Kentucky

UNIFORM APPLICATION
FY 2024 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
(generated on 10/21/2024 9.24.24 AM)

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

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID   LECJQDCLHVE5

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

Agency Name   Cabinet for Health and Family Services

Organizational Unit   Department for Behavioral Health, Developmental and Intellectual Disabilities

Mailing Address   275 East Main Street 4W-G

City   Frankfort

Zip Code   40621

II. Contact Person for the Grantee of the Block Grant

First Name   Katie

Last Name   Marks

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

Mailing Address   275 East Main Street 4W-F

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

From   7/1/2022

To   6/30/2023

IV. Date Submitted

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

Submission Date   11/30/2023 11:33:59 AM

Revision Date   1/5/2024 11:37:20 AM

V. Contact Person Responsible for Report Submission

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

Footnotes:

November 16, 2023

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

Odessa Crocker,

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

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

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

Sincerely,

Sharon Darnell
Chair, Kentucky Behavioral Health Planning and Advisory Council

Cc: Melissa Runyon, Block Grant State Planner

B. Implementation Report

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

Priority #: 1

Priority Area: Adults with SMI

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

Data Source:

> DBHDID Facility Data Set

New Data Source*(if needed)***:**

Description of Data:

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

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How first year target was achieved *(optional)*:
In SFY 2022, there were 5,040 people discharged from state psychiatric hospitals who did not live in personal care homes upon admission. 214 of those were discharged to personal care homes for a total of 4.2%.

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

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

How second year target was achieved:

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

Priority #: 2

Priority Area: Early Serious Mental Illness/First Episode Psychosis

Priority Type: MHS

Population(s): ESMI

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

Provide training and technical assistance to all outpatient sites funded to provide Coordinated Specialty Care (CSC) to this population.
Utilize consultation from national experts in the field.
Convene biannual meetings with all key contacts from CMHCs, regarding this population, to provide technical assistance/education regarding CSC and the ESMI/FEP population.
Embed rapid access measures and rationale into CMHC contract deliverables for CSC outpatient funded sites.

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

☐

Annual Performance Indicators to measure goal success

Indicator #:   1

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

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

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

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

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

Data Source:

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

New Data Source*(if needed)***:**

☐

Description of Data:

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

New Description of Data:*(if needed)*

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Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

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

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

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

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

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

Priority #: 3

Priority Area: Children with SED

Priority Type: MHS

Population(s): SED

Goal of the priority area:

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

Objective:

Increase the total number of children/youth with SED who receive peer support services.

Strategies to attain the goal:

CMHCs with Transition Age Youth specialized programming are required by contract to have peer support services available to children/youth being served.
Provide training and technical assistance to ensure that CMHCs understand how to recruit, retain, and support Youth and Family Peer Support Specialists in the workplace and how to appropriately document and bill for services.
Provide awareness activities and training regarding resiliency and recovery principles and guidance in the process of fully including Peer Support Specialists in the service delivery array.
Provide training and technical assistance regarding the supervision of Peer Support Specialists.
Provide technical assistance to CMHCs regarding accurate coding procedures for reporting peer support services in client/event data set.

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Peer support services for young people up to age 26, including those with SED.
Baseline Measurement:	Total number of young people up to age 26 who received Youth or Family Peer Support (individual or group) during SFY 2020 was 1,416.
First-year target/outcome measurement:	Increase by .25% the total number of young people up to age 26 who receive Youth or Family Peer Support services, from the CMHCs, during SFY 2022. At the end of SFY 2022, 1,420 young people should have received Youth or Family Peer Support services.
Second-year target/outcome measurement:	Increase by .25% the total number of young people up to age 26 who receive Youth or Family Peer Support services, from the CMHCs, during SFY 2023. At the end of SFY 2023, 1,424 young people should have received Youth or Family Peer Support services.

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

Data Source:

DBHDID Client/Event Data Set

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

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Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

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

How first year target was achieved *(optional)*:
During SFY 2022, a total of 1,601 young people under the age of 26 received Youth and Family Peer Support services. The target was 1,420.

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

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

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How second year target was achieved:

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

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

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

☐

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Number of 10th graders, who participate in the KIP survey who report "great risk" or

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

Baseline Measurement: 2018 KIP survey results indicate that 42.8% of 10th graders, who participate in the KIP survey reported that using electronic cigarettes on a regular basis had moderate to great risk. During SFY 2020, 4,905 Kentucky residents, under the age of 21, received prevention services targeting tobacco use.

First-year target/outcome measurement: The first year measure is a process measure based on total number of activities that address electronic cigarette use among youth as measured by data entered into the Prevention Data System (based on the 2018 KIP data analysis). First year measure for the block grant is to increase by 3% (to 5,052) the number of Kentucky residents, under the age of 21, who receive prevention services targeting tobacco use.

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

The KIP Survey provides information about student perceptions about the health dangers of electronic cigarettes and perceived accessibility of electronic cigarettes in the community. the 2018 survey included the addition of several new questions related to electronic cigarettes. Once the survey data are gathered and analyzed, each participating school district receives a report outlining district-specific results, and depicting comparisons to the region, state and (when available) the rest of the country.
The KIP survey, conducted every other year, in Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance use. In 2018, over 128,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for these communities. Districts utilize their KIP results extensively for grand-writing purposes, prevention activities, and various other needs related to program planning.
The Prevention Data System is Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end date of the activity. the cloud-based system provides data for various SAMHSA Block Grant reporting requirements related to primary prevention.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

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

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

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

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

How second year target was achieved:

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

Indicator #:	2

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

Baseline Measurement: 2018 KIP survey results indicate 16.8% of 10th graders answered that they consumed alcohol, on at least 1 occasion, in the past 30 days. SFY 2020 data reports 4,688 youth, under the age of 19, received prevention services targeting underage drinking.

First-year target/outcome measurement: The first year measure is a process measure based on the total number of activities that address underage drinking use among youth as measured by data entered into the Prevention Data System (based on the 2018 KIP data analysis). First-year measure for the block grant will increase by 3% (to 6,149) the number of youth, under the age of 19, receiving prevention services targeting underage drinking.

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

The KIP survey, conducted every other year, is Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance use. In 2018, over 128,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for these communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.
The Prevention Data System if Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end data of the activity. The cloud-based system provides data for various SAMHSA Block Grant reporting requirement related to primary prevention.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

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

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

How second year target was achieved:

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

Priority #:	5
Priority Area:	Pregnant Women/Women with Dependent Children who have Substance Use Disorders
Priority Type:	SAT
Population(s):	PWWDC

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

Identify services and supports to be provided to the mother and infant, and delineate who is responsible for ensuring that the mother is aware of, and accesses needed services and supports.
Recognize the important role of trauma and adverse childhood experiences in this population.
Stabilize the mother in the post-partum period and provide ongoing supports for positive parenting and a safe home environment for the infant.
Create opportunities to reduce adverse childhood experiences for the infant, thereby improving long-term outcomes, and reducing the risks of repeating the cycle of substance use as they grow into their teenage years.

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

☐

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Plan of Safe Care (POSC) implmentation
Baseline Measurement:	As of the end of SFY 2021, there are seven (7) POSC sites to serve PWWDC with SUDs.
First-year target/outcome measurement:	At the end of SFY 2022, one (1) additional Community Mental Health Center (CMHC) will become a POSC site.
Second-year target/outcome measurement:	At the end of SFY 2023, one (1) additional Community Mental Health Center (CMHC) will become a POSC site.

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

Data Source:

Opioid STR Table B2 (KORE funding and CMHC contract reporting requirement); Annual Statement of Revenues and Expenditures.

New Data Source*(if needed)***:**

☐

Description of Data:

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

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved, explain why)*

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

How first year target was achieved *(optional)*:
At the end of SFY 2022, there are 10 (ten) CMHCs with Plans of Safe Care Sites. The target was eight (8).

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

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

How second year target was achieved:

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

Priority #:　　　　6

Priority Area:　　　Persons Who Inject Drugs

Priority Type:　　　SAT

Population(s):　　　PWID

Goal of the priority area:

Reduce the outbreak of Hepatitis by increasing the availability and awareness of Syringe Services Programs (SSPs) statewide.

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #:　　　　　　　　　　　　　　1

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

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

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

Second-year target/outcome measurement:　At the end of SFY 2023, there will be one (1) additional SSP in the state. This is a comparison across consecutive years.

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

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

New Data Source*(if needed)*:
☐

Description of Data:

The Kentucky Department for Public Health monitors the number of SSPs statewide and also posts to their website the days/hours of operation for each program. The ODCP and the Kentucky Harm Reduction Coalition and DBHDID work to educate individuals and communities about the cost, benefits, myths, and best practice guidelines for initiating and maintaining SSPs. The target for the end of

SFY 2023 is 76 SSPs in Kentucky.

New Description of Data: *(if needed)*

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Data issues/caveats that affect outcome measures:

SSPs have existed and been studied extensively in the United States since 1988. The SSPs are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes, and other safe injection education. the SSPs in Kentucky also provide linkages to critical services and programs including substance use disorder treatment programs, overdoes prevention education, screening, care and treatment for HIV and viral hepatitis, prevention of mother-to-child transmission, hepatitis A and B vaccination, screening for other sexually transmitted diseases and tuberculosis, partner services and other medical, social and mental health services.
In direct response to Senate Bill 192, enacted during the 2015 regular legislative session, the Department for Public Health has published guidelines for local health departments implementing harm reduction and syringe exchange programs. NO SABG FUNDS WILL BE USED TO SUPPORT THE SSPs.

