Impact	of Services		
	# 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
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			T2		T1 to T2 Change			Impact of Services								
		12 months pri		"T2" Since Beginning Services (this year) If Suspended at T1 (Prior 12 Months) If Not Suspended at T1 (Prior 12 Months)			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
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:	C 1. School Attendance	C 2. Other (specify):	
Mental health programs include:	☐ 1. Children with SED only	2. Other Children (specify)	☐ 3. Both
Region for which data are reported:	C 1. The whole state	C 2. Less than the whole state (please describe):	

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

Child/Adolescents:

- 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)

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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?	1			
5. What was y	our response rate? (number of Completed surveys divided by number of Contacts)					
State Comments/Notes:						
Prior to 2014, this data was collected on a subset of KY SED population via an outcomes instrument. In 2014 the instrument was changed and since then the data for school suspensions & expulsions has not been collected.						
0930-0168 Appr	oved: 04/19/2019 Expires: 04/30/2022					
Footnotes:						

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

	Total number of Discharges in		lmissions to ANY pital within	Percent F	Readmitted
	Year	30 days	180 days	30 days	180 days
TOTAL	5440	337	1046	6.19 %	19.23 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	2	0	0	0.00 %	0.00 %
18-20 years	311	29	56	9.32 %	18.01 %
21-64 years	4834	287	933	5.94 %	19.30 %
65-74 years	223	6	35	2.69 %	15.70 %
75+ years	61	15	22	24.59 %	36.07 %
Not Available	9	0	0	0.00 %	0.00 %
Gender					
Female	2112	142	407	6.72 %	19.27 %
Male	3319	195	639	5.88 %	19.25 %
Gender Not Available	9	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	6	0	1	0.00 %	16.67 %
Asian	36	16	25	44.44 %	69.44 %
Black/African American	1008	59	229	5.85 %	22.72 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
White ed: 7/22/2021 4:13 PM - Kentucky - 0930-0	4113	252	755	6.13 %	18.36 % Page

More than one race	20	1	2	5.00 %	10.00 %
Race Not Available	257	9	34	3.50 %	13.23 %
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Thispanie, Latino Origin	83	4	13	4.82 %	15.66 %
Non Hispanic/Latino	5183	328	13 1012	4.82 % 6.33 %	15.66 % 19.53 %

Are Forensic Patients Included?

0	Yes	(No
	res		IAC

Comments on Data:

ARH, CSH, ESH, WSH only. See General Notes

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

	Total number of Discharges in	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
	Year	30 days	180 days	30 days	180 days
TOTAL	826	1	24	0.12 %	2.91 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	13	0	0	0.00 %	0.00 %
18-20 years	31	0	1	0.00 %	3.23 %
21-64 years	764	1	23	0.13 %	3.01 %
65-74 years	14	0	0	0.00 %	0.00 %
75+ years	3	0	0	0.00 %	0.00 %
Not Available	1	0	0	0.00 %	0.00 %
Gender					
Female	165	0	7	0.00 %	4.24 %
Male	660	1	17	0.15 %	2.58 %
Gender Not Available	1	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	2	0	0	0.00 %	0.00 %
Black/African American	224	1	13	0.45 %	5.80 %
-lawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
White ed: 7/22/2021 4:13 PM - Kentucky - 0930-0	598 168 Approved 04/40/2010 F	0	10	0.00 %	1.67 % Page

More than one race	0	0	0	0.00 %	0.00 %		
Race Not Available	2	0	1	0.00 %	50.00 %		
	,		•				
Hispanic/Latino Origin							
Hispanic/Latino Origin	3	0	1	0.00 %	33.33 %		
Non Hispanic/Latino	821	1	23	0.12 %	2.80 %		
Hispanic/Latino Origin Not Available	2	0	0	0.00 %	0.00 %		

Comments on Data:

KCPC serves adults only and is the only state supported forensic psychiatric facility in Kentucky. Notice 2020 fewer 180-day readmission; low n. Also, we'll study to identify other causes.

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Footnotes

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

	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	8120	355	1142	4.37 %	14.06 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	4	0	0	0.00 %	0.00 %
18-20 years	379	30	57	7.92 %	15.04 %
21-64 years	6913	302	1025	4.37 %	14.83 %
65-74 years	324	8	38	2.47 %	11.73 %
75+ years	94	15	22	15.96 %	23.40 %

Not Available	406	0	0	0.00 %	0.00 %		
Gender Ge							
Female	2944	147	430	4.99 %	14.61 %		
Male	4770	208	712	4.36 %	14.93 %		
Gender Not Available	406	0	0	0.00 %	0.00 %		
Race							
American Indian/Alaska Native	6	0	1	0.00 %	16.67 %		
Asian	38	17	26	44.74 %	68.42 %		
Black/African American	1254	64	259	5.10 %	20.65 %		
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %		
White	6138	263	818	4.28 %	13.33 %		
More than one race	20	1	2	5.00 %	10.00 %		
Race Not Available	664	10	36	1.51 %	5.42 %		
	·						

Hispanic/Latino Origin

Hispanic/Latino Origin	92	4	14	4.35 %	15.22 %
Non Hispanic/Latino	7456	345	1106	4.63 %	14.83 %
Hispanic/Latino Origin Not Available	572	6	22	1.05 %	3.85 %

1. Does this table include readmission from psychiatric hospitals?	m state		
2. Are Forensic Patients Included?			
Comments on Data: ARH, CSH ,ESH, WSH & KCPC. See General	Notes		
0930-0168 Approved: 04/19/2019 Expires: 0	4/30/2022		
Footnotes:			