New Data issues/caveats that affect outcome measures:

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Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

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

How first year target was achieved *(optional)*:
At the end of SFY 2022, there are 82 Syringe Services Programs in Kentucky. The target was 75.

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

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

☐

How second year target was achieved:

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

Priority #:   7

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

Priority Type: SAT

Population(s):   TB

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

Continue partnering with the Kentucky Department for Public Health and the CMHCs to improve data collection definitions and screening protocols for TB.
Ensure that CMHCs are systematically screening for TB among individuals receiving services for SUDs.
Offer CMHCs technical assistance in updating and improving their policies and procedures regarding TB screening and referral.

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

☐

Annual Performance Indicators to measure goal success

Indicator #:   1

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

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

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

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

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

Data Source:

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

New Data Source*(if needed)***:**

☐

Description of Data:

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

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

> N/A

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

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

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

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

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

☐

How second year target was achieved:

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

Priority #:	8
Priority Area:	Adults with SMI
Priority Type:	MHS
Population(s):	SMI

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

Data Source:

DBHDID Facility Data Set

New Data Source *(if needed)*:

Description of Data:

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

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

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

Troubleshooting technical issues with this system as they arise involves a third party vendor and a third party data management contract. In addition, this rate would be impacted if a significant or unusual change occurred to the total number discharged in any single year.

It is expected that adults meeting the levels of care described in this indicator are experiencing SMI. However, the specific data sets for both state-operated/contracted psychiatric hospitals and personal care homes are not required to have a specific SMI marker. Personal care home admissions are required to have a diagnosis of mental illness that is expected to last at least 2 years, and individuals must need assistance with daily living/personal care functioning.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved, explain why)*

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

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

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

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

How second year target was achieved:

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

Priority #:	9
Priority Area:	Early Serious Mental Illness/First Episode Psychosis
Priority Type:	MHS
Population(s):	ESMI

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

Provide training and technical assistance to all outpatient sites funded to provide Coordinated Specialty Care (CSC) to this population.
Utilize consultation from national experts in the field.
Convene biannual meetings with all key contacts from CMHCs regarding this population to provide technical assistance/education regarding CSC and the ESMI/FEP population.
Embed rapid access measures and rationale into CMHC contract deliverables for CSC outpatient funded sites.

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Young people will have access to available prescriber appointments within seven (7) days of admission into one of the eight (8) CSC programs. Young people served in CSC programs are not required to see a prescriber, but may choose to see a team prescriber, even if they do not wish to take medication. However, for ALL who choose to see a prescriber, rapid access is essential. Rapid access to care, including evidence-based medication

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

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

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

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

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

Data Source:

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

New Data Source*(if needed)***:**

☐

Description of Data:

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

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

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

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

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

☐

How second year target was achieved:

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

Priority #: 10

Priority Area: Children with SED

Priority Type: MHS

Population(s): SED

Goal of the priority area:

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

Objective:

Increase the total number of children/youth with SED who receive Peer Support services.

Strategies to attain the goal:

CMHCs with Transition Age Youth specialized programming are required by contract to have Peer Support services available to children/youth being served.
Provide training and technical assistance to ensure that CMHCs understand how to recruit, retain and support Youth and Family Peer Support Specialists in the workplace and how to appropriately document and bill for services.
Provide awareness activities and training regarding resiliency and recovery principles and guidance in the process of fully including Peer Support Specialists in the service delivery array.
Provide training and technical assistance regarding the supervision of Peer Support Specialists.
Provide technical assistance to CMHCs regarding accurate coding procedures for reporting Peer Support services in client/event data set.

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

┌─ **Annual Performance Indicators to measure goal success** ──────────────────

Indicator #:   1

Indicator: Peer support services for young people up to age 26, including those with SED.

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

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

| First Year Target: | ☑ Achieved | ☐ Not Achieved *(if not achieved,explain why)* |

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

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

| Second Year Target: | ☑ Achieved | ☐ Not Achieved *(if not achieved,explain why)* |

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

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

Priority #: 11

Priority Area: Primary Prevention

Priority Type: SAP

Population(s): PP

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of 10th graders, who participate in the KIP survey who report "great risk" or "moderate risk" in use of e-cigarettes "some days but not every day?".
Baseline Measurement:	2018 KIP survey results indicate that 42.8% of 10th graders, who participate in the KIP survey reported that using electronic cigarettes on a regular basis had moderate to great risk. During SFY 2020, 4,905 Kentucky residents, under the age of 21, received prevention services targeting tobacco use.
First-year target/outcome measurement:	The first year measure is a process measure based on total number of activities that address electronic cigarette use among youth as measured by data entered into the Prevention Data System (based on the 2018 KIP data analysis). First year measure for the block grant is to increase by 3% (to 5,052) the number of Kentucky residents, under the age of 21, who receive prevention services targeting tobacco use.
Second-year target/outcome measurement:	Increase by 2% the percentage of 10th graders, who participate in the 2023 KIP Survey, who report use of electronic cigarettes on a regular basis as "moderate' to "great risk". (44.8%)

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

Data Source:

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

New Data Source *(if needed)*:

☐

Description of Data:

The KIP Survey provides information about student perceptions about the health dangers of electronic cigarettes and perceived accessibility of electronic cigarettes in the community. The 2018 Survey included the addition of several new questions related to electronic cigarettes. Once the survey data are gathered and analyzed, each participating school district receives a report outlining district-specific results, and depicting comparisons to the region, state and (when available) the rest of the country.
the KIP Survey, conducted every other year, is Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance use. In 2018, over 128,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for these communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.
The Prevention Data System is Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end date of the activity. The cloud-based system provides data for various SAMHS Block Grant reporting requirements related to primary prevention.

New Description of Data: *(if needed)*

☐

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

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

How first year target was achieved *(optional)*:
For SFY 2022, 11,110 people under the age of 21 received tobacco prevention services. The target was 5,052.

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

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

☐

How second year target was achieved:

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

Indicator #:	2
Indicator:	Number of 10th graders, who participate in the KIP survey, who report past 30-day use of alcoholic beverages.
Baseline Measurement:	2018 KIP survey results indicate 16.8% of 10th graders answered that they consumed alcohol, on at least 1 occasion, in the past 30 days. SFY 2020 data reports 4,688 youth, under the age of 19, received prevention services targeting underage drinking.
First-year target/outcome measurement:	The first year measure is a process measure based on the total number of activities that address underage drinking use among youth as measured by data entered into the Prevention Data System (based on the 2018 KIP data analysis). First-year measure for the block grant will increase by 3% (to 6,149) the number of youth, under the age of 19, receiving prevention services targeting underage drinking.

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

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

Data Source:

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

New Data Source *(if needed)*:

☐

Description of Data:

> The KIP Survey, conducted every other year, is Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance use. In 2018, over 128,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for these communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.
> The Prevention Data System is Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end date of the activity. The cloud-based system provides data for various SAMHSA Block Grant reporting requirements related to primary prevention.

New Description of Data: *(if needed)*

☐

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

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

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

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

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

☐

How second year target was achieved:

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

Priority #:   12

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

Priority Type: SAT

Population(s):   PWWDC

Goal of the priority area:

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

Objective:

> Create a model of Plan of Safe Care (POSC) that meets the Child Abuse Prevention Treatment Act (CAPTA) requirements, is multi-disciplinary and

intended to support the mother and infant prior to and after discharge from the hospital.

Strategies to attain the goal:

Identify services and supports to be provided to the mother and infant, and delineate who is responsible for ensuring that the mother is aware of, and accesses needed services and supports.
Recognize the important role of trauma and adverse childhood experiences in this population.
Stabilize the mother in the post-partum period and provide ongoing supports for positive parenting and a safe home environment for the infant.
Create opportunities to reduce adverse childhood experiences for the infant, thereby improving long-term outcomes, and reducing the risks of repeating the cycle of substance use as they grow into their teenage years.

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Plan of Safe Care (POSC) implementation
Baseline Measurement:	As of the end of SFY 2021, there are seven (7) POSC sites to serve PWWDC with SUDs.
First-year target/outcome measurement:	At the end of SFY 2022, one (1) additional Community Mental Health Center (CMHC) will become a POSC site.
Second-year target/outcome measurement:	At the end of SFY 2023, one (1) additional Community Mental Health Center (CMHC) will become a POSC site.

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

Data Source:

Opioid STR Table B2 (KORE funding and CMHC contract reporting requirement, Annual Statement of Revenues and Expenditures.

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved, explain why)*

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

How first year target was achieved *(optional)*:
At the end of SFY 2022, there are 10 (ten) CMHCs with Plan of Safe Care sites. The target was 8.

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

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

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

Priority #:	13
Priority Area:	Persons Who Inject Drugs
Priority Type:	SAT
Population(s):	PWID

Goal of the priority area:

Reduce the outbreak of Hepatitis by increasing the availability and awareness of Syringe Services Programs (SSPs) statewide.

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	The number of syringe services programs (SSPs) in place across the state.
Baseline Measurement:	As of the end of 2021, there are 74 SSPS across the state.
First-year target/outcome measurement:	At the end of SFY 2022, there will be one (1) additional SSP in the state. This is a comparison across consecutive years.
Second-year target/outcome measurement:	At the end of SFY 2023, there will be one (1) additional SSP in the state. This is a comparison across consecutive years.

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

The Kentucky Department for Public Health monitors the number of SSPs statewide and also posts to their website the days/hours of operation for each program. The ODCP and the Kentucky Harm Reduction Coalition and DBHDID work to educate individuals and communities about the cost, benefits, myths and best practice guidelines for initiating and maintaining SSPs. The target for the end of SFY 2023 is 76 SSPs in Kentucky.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

SSPS have existed and been studied extensively in the United States since 1988. The SSPs are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes and other safe injection education. The SSPs in Kentucky also provide linkages to critical services and programs including substance use disorder treatment programs, overdose prevention education, screening, care and treatment for HIV and viral hepatitis, prevention of mother-to-child transmission, hepatitis A and B vaccination, screening for other sexually transmitted diseases and tuberculosis, partner services and other medical, social and mental health services.
In response to Senate Bill 192, enacted during the 2015 regular legislative session, the Department for Public Health has published

guidelines for local health departments implementing harm reduction and syringe exchange programs. NO SABG FUNDS WILL BE USED TO SUPPORT THE SSPs.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

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

How first year target was achieved *(optional)*:
At the end of SFY 2022, there were 82 Syringe Services Programs in Kentucky. The target was 75.

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

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

How second year target was achieved:

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

Priority #:   14

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

Priority Type: SAT

Population(s):   TB

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

Continue partnering with the Kentucky Department for Public Health and the CMHCs to improve data collection definitions and screening protocols for TB.
Ensure that CMHCs are systematically screening for TB among individuals receiving services for SUDs.
Offer CMHCs technical assistance in updating and improving their policies and procedures regarding TB screening and referral.

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

┌─**Annual Performance Indicators to measure goal success**─────────────────────

Indicator #:   1

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

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

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

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

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

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

Data Source:

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

New Data Source*(if needed)***:**

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

> N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

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

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

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

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

How second year target was achieved:

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

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

Footnotes:

COVID Testing and Mitigation Program Report
for the Community Services Mental Health Block Grant
(MHBG) for Federal Fiscal Year Ending September 30,
2023
Due Date: January 2ⁿᵈ, 2024

For the Federal Fiscal Year ending September 30, 2023, please upload a Word or PDF document in Table 1 of the FY24 MHBG Report on the COVID Testing and Mitigation activities and expenditures by answering the following question, due by December 31, 2023. Because of the holidays (30ᵗʰ, 31ˢᵗ, and 1ˢᵗ), you have grace period until January 2, 2024 to submit your report.

List the items and activities of expenditures completed from October 1, 2022, thru September 30, 2023 (if no activities were completed, note here with Not Applicable)

COVID Testing and Mitigation Program Report for Kentucky	
Item/Activity	Amount of Expenditure
Supplies ((Personal Protective Equipment, sanitation supplies, etc.)	$131,891
Expenses for Distribution of Supplies (personnel, mileage, etc.)	$1,005
TOTAL Expenditure (October 1, 2022 - September 30, 2023)	$132,896

Kentucky's 14 CMHCs were allocated these funds and they purchased supplies for COVID 19 mitigation, such as personal protective equipment, sanitizers, approved cleaning products, COVID 19 test kits, and other materials. No actual COVID 19 vaccines were purchased with these funds.

Kentucky also distributed these funds to a few miscellaneous organizations that either serve consumers statewide, serve very vulnerable SED/SMI populations in their communities, or both. These organizations chose to use most of the funds to purchase supplies for COVID 19 mitigation but spent a small portion of these funds to then distribute supplies to consumers/programs. Additional COVID 19 mitigation kits were created and then transported and distributed to rural programs that serve individuals with SMI/SED.

C. State Agency Expenditure Report

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

This table provides information on mental health expenditures and sources of funding. This includes funding from the MHBG, Medicaid, other federal funding sources, state, local, other funds, and supplemental MHBG funds including COVID-19, ARP, and BSCA.

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

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal State & Local)	D. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG)[1]	I. ARP Funds (MHBG)[2]	J. Bipartisan Safer Communities Funds[3]	K. Total
1. Substance Abuse Prevention and Treatment											$0
a. Pregnant Women and Women with Dependent Children											$0
b. All Other											$0
2. Mental Health Prevention[3]		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)[4]		$1,289,009	$0	$0	$0	$0	$0	$261,072	$839,010	$13,346	$2,402,437
4. Tuberculosis Services											$0
5. Early Intervention Services for HIV											$0
6. State Hospital			$58,451,368	$9,757,156	$89,510,896	$1,309,285	$72,048	$0	$0	$0	$159,100,753
7. Other Psychiatric Inpatient Care			$0	$0	$6,960,429	$0	$0	$0	$0	$0	$6,960,429
8. Other 24-Hour Care (Residential Care)		$0	$14,171,794	$414,210	$7,144,593	$2,116,899	$10,876	$0	$0	$0	$23,858,372
9. Ambulatory/Community Non-24 Hour Care		$7,548,126	$563,873	$8,397,338	$39,245,787	$0	$757,954	$2,120,090	$1,866,612	$52,043	$60,551,823
10. Crisis Services (5 percent set-aside)[6]		$1,652,645	$0	$0	$0	$0	$0	$1,074,132	$446,420	$0	$3,173,197
11. Administration (Excluding Program and Provider Level)[5]		$199,340	$75,173	$1,077,284	$7,710,467	$0	$92	$107,227	$284	$0	$9,169,867
12. Total	$0	$10,689,120	$73,262,208	$19,645,988	$150,572,172	$3,426,184	$840,970	$3,562,521	$3,152,326	$65,389	$265,216,878
Comments on Data:											

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" MHBG. Column G should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: If your state has an approved no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief

supplemental funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – September 1, 2025, which is different from the expenditure period for the "standard" MHBG. Column H should reflect the ARP supplemental funding allotment portion used during the state reporting period.

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

[4]Column A row 2 should include Early Serious Mental Illness including First Episode Psychosis programs funded through MHBG set aside. States may expend more than 10 percent of their MHBG allocation.

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

[6]Row 7 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

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Footnotes:

C. State Agency Expenditure Report

MHBG Table 2B (URS Table 7B)- MHBG State Agency Early Serious Mental Illness including First Episode Psychosis Expenditure Report

This table provides information on mental health expenditures and sources of funding specifically for the First Episode Psychosis (FEP) Programs as well as other Early Serious Mental Illness (ESMI) programs through the MHBG 10% set-aside.

Reporting Period From: 7/1/2022   Reporting Period To: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds									
	A. Mental Health Block Grant	B. Medicaid (Federal State & Local)	C. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. COVID-19 Relief Funds (MHBG) [1]	H. ARP Funds (MHBG) [2]	I. Bipartisan Safer Communities Funds	J. Total
1. CSC-Evidences-Based Practices for First Episode Psychosis[4]	$1,218,000	$0	$0	$0	$0	$0	$209,048	$834,010	$0	**$2,261,058**
2. Training for CSC Practices	$25,000	$0	$0	$0	$0	$0	$52,024	$5,000	$13,346	**$95,370**
3. Planning for CSC Practices	$46,009	$0	$0	$0	$0	$0	$0	$0	$0	**$46,009**
4. Other Early Serious Mental Illnesses programs (other than FEP or partial CSC programs)	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
5. Training for ESMI	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
6. Planning for ESMI	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
7. Other[5]	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
8. Total	**$1,289,009**	**$0**	**$0**	**$0**	**$0**	**$0**	**$261,072**	**$839,010**	**$13,346**	**$2,402,437**
Comments on Data:										

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" MHBG. Column G should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: If your state has an approved no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief supplemental funds.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – September 1, 2025, which is different from the expenditure period for the "standard" MHBG. Column H should reflect the ARP supplemental funding allotment portion used during the state reporting period.

[3] The expenditure period for the 1st allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is October 17, 2022 – October 16,

2024, and the 2nd allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the "standard" MHBG. Column I should reflect the BSCA allotment portion used during the state reporting period.

[4] Use row 1 to report only those programs that are providing all components of a CSC model.

[5] Use row 7 if the state uses only certain components of a CSC model specifically for FEP.

Note, The Totals for this table should equal the amounts reported on Row 2 (Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychoses) on MHBG Table 2A (URS Table 7A).
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Footnotes:

C. State Agency Expenditure Report

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

This table describes expenditures for Crisis Response services provided or funded by the state mental health authority by source of funding.

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

Services	Source of Funds									
	A. Mental Health Block Grant	B. Medicaid (Federal State & Local)	C. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. COVID-19 Funds (MHBG) [1]	H. ARP Funds (MHBG) [2]	I. BSCA Funds (MHBG) [3]	J. Total
1. Call Centers	$1,369,497	$0	$0	$0	$0	$0	$996,885	$313,500	$0	$2,679,882
2. 24/7 Mobile Crisis Teams	$60,142	$0	$0	$0	$0	$0	$28,000	$16,500	$0	$104,642
3. Crisis Stabilization Programs	$207,813	$0	$0	$0	$0	$0	$0	$33,000	$0	$240,813
4. Training and Technical Assistance	$15,193	$0	$0	$0	$0	$0	$49,247	$0	$0	$64,440
5. Strategic Planning and Coordination	$0	$0	$0	$0	$0	$0	$0	$83,420	$0	$83,420
Total	$1,652,645	$0	$0	$0	$0	$0	$1,074,132	$446,420	$0	$3,173,197

Comments on Data:

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" MHBG. Column H should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: If your state has an approved no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief supplemental funds.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – September 1, 2025, which is different from the expenditure period for the "standard" MHBG. Column I should reflect the ARP supplemental funding allotment portion used during the state reporting period.

[3] The expenditure period for the 1st allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is October 17, 2022 – October 16, 2024, and the 2nd allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the "standard" MHBG. Column J should reflect the BSCA allotment portion used during the state reporting period.

Note, The Totals for this table should equal the amounts reported on Row 7 (Crisis Services (5 percent set-aside)) on MHBG Table 2a (URS Table 7a).

For definitions, please refer to the National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit **(https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf)**.

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Footnotes:

C. State Agency Expenditure Report

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

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

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

Statewide Expenditures for Children's Mental Health Services			
A **Actual SFY 1994**	**B** **Actual SFY 2022**	**C** **Estimated/Actual SFY 2023**	**Please specify if expenditure amount reported in Column C is actual or estimated**
$3,832,010	$8,966,538	$8,416,600	⦿ ○ Actual Estimated

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

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

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Footnotes:

C. State Agency Expenditure Report

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

This table describes the use of MHBG funds including COVID-19, ARP, and BSCA supplemental funds for non-direct service activities that are funded or conducted by the State Mental Health Authority during the last completed SFY for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority. Please enter the total amount of the block grant expended for each activity.

Reporting Period From: 7/1/2022   Reporting Period To: 6/30/2023

Non-Direct-Services/System Development					
Activity	**A. MHBG**	**B. COVID-19 Funds[1]**	**C. ARP Funds[2]**	**D. BSCA[3]**	**E. Total**
1. Information Systems	$101,686	$0	$0	$0	**$101,686**
2. Infrastructure Support	$468,172	$0	$83,420	$0	**$551,592**
3. Partnerships, Community Outreach and Needs Assessment	$427,484	$295,340	$370,623	$0	**$1,093,447**
4. Planning Council Activities	$5,014	$0	$0	$0	**$5,014**
5. Quality Assurance and Improvement	$0	$0	$0	$0	**$0**
6. Research and Evaluation	$0	$0	$0	$0	**$0**
7. Training and Education	$340,498	$101,271	$0	$13,346	**$455,115**
Total Non-Direct Services	**$1,342,854**	**$396,611**	**$454,043**	**$13,346**	**$2,206,854**
Comments on Data:					

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023,** which is different from the expenditure period for the "standard" MHBG. Column B should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: If your state has an approved no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief supplemental funds.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025,** which is different from the expenditure period for the "standard" MHBG. Column C should reflect the ARP supplemental funding allotment portion used during the state reporting period.

[3] The expenditure period for the 1st allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 – October 16, 2024,** and the 2nd allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the "standard" MHBG. Column D should reflect the BSCA allotment portion used during the state reporting period.

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Footnotes:

C. State Agency Expenditure Report

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

This table provides a report of payments to recipients of MHBG funds including intermediaries, (e.g., administrative service organizations, and other organizations), which provided mental health services during the last completed SFY, including services for those with a first episode psychosis (FEP), early serious mental illness (ESMI) programs, and crisis services. This table is to be used to provide an inventory of providers/agencies who directly receive Block Grant allocations. Only report those programs that receive MHBG funds to provide services. Do not report planning council members reimbursements or other administrative reimbursements related to running the MHBG Program.

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

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	Set-aside for crisis services
13	Sub-State Planning Area	Adanta	130 Southern School Road	Somerset	KY	42501	$397,320.00	$175,183.00	$107,495.00	$3,000.00	$0.00	$111,642.00
5	Sub-State Planning Area	Communicare	107 Cranes Roost Court	Elizabethtown	KY	42701	$655,215.00	$262,444.00	$127,578.00	$150,000.00	$0.00	$115,193.00
8	Sub-State Planning Area	Comprehend	611 Forest Avenue	Maysville	KY	41056	$193,954.00	$81,795.00	$101,811.00	$3,000.00	$0.00	$7,348.00
12	Sub-State Planning Area	Cumberland River	1203 American Greeting Card Rd. PO Box 568	Corbin	KY	40702	$767,203.00	$320,513.00	$144,936.00	$150,000.00	$0.00	$151,754.00
1	Sub-State Planning Area	Four Rivers	425 Broadway	Paducah	KY	42001	$638,956.00	$259,936.00	$116,944.00	$150,000.00	$0.00	$112,076.00
15	Statewide	Independence Place	2358 Nicholasville Rd. Suite 180	Lexington	KY	40503	$25,000.00	$25,000.00	$0.00	$0.00	$0.00	$0.00
16	Statewide	Kentucky Housing Corp.	1231 Louisville Road	Frankfort	KY	40601	$13,334.00	$13,334.00	$0.00	$0.00	$0.00	$0.00
11	Sub-State Planning Area	Kentucky River	115 Rockwood Lane	Hazard	KY	41701	$398,638.00	$139,842.00	$110,031.00	$3,000.00	$0.00	$145,765.00
4	Sub-State Planning Area	LifeSkills	PO Box 6499	Bowling Green	KY	42102	$699,570.00	$315,171.00	$118,825.00	$150,000.00	$0.00	$115,574.00
10	Sub-State Planning Area	Moutain	104 South Front Street	Prestonsburg	KY	41653	$657,407.00	$248,952.00	$108,144.00	$150,000.00	$0.00	$150,311.00
14	Sub-State Planning Area	New Vista	1351 Newtown Pike	Lexington	KY	40511	$777,799.00	$292,738.00	$213,257.00	$150,000.00	$0.00	$121,804.00
7	Sub-State Planning Area	NorthKey	502 Farrell Drive PO Box 2680	Covington	KY	41011	$672,374.00	$409,375.00	$146,563.00	$3,000.00	$0.00	$113,436.00
9	Sub-State Planning Area	Pathways	1212 Bath Ave. 8th Floor PO Box 790	Ashland	KY	41105	$643,424.00	$254,434.00	$125,340.00	$150,000.00	$0.00	$113,650.00
2	Sub-State Planning Area	Pennyroyal	3999 Fort Campbell Blvd	Hopkinsville	KY	42241	$472,999.00	$252,530.00	$106,739.00	$3,000.00	$0.00	$110,730.00
3	Sub-State Planning Area	RiverValley	1110 Walnut Street PO Box 1637	Owensboro	KY	42302	$486,560.00	$260,569.00	$112,581.00	$3,000.00	$0.00	$110,410.00
6	Sub-State Planning Area	Seven Counties Services	10401 Linn Station Road, Ste 100	Louisville	KY	40223	$1,510,647.00	$980,006.00	$250,440.00	$150,000.00	$0.00	$130,201.00
17	Statewide	Wellspring	PO Box 1927	Louisville	KY	40201	$50,000.00	$50,000.00	$0.00	$0.00	$0.00	$0.00
Total							$9,060,400.00	$4,341,822.00	$1,890,684.00	$1,218,000.00	$0.00	$1,609,894.00

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Footnotes:

C. State Agency Expenditure Report

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services
This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

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

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

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

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

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

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Footnotes:

D. Population and Services Report

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

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

Reporting Period Start Date: Reporting Period End Date:

	Current Report Year	Three Years Forward
Adults with Serious Mental Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		

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Footnotes:

D. Population and Services Report

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

This table provides an unduplicated 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 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 such programs. States and jurisdictions are to provide this information on all programs by age, gender, and race.

Table 8A

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

	Total								American Indian or Alaska Native						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	1,050	2,057					390	3,497	0	1					1
6-12 years	8,863	12,731	14	41	547	315	128	22,639	15	17	0	1	1	2	2
13-17 years	10,946	10,437	52	138	262	83	205	22,123	19	22	0	2	1	0	1
18-20 years	3,739	3,450	25	30	40	10	89	7,383	5	9	0	0	0	0	0
21-24 years	4,575	4,238	14	39	39	4	120	9,029	8	3	0	0	2	0	0
25-44 years	21,944	21,209	20	65	103	14	532	43,887	57	40	0	0	0	0	0
45-64 years	15,559	13,506	6	8	42	1	268	29,390	38	35	0	0	0	1	0
65-74 years	2,969	1,993	1	1	5	1	24	4,994	6	3	0	0	0	0	0
75+ years	808	466	0	0	0	0	4	1,278	0	0	0	0	0	0	0
Not Available	3	2	0	0	0	0	19	24	0	0	0	0	0	0	0
Total	70,456	70,089	132	322	1,038	428	1,779	144,244	148	130	0	3	4	3	4
Pregnant Women	498		0	0	0	0	0	498	1		0	0	0	0	0

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	3	7					5	51	189					95

	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
6-12 years	27	32	0	0	6	3	5	717	1,362	1	2	121	96	8
13-17 years	51	41	0	0	6	3	2	864	1,035	6	13	56	18	28
18-20 years	20	19	0	0	2	0	0	298	360	4	4	6	0	11
21-24 years	18	18	0	0	0	0	0	417	466	4	5	9	0	18
25-44 years	58	82	0	1	2	0	2	1,889	2,391	2	14	20	6	52
45-64 years	45	46	0	0	1	0	2	1,355	1,354	0	0	11	0	20
65-74 years	7	3	0	0	0	0	0	217	202	0	0	1	0	2
75+ years	0	2	0	0	0	0	0	40	27	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	229	250	0	1	17	6	16	5,848	7,386	17	38	224	120	234
Pregnant Women	0		0	0	0	0	0	45		0	0	0	0	0

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	1	0					3	821	1,588					232
6-12 years	7	9	0	0	2	0	0	7,258	10,054	13	30	337	175	99
13-17 years	13	11	0	1	0	0	0	8,959	8,432	43	109	163	48	160
18-20 years	4	1	0	0	0	0	0	3,080	2,760	18	26	31	8	66
21-24 years	2	4	0	1	0	0	0	3,753	3,399	9	29	24	3	81
25-44 years	23	19	0	1	0	0	0	18,570	17,188	16	46	73	6	388
45-64 years	13	15	0	0	0	0	0	13,349	11,263	5	8	29	0	206
65-74 years	5	1	0	0	0	0	0	2,570	1,639	1	1	4	1	16
75+ years	1	0	0	0	0	0	0	678	378	0	0	0	0	4
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A							
Total	69	60	0	3	2	0	3	59,038	56,701	105	249	661	241	1,252
Pregnant Women	0		0	0	0	0	0	426		0	0	0	0	0

	Some Other Race							More Than One Race Reported							Race Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	0	0					0	88	111					26	86	161					28
6-12 years	0	0	0	0	0	0	0	478	740	0	4	41	19	2	361	517	0	4	39	20	12
13-17 years	0	0	0	0	0	0	0	519	463	2	9	13	7	2	521	433	1	4	23	7	12
18-20 years	0	0	0	0	0	0	0	137	116	3	0	0	1	0	195	185	0	0	1	1	12
21-24 years	0	0	0	0	0	0	0	146	102	0	2	1	0	0	231	246	1	2	3	1	21
25-44 years	0	0	0	0	0	0	0	402	373	2	2	4	0	0	945	1,116	0	1	4	2	90
45-64 years	0	0	0	0	0	0	0	135	111	1	0	0	0	0	624	682	0	0	1	0	40
65-74 years	0	0	0	0	0	0	0	17	18	0	0	0	0	0	147	127	0	0	0	0	6
75+ years	0	0	0	0	0	0	0	2	2	0	0	0	0	0	87	57	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	0	0	0	0	19
Total	0	0	0	0	0	0	0	1,924	2,036	8	17	59	27	30	3,200	3,526	2	11	71	31	240
Pregnant Women	0		0	0	0	0	0	13		0	0	0	0	0	13		0	0	0	0	0

Are these numbers unduplicated?

☑ Unduplicated   ☐ Duplicated : between Hospitals and Community   ☐ Duplicated : Among Community Programs

☐ Duplicated between children and adults   ☐ Other : describe

Comments on Data (for Age):

Comments on Data (for Gender):	
Comments on Data (for Race):	
Comments on Data (Overall):	

Table 8B

This table provides an unduplicated 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 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 such programs. States and jurisdictions are to provide this information on all programs by age, gender, and ethnicity. Total persons served would be the same as the total indicated in MHBG Table 8A.

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

	Not Hispanic or Latino							Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	979	1,922					340	45	108					33
6-12 years	8,421	12,053	14	37	488	274	110	371	606	0	4	56	34	6
13-17 years	10,317	9,814	51	126	241	76	181	558	555	1	10	20	6	11
18-20 years	3,508	3,210	24	26	37	7	75	157	150	1	3	2	2	2
21-24 years	4,325	3,960	14	36	36	3	91	142	169	0	3	2	1	7
25-44 years	20,963	20,056	19	63	92	13	431	457	445	0	2	7	1	8
45-64 years	15,019	12,869	6	7	41	0	225	220	220	0	1	0	1	3
65-74 years	2,838	1,876	1	1	5	1	17	37	37	0	0	0	0	1
75+ years	771	429	0	0	0	0	4	5	4	0	0	0	0	0
Not Available	2	2	0	0	0	0	0	0	0	0	0	0	0	0
Total	67,143	66,191	129	296	940	374	1,474	1,992	2,294	2	23	87	45	71

	476		0	0	0	0	0	18		0	0	0	0	0

Pregnant Women 476 ... 18 (from preceding table section)

	Hispanic or Latino Origin Not Available							Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
0-5 years	26	27					17	1,050	2,057					390	3,497
6-12 years	71	72	0	0	3	7	12	8,863	12,731	14	41	547	315	128	22,639
13-17 years	71	68	0	2	1	1	13	10,946	10,437	52	138	262	83	205	22,123
18-20 years	74	90	0	1	1	1	12	3,739	3,450	25	30	40	10	89	7,383
21-24 years	108	109	0	0	1	0	22	4,575	4,238	14	39	39	4	120	9,029
25-44 years	524	708	1	0	4	0	93	21,944	21,209	20	65	103	14	532	43,887
45-64 years	320	417	0	0	1	0	40	15,559	13,506	6	8	42	1	268	29,390
65-74 years	94	80	0	0	0	0	6	2,969	1,993	1	1	5	1	24	4,994
75+ years	32	33	0	0	0	0	0	808	466	0	0	0	0	4	1,278
Not Available	1	0	0	0	0	0	19	3	2	0	0	0	0	19	24
Total	1,321	1,604	1	3	11	9	234	70,456	70,089	132	322	1,038	428	1,779	144,244
Pregnant Women	4		0	0	0	0	0	498		0	0	0	0	0	498

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

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Footnotes:

D. Population and Services Report

MHBG Table 8C and MHBG Table 8D (URS Table 2C and 2D) - Profile of Persons Served, All Programs by Sexual Orientation and Race/Ethnicity (Optional Reporting Table)

This table provides an unduplicated 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 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 such programs. States and jurisdictions are to provide this information on all programs by sexual orientation and race. Total persons served would be the same as the total indicated in MHBG Table 8A.

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

	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Race Reported	Some Other Race	Race Not Available	Total
Straight or Heterosexual	72	117	2,658	34	25,197	1,041	0	1,025	30,144
Homosexual (Gay or Lesbian)	13	43	773	7	2,106	168	0	182	3,292
Bisexual	9	9	259	5	3,083	136	0	181	3,682
Queer	2	3	36	0	456	30	0	8	535
Pansexual	0	0	0	0	0	0	0	0	0
Questioning	6	5	58	1	476	34	0	113	693
Asexual	0	0	0	0	0	0	0	0	0
Other	12	6	195	2	2,232	135	0	544	3,126
Not available	178	336	9,888	88	84,697	2,557	0	5,028	102,772
Total	292	519	13,867	137	118,247	4,101	0	7,081	144,244

Comments on Data (Sexual Orientation):
Pansexual and Queer are under the same code in KY MIS data set. All data reported with that code are reported under "Queer."

Comments on Data (Race):

Comments on Data (Overall):

Table 8D

This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. The 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 such programs. States and jurisdictions are to provide this information on all

programs by sexual orientation and ethnicity. Total persons served would be the same as the total indicated in MHBG Table 8B.

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

	Not Hispanic or Latino	Hispanic or Latino	Hispanic or Latino Origin Not Available	Total
Straight or Heterosexual	28,433	1,251	460	30,144
Homosexual (Gay or Lesbian)	2,940	297	55	3,292
Bisexual	3,538	127	17	3,682
Queer	495	31	9	535
Pansexual	0	0	0	0
Questioning	654	39	0	693
Asexual	0	0	0	0
Other	2,937	143	46	3,126
Not available	97,550	2,626	2,596	102,772
Total	136,547	4,514	3,183	144,244

Comments on Data (Sexual Orientation):
In KY's data set, Pansexual and Queer have the same code. All were reported under "Queer".

Comments on Data (Ethnicity):

Comments on Data (Overall):

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Footnotes:

D. Population and Services Report

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

This provides an aggregate profile of the number of persons that received public mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient settings, residential treatment centers, and institutions under the justice system. The reporting year should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age and gender.

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

Services Setting	Age 0-5							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	1,050	2,057					390	8,863	12,731	14	41	547	315	128
State Psychiatric Hospitals	0	0					0	2	4	0	0	0	0	0
Other Psychiatric Inpatient	0	0					0	0	0	0	0	0	0	0
Residential Treatment Centers	0	0					0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0					0	0	0	0	0	0	0	0

Services Setting	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	10,945	10,435	52	138	262	83	205	3,719	3,403	25	30	40	10	89
State Psychiatric Hospitals	0	0	0	0	0	0	0	71	145	0	0	2	0	0
Other Psychiatric Inpatient	0	4	0	0	0	0	0	30	39	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A

Services Setting	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	4,528	4,171	14	39	39	4	120	21,641	20,748	20	65	102	14	532
State Psychiatric Hospitals	137	223	0	2	4	0	0	803	1,271	0	2	3	0	0
Other Psychiatric Inpatient	36	53	0	0	0	0	0	315	406	0	1	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	15,368	13,245	6	8	42	1	268	2,912	1,942	1	1	5	1	24
State Psychiatric Hospitals	515	625	0	0	0	0	0	121	85	0	0	1	0	0
Other Psychiatric Inpatient	227	260	0	0	0	0	0	40	40	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	794	448	0	0	0	0	4	3	2	0	0	0	0	19
State Psychiatric Hospitals	23	22	0	0	0	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	9	8	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
Institutions under the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Total

	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
Community Mental Health Programs	69,823	69,182	132	322	1,037	428	1,779	142,703
State Psychiatric Hospitals	1,672	2,375	0	4	10	0	0	4,061
Other Psychiatric Inpatient	657	810	0	1	0	0	0	1,468
Residential Treatment Centers	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0	0	0	0	0	0	0

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 both rows.

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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Footnotes:

D. Population and Services Report

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

Table 10A

This table provide an aggregate profile of the unduplicated number of persons served in the reporting period by type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid, and Status Not Available). The reporting period should be the latest SFY for which data are available. The client profile takes into account all institutional and community services for all such programs. States and jurisdictions are to provide this information on all programs by gender and race. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

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

	Total								American Indian or Alaska Native						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	39,744	37,428	73	179	675	255	1,183	79,537	93	79	0	3	3	3	4
Non-Medicaid Sources Only	20,908	21,868	49	114	303	161	479	43,882	36	35	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid	9,171	9,886	10	29	59	12	117	19,284	19	15	0	0	1	0	0
Medicaid Status Not Available	633	907	0	0	1	0	0	1,541	0	1	0	0	0	0	0
Total	70,456	70,089	132	322	1,038	428	1,779	144,244	148	130	0	3	4	3	4

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	131	137	0	0	8	4	9	3,707	4,495	12	26	176	100	179
Non-														

Medicaid Sources Only	82	84	0	1	8	2	6	1,390	1,851	4	9	33	19	44
People Served by Both Medicaid and Non-Medicaid	15	27	0	0	1	0	1	693	915	1	3	14	1	11
Medicaid Status Not Available	1	2	0	0	0	0	0	58	125	0	0	1	0	0
Total	229	250	0	1	17	6	16	5,848	7,386	17	38	224	120	234

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	42	37	0	2	2	0	3	32,880	29,728	55	132	395	110	811
Non-Medicaid Sources Only	22	19	0	1	0	0	0	17,567	17,756	42	92	228	123	347
People Served by Both Medicaid and Non-Medicaid	5	4	0	0	0	0	0	8,034	8,466	8	25	38	8	94
Medicaid Status Not Available	0	0	0	0	0	0	0	557	751	0	0	0	0	0
Total	69	60	0	3	2	0	3	59,038	56,701	105	249	661	241	1,252

	Some Other Race							More Than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	0	0	0	0	0	0	0	1,362	1,413	4	8	41	17	24
Non-														

Medicaid Sources Only	0	0	0	0	0	0	0	376	427	3	8	18	10	3
People Served by Both Medicaid and Non-Medicaid	0	0	0	0	0	0	0	182	192	1	1	0	0	3
Medicaid Status Not Available	0	0	0	0	0	0	0	4	4	0	0	0	0	0
Total	0	0	0	0	0	0	0	1,924	2,036	8	17	59	27	30

	Race Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	1,529	1,539	2	8	50	21	153
Non-Medicaid Sources Only	1,435	1,696	0	3	16	7	79
People Served by Both Medicaid and Non-Medicaid	223	267	0	0	5	3	8
Medicaid Status Not Available	13	24	0	0	0	0	0
Total	3,200	3,526	2	11	71	31	240

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

Comments on Data (for Race):

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (deduplicated) 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 deduplicate counts of 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' checkbox should be checked.

Table 10B

This table provide an aggregate profile of the unduplicated number of persons served in the reporting period by type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid, and Status Not Available). The reporting period should be the latest SFY for which data are available. The client profile takes into account all institutional and community services for all such programs. States and jurisdictions are to provide this information on all programs by gender and ethnicity. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid. Total persons served would be the same as the total indicated in MHBG Table 10A.

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

	Not Hispanic or Latino							Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	38,261	35,803	72	161	604	217	991	1,313	1,433	1	16	65	29	50
Non-Medicaid Sources Only	19,979	20,809	47	107	282	147	375	492	630	1	7	17	14	19
People Served by Both Medicaid and Non-Medicaid	8,903	9,579	10	28	54	10	108	187	231	0	0	5	2	2
Medicaid Status Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	67,143	66,191	129	296	940	374	1,474	1,992	2,294	2	23	87	45	71

	Hispanic or Latino Origin Not Available							Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	170	192	0	2	6	9	142	39,744	37,428	73	179	675	255	1,183	79,537
Non-Medicaid Sources Only	437	429	1	0	4	0	85	20,908	21,868	49	114	303	161	479	43,882
People Served by Both Medicaid and Non-Medicaid	81	76	0	1	0	0	7	9,171	9,886	10	29	59	12	117	19,284

Medicaid Status Not Available	633	907	0	0	1	0	0	633	907	0	0	1	0	0	1,541
Total	1,321	1,604	1	3	11	9	234	70,456	70,089	132	322	1,038	428	1,779	144,244

Comments on Data (for Ethnicity):

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (deduplicated) 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 deduplicate counts of 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' checkbox should be checked

Footnotes:

D. Population and Services Report

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

This table provides information regarding the profile of client turnover in various out-of-home settings (e.g., state hospitals, inpatient psychiatric hospitals, residential treatment centers). Information collected by this table includes total served at the beginning of year, admissions and discharge during the year, and lengths of stay. The reporting year should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age.

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

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospital	**335**	**5,845**	**5,801**	**18**	**5**	**40**	**19**	**885**	**719**
Age 0-5	0	0	0	0	0	0	0	0	0
Age 6-12	0	0	0	0	0	0	0	0	0
Age 13-17	0	4	3	3	3	0	0	0	0
Age 18-20	6	317	312	12	5	49	41	0	0
Age 21-24	13	570	559	12	5	38	20	820	820
Age 25-44	138	3,005	2,983	19	7	57	17	1,150	654
Age 45-64	102	1,608	1,606	21	8	71	24	2,158	1,458
Age 65-74	36	275	266	35	14	100	79	1,387	1,120
Age 75+	17	66	72	78	19	88	36	855	783
Age NA	23	0	0	0	0	0	0	2,477	2,031

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
Other Psychiactric Inpatient	70	2,241	2,237	11	6	27	4	114	0
Age 0-5	0	0	0	0	0	0	0	0	0
Age 6-12	0	0	0	0	0	0	0	0	0
Age 13-17	0	4	4	4	4	0	0	0	0
Age 18-20	1	99	95	10	5	39	4	0	0
Age 21-24	2	117	115	7	6	82	4	0	0
Age 25-44	24	1,124	1,113	11	6	22	2	0	0
Age 45-64	33	743	756	14	7	55	10	636	441
Age 65-74	8	111	111	16	8	14	9	508	508
Age 75+	2	35	36	20	9	8	8	0	0
Age NA	0	8	7	24	11	51	51	0	0

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
Residential Treatment Centers	0	0	0						
Age 0-5	0	0	0	0	0	0	0	0	0
Age 6-12	0	0	0	0	0	0	0	0	0
Age 13-17	0	0	0	0	0	0	0	0	0
Age 18-20	0	0	0	0	0	0	0	0	0
Age 21-24	0	0	0	0	0	0	0	0	0
Age 25-44	0	0	0	0	0	0	0	0	0
Age 45-64	0	0	0	0	0	0	0	0	0
Age 65-74	0	0	0	0	0	0	0	0	0
Age 75+	0	0	0	0	0	0	0	0	0
Age NA	0	0	0	0	0	0	0	0	0

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
Community Programs	**57,260**	**81,662**							
Age 0-5	580	3,029							
Age 6-12	9,233	12,862							
Age 13-17	9,506	11,725							
Age 18-20	2,981	4,217							
Age 21-24	3,299	5,593							
Age 25-44	15,720	27,776							
Age 45-64	13,148	13,996							
Age 65-74	2,353	1,842							
Age 75+	438	616							
Age NA	2	6							

Comments on Data (State Hospital):

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment Centers):

Comments on Data (Community Programs):

Comments on Data (Overall):

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Footnotes:

D. Population and Services Report

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

This table provides context for the data reported in the MHBG tables. This profile includes the populations that receive services operated or funded by the state mental health agency, data reporting capacities, percentage of children and adults that meet the federal definition of SED and SMI, respectively, the percentage of children and adults with co-occurring mental and substance use disorders (M/SUD), as well as other summary administrative information.

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

Populations Served

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

	Populations Covered		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Age 0 to 5	☐ Yes	☑ Yes	☐ Yes	☑ Yes
2. Age 6 to 12	☐ Yes	☑ Yes	☐ Yes	☑ Yes
3. Age 13-17	☐ Yes	☑ Yes	☐ Yes	☑ Yes
4. Age 18-20	☑ Yes	☑ Yes	☑ Yes	☑ Yes
5. Age 21-24	☑ Yes	☑ Yes	☑ Yes	☑ Yes
6. Age 25-44	☑ Yes	☑ Yes	☑ Yes	☑ Yes
7. Age 45-64	☑ Yes	☑ Yes	☑ Yes	☑ Yes
8. Age 65-74	☑ Yes	☑ Yes	☑ Yes	☑ Yes
9. Age 75+	☑ Yes	☑ Yes	☑ Yes	☑ Yes
10. Forensics	☑ Yes	☐ Yes	☑ Yes	☐ Yes

Comments on Data:

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

☐ Serious Mental Illness
☐ Serious Emotional Disturbances

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

2.a.1.   Percentage of adults meeting federal definition of SMI:

56.0%

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

43.0%

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

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

3.a.1.   Percentage of adults served by the SMHA who also have a diagnosis of substance use:

10%

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

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

3.b.1.	Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance use:	17%

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

3.b.3.	Please describe how you calculate and count the number of persons with co-occurring disorders.	Utilizing block grant reports generated by data contractor as well as utilizing the Advanced Monitoring, Analysis and Reporting Tool (AMART) to show which clients served had both MH/SUD.

4. State Mental Health Agency Responsibilities

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

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

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

If yes, please check the responsibilities the SMHA has:

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

5. Data Reporting: Please describe the extent to which your information systems allow the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for MHBG Table 8, which requires unduplicated counts of clients served across your entire mental health system.

Are data reporting in the tables?

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

6. Summary Administrative Data

6.a.	Report Year:	2023
6.b.	State Identifier:	KY

Summary Information on Data Submitted by SMHA:

6.c.	Year being reported:	From: 7/1/2022 To: 6/30/2023
6.d.	Person Responsible for Submission:	Zara Bullock

6.e.	Contact Phone Number:	502-564-7502
6.f.	Contact Address:	275 East Main Street, 4W-G Frankfort, KY 40601
6.g.	E-mail:	Zara.Bullock@ky.gov

Footnotes:

D. Population and Services Report

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

Table 13A

This table provides an unduplicated aggregate profile of the number of persons with SMI or SED served in the reporting year. The profile is based on a client receiving services in programs provided or funded by the state mental health agency. States and jurisdictions should report data using the **Federal Definitions of SMI and SED** if they can, if not, please report using the state's definition of SMI and SED and provide information below describing your state's definition. The reporting period should be the latest SFY for your which data are available. States and jurisdictions are to provide this information on all programs by age, gender, and race.

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

	Total								American Indian or Alaska Native							Asian						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	322	678					64	1,064	0	1					0	2	3					0
6-12 years	3,677	5,743	4	17	114	78	63	9,696	6	8	0	0	0	1	0	11	12	0	0	0	0	3
13-17 years	5,078	4,772	27	54	74	39	107	10,151	9	11	0	0	0	0	1	22	10	0	0	0	1	1
18-20 years	1,574	1,214	14	13	23	3	13	2,854	3	5	0	0	0	0	0	7	6	0	0	2	0	0
21-24 years	1,959	1,372	8	23	20	1	34	3,417	3	1	0	0	1	0	0	3	12	0	0	0	0	0
25-44 years	9,965	7,937	13	34	23	2	155	18,129	28	11	0	0	0	0	0	30	45	0	0	0	0	2
45-64 years	9,365	6,555	4	4	10	1	107	16,046	28	18	0	0	0	1	0	35	24	0	0	0	0	1
65-74 years	1,809	973	1	0	2	1	11	2,797	3	1	0	0	0	0	0	6	1	0	0	0	0	0
75+ years	339	156	0	0	0	0	1	496	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	34,088	29,400	71	145	266	125	555	64,650	80	56	0	0	1	2	1	116	114	0	0	2	1	7

	Black or African American							Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	24	67					20	0	0					0	251	535					36
6-12 years	354	697	0	2	30	29	6	1	4	0	0	0	0	0	2,961	4,497	4	13	68	44	48
13-17 years	396	494	1	2	18	8	13	6	6	0	0	0	0	0	4,198	3,901	24	48	52	23	87
18-20 years	130	144	3	2	2	0	1	3	0	0	0	0	0	0	1,315	963	9	11	18	2	12
21-24 years	183	174	2	2	4	0	10	1	3	0	1	0	0	0	1,630	1,084	5	18	13	1	19
25-44 years	1,016	1,091	2	7	5	2	18	15	3	0	1	0	0	0	8,385	6,375	11	25	18	0	122
45-64 years	972	716	0	0	3	0	8	8	7	0	0	0	0	0	7,995	5,537	4	4	7	0	89
65-74 years	143	120	0	0	1	0	0	2	0	0	0	0	0	0	1,598	815	1	0	1	1	11
75+ years	25	9	0	0	0	0	0	0	0	0	0	0	0	0	303	141	0	0	0	0	1
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3,243	3,512	8	15	63	39	76	36	23	0	2	0	0	0	28,636	23,848	58	119	177	71	425

	Some Other Race							More Than One Race Reported							Race Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	0	0					0	30	40					6	15	32					2
6-12 years	0	0	0	0	0	0	0	224	324	0	1	8	2	2	120	201	0	1	8	2	4
13-17 years	0	0	0	0	0	0	0	245	222	1	3	3	4	1	202	128	1	1	1	3	4
18-20 years	0	0	0	0	0	0	0	64	57	2	0	0	1	0	52	39	0	0	1	0	0
21-24 years	0	0	0	0	0	0	0	80	42	0	1	0	0	0	59	56	1	1	2	0	5
25-44 years	0	0	0	0	0	0	0	206	183	0	0	0	0	0	285	229	0	1	0	0	13
45-64 years	0	0	0	0	0	0	0	94	62	0	0	0	0	0	233	191	0	0	0	0	9
65-74 years	0	0	0	0	0	0	0	11	9	0	0	0	0	0	46	27	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	1	0	0	0	0	0	10	4	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	955	940	3	5	11	7	9	1,022	907	2	4	12	5	37

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

Do the state definitions of SMI/SED match the Federal definition?

○ Yes ● No   Adults with SMI, if No describe or attach state definition:
```
See General Comments
```

Diagnoses included in the state SMI definition:
```
See General Comments
```

○ Yes ● No   Children with SED, if No describe or attach state definition:
```
See General Comments
```

Diagnoses included in the state SED definition:
```
See General Comments
```

Table 13B

This provides an aggregate profile of unduplicated number of persons with SMI or SED served in the reporting year. The profile is based on a client receiving services in programs provided or funded by the state mental health agency. States and jurisdictions should report data using the **Federal Definitions of SMI and SED** if they can, if not, please report using the state's definition of SMI and SED and provide information below describing your state's definition. The reporting period should be the latest SFY for your which data are available. States and jurisdictions are to provide this information on all programs by age, gender, and ethnicity. The total persons served who meet the Federal definition of SMI or SED would be the same as the total in MHBG Table 13A.

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

	Not Hispanic or Latino							Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	306	640					58	15	36					4	1	2					2
6-12 years	3,498	5,454	4	16	103	71	57	167	285	0	1	11	6	2	12	4	0	0	0	1	4
13-17 years	4,812	4,528	27	52	72	36	95	261	233	0	2	2	2	7	5	11	0	0	0	1	5
18-20 years	1,505	1,155	13	12	22	3	12	62	56	1	0	1	0	1	7	3	0	1	0	0	0
21-24 years	1,889	1,299	8	21	17	1	27	64	67	0	2	2	0	2	6	6	0	0	1	0	5
25-44 years	9,703	7,735	12	32	23	2	135	242	174	0	2	0	0	7	20	28	1	0	0	0	13
45-64 years	9,212	6,406	4	4	9	0	96	140	125	0	0	0	1	2	13	24	0	0	1	0	9
65-74 years	1,778	950	1	0	2	1	10	26	21	0	0	0	0	1	5	2	0	0	0	0	0
75+ years	335	152	0	0	0	0	1	4	2	0	0	0	0	0	0	2	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	33,038	28,319	69	137	248	114	491	981	999	1	7	16	9	26	69	82	1	1	2	2	38

	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
0-5 years	322	678					64	1,064
6-12 years	3,677	5,743	4	17	114	78	63	9,696
13-17 years	5,078	4,772	27	54	74	39	107	10,151
18-20 years	1,574	1,214	14	13	23	3	13	2,854
21-24 years	1,959	1,372	8	23	20	1	34	3,417
25-44 years	9,965	7,937	13	34	23	2	155	18,129
45-64 years	9,365	6,555	4	4	10	1	107	16,046
65-74 years	1,809	973	1	0	2	1	11	2,797
75+ years	339	156	0	0	0	0	1	496
Not Available	0	0	0	0	0	0	0	0
Total	34,088	29,400	71	145	266	125	555	64,650

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

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Footnotes:

D. Population and Services Report

MHBG Table 14 (URS Table 14C) Profile of Persons Served in Community Mental Health Setting, State Psychiatric Hospitals, and Other Settings for Adults with SMI and Children with SED

This table provides an aggregate profile of the number of adults with serious mental illness (SMI) and children with serious emotional disturbance (SED) that received publicly funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, in residential treatment centers, and institutions under the justice system. The reporting year should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age and gender.

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

Services Setting	Age 0-5							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	322	678					64	3,677	5,743	4	17	114	78	63
State Psychiatric Hospitals	0	0					0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	0	0					0	0	0	0	0	0	0	0
Residential Treatment Centers	0	0					0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0					0	0	0	0	0	0	0	0

Services Setting	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	5,078	4,772	27	54	74	39	107	1,574	1,214	14	13	23	3	13
State Psychiatric Hospitals	0	1	0	0	0	0	0	34	63	0	0	2	0	0
Other Psychiatric Inpatient	0	1	0	0	0	0	0	9	8	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A

Services Setting	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	1,959	1,372	8	23	20	1	34	9,965	7,937	13	34	23	2	155
State Psychiatric Hospitals	66	137	0	1	3	0	0	358	554	0	1	1	0	0
Other Psychiatric Inpatient	11	13	0	0	0	0	0	103	101	0	1	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	9,365	6,555	4	4	10	1	107	1,809	973	1	0	2	1	11
State Psychiatric Hospitals	263	270	0	0	0	0	0	56	30	0	0	0	0	0
Other Psychiatric Inpatient	86	90	0	0	0	0	0	14	13	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Age 75+							Age Age not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	339	156	0	0	0	0	1	0	0	0	0	0	0	0
State Psychiatric Hospitals	6	5	0	0	0	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	2	1	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
Institutions under the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Total

	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
Community Mental Health Programs	34,088	29,400	71	145	266	125	555	64,650
State Psychiatric Hospitals	783	1,060	0	2	6	0	0	1,851
Other Psychiatric Inpatient	225	227	0	1	0	0	0	453
Residential Treatment Centers	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0	0	0	0	0	0	0

Comments on Data (for Age):
KY's state psychiatric hospitals only serve adults.

Comments on Data (for Gender):

Comments on Data (Overall):

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

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides an unduplicated aggregate profile of adults served in the report year by the public mental health system in terms of employment status. The focus is on employment for adults, recognizing, however, that there are clients who are disabled, retired or who are homemakers, caregivers, etc., and not a part of the labor force. These persons should be reported under 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. The reporting year is the latest SFY for which data are available.

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

Adults Served	Age 18-20							Age 21-24						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Competitively Employed Full- or Part-Time (including Supported Employment)	901	642	11	5	13	3	25	1,689	1,323	13	23	15	1	42
Unemployed	771	707	5	10	6	2	15	1,304	1,219	1	10	10	0	27
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	1,870	1,856	9	13	18	4	23	1,287	1,368	0	4	10	3	15
Not Available	177	198	0	2	3	1	26	248	261	0	2	4	0	36
Total	3,719	3,403	25	30	40	10	89	4,528	4,171	14	39	39	4	120

Adults Served	Age 25-44							Age 45-64						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Competitively Employed Full- or Part-Time (including Supported Employment)	7,495	7,201	9	35	48	6	209	2,715	2,824	1	3	14	0	59
Unemployed	6,492	6,711	4	19	38	6	108	2,997	3,255	2	2	17	1	41
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	6,238	5,074	7	9	14	2	68	8,904	6,275	3	3	11	0	89
Not Available	1,416	1,762	0	2	2	0	147	752	891	0	0	0	0	79
Total	21,641	20,748	20	65	102	14	532	15,368	13,245	6	8	42	1	268

Adults Served	Age 65-74							Age 75+						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Competitively Employed Full- or Part-Time (including Supported Employment)	210	165	1	0	1	0	2	29	15	0	0	0	0	0
Unemployed	178	186	0	0	0	0	0	51	30	0	0	0	0	0
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	2,348	1,455	0	1	3	1	11	650	347	0	0	0	0	2
Not Available	176	136	0	0	1	0	11	64	56	0	0	0	0	2
Total	2,912	1,942	1	1	5	1	24	794	448	0	0	0	0	4

Adults Served	Age Not Available							Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans man)	Gender Non-Conforming	Other	N/A	Total
Competitively Employed Full- or Part-Time (including Supported Employment)	0	0	0	0	0	0	3	13,039	12,170	35	66	91	10	340	25,751
Unemployed	2	0	0	0	0	0	2	11,795	12,108	12	41	71	9	193	24,229
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	0	0	0	0	0	0	1	21,297	16,375	19	30	56	10	209	37,996
Not Available	1	2	0	0	0	0	13	2,834	3,306	0	6	10	1	314	6,471
Total	3	2	0	0	0	0	19	48,965	43,959	66	143	228	30	1,056	94,010

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

What populations are included in reported data? ⦿ All clients ◯ Only selected groups, describe:

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the status of adult clients served in the report year by the public mental health system in terms of employment status by primary diagnosis. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation. The reporting year is the latest SFY for which data are available. Total persons reported on this table would be the same as the total indicated in MHBG Table 15A.

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

Clients Primary Diagnosis	Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (F20, F25)	380	819	3,009	349	4,557
Bipolar and Mood Disorders (F30, F31, F32, F32.9, F33, F34.0, F34.1)	8,096	6,980	13,123	1,395	29,594
Other Psychoses (F22, F23, F24, F29)	237	507	707	359	1,810
All Other Diagnoses	17,038	15,923	21,157	4,368	58,486
No Diagnosis and Deferred Diagnosis (R69, R99, Z03.89)	0	0	0	0	0
Diagnosis Total	25,751	24,229	37,996	6,471	94,447

Comments on Data (for Diagnosis):

Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information for children/adolescents and adults regarding improved social connectedness. In addition, states are required to provide information on functional domains that provide a general sense of an individual's ability to develop and maintain relationships, cope with challenges, and a sense of community belonging.

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

Adult Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness	4,477	5,764	78%
2. Functioning	4,485	5,873	76%
Child/Adolescent Consumer Survey Results	**Number of Positive Responses**	**Responses**	**Percent Positive (calculated)**
3. Social Connectedness	2,183	2,412	91%
4. Functioning	1,666	2,394	70%
Comments on Data:			

Adult Social Connectedness and Functioning Measures

1. Did you use the recommended Social Connectedness Questions?
   ◉ Yes ○ No

   Measure used

2. Did you use the recommended Functioning Domain Questions?
   ◉ Yes ○ No

   Measure used

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

   If No, what source did you use?

   ◉ Yes ○ No

Child/Family Social Connectedness and Functioning Measures

4. Did you use the recommended Social Connectedness Questions?

   Measure used

5. Did you use the recommended Functioning Domain Questions?
   ◉ Yes ○ No

   Measure used

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

   If No, what source did you use?

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information that evaluates the "experience" of care for individuals that participate in the public mental health system. Specifically, the evaluation focuses on several areas including access, quality and the appropriateness of services, outcomes, participation in treatment planning, cultural sensitivity of staff, and general satisfaction with services. 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.

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

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	5,495	6,058	90-91.4
2. Reporting Positively about Quality and Appropriateness for Adults.	5,537	5,879	93.6-94.8
3. Reporting Positively about Outcomes.	4,353	5,705	75.2-77.4
4. Adults Reporting on Participation In Treatment Planning.	5,029	5,694	87.5-89.2
5. Adults Positively about General Satisfaction with Services.	5,523	5,980	91.7-93.0

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	2,190	2,399	90.2-92.4
2. Reporting Positively about General Satisfaction for Children.	2,261	2,434	91.9-93.9
3. Reporting Positively about Outcomes for Children.	1,703	2,388	69.5-73.1
4. Family Members Reporting on Participation In Treatment Planning for their Children.	2,267	2,424	92.5-94.5
5. Family Members Reporting High Cultural Sensitivity of Staff.	2,228	2,293	96.5-97.8

Comments on Data:

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

Adult Consumer Surveys

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

    1.a. If no, which version:

        1. Original 40 Item Version   ◯ Yes

        2. 21-Item Version   ◯ Yes

3. State Variation of MHSIP ○ Yes

4. Other Consumer Survey ○ Yes

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

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

2. Other Language:

Adult Survey Approach

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

               1. All Consumers In State

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

○ 2. Stratified / Random Stratified Sample

● 3. Convenience Sample

○ 4. Other Sample:

☐

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

☐ 2. Persons No Longer Receiving Services

2.c. If yes, please describe how you survey persons no longer receiving services

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

☐ 2. Adults With Serious Mental Illness

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

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

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

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

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

☐ 2. Family Members

☐ 3. Professional Interviewers

☐ 4. MH Clinicians

☑ 5. Non Direct Treatment Staff

6. Other, describe:

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

☐ 2. Responses are Confidential

☐ 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

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

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

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

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

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

7. Who Conducted the survey

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

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

7.c. Other, describe:

* Report Confidence Intervals at the 95% confidence level

Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer. The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level. When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)

Child / Family Consumer Surveys

1. Was the MHSIP Youth Services Survey for Families (YSS-F) used?   ☑ Yes

   If no, what survey was used?

   If no, please attach instrument used.

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

   2. Other Language:

Child Survey Approach

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

    2.a.   If a sample was used, what sample methodology was used?

        ◯ 1. Random Sample

        ◯ 2. Stratified / Random Stratified Sample

        ⬤ 3. Convenience Sample

        ◯ 4. Other Sample:
        ☐

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

                ☐ 2. Persons No Longer Receiving Services

    2.c.   If yes, please describe how you survey persons no longer receiving services

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

    ☑ 1. All Child Consumers In State

    ☐ 2. Children with Serious Emotional Disturbances

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

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

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

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

    4.a.   Who administered the survey? (check all that apply)

    ☐ 1. MH Consumers

    ☐ 2. Family Members

    ☐ 3. Professional Interviewers

    ☐ 4. MH Clinicians

    ☑ 5. Non Direct Treatment Staff

    ☐ 6. Other, describe:

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

6.   Sample Size and Response Rate

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

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

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

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

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

7.   Who Conducted the survey

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

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

   7.c.   Other, describe:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 17B (URS Table 11A) Consumer Evaluation of Care by race and Ethnicity (Optional Reporting Table)

This table requests information that evaluates the "experience" of care for individuals that participate in the public mental health system, broken down by race, ethnicity, and age category (adult or child/adolescent). 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.

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

Adult Consumer Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		Some Other Race		More Than One Race Reported		Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	5,495	6,058	71	74	14	16	565	623	8	9	4,110	4,532	0	0	111	122	616	682	94	109
2. Reporting Positively About Quality and Appropriateness.	5,537	5,879	72	75	12	15	582	615	9	9	4,196	4,450	0	0	104	113	562	602	93	104
3. Reporting Positively About Outcomes.	4,353	5,705	58	72	10	15	432	604	7	9	3,313	4,327	0	0	86	113	447	565	76	102
4. Reporting Positively about Participation in Treatment Planning	5,029	5,694	67	74	12	15	523	588	9	9	3,808	4,305	0	0	86	115	524	588	81	99
5. Reporting Positively about General Satisfaction	5,523	5,980	72	76	15	16	572	622	8	8	4,177	4,527	0	0	114	119	565	612	96	108
6. Social Connectedness	4,477	5,764	61	74	7	15	439	595	8	9	3,410	4,380	0	0	89	114	463	577	75	104
7. Functioning	4,485	5,873	55	73	10	15	455	608	8	9	3,362	4,398	0	0	89	114	506	656	69	105

Child/Adolescent Family Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		Some Other Race		More Than One Race Reported		Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	2,190	2,399	14	15	7	9	141	159	3	3	1,747	1,905	0	0	96	109	182	199	72	79
2. Reporting Positively About General Satisfaction	2,261	2,434	15	16	7	8	149	164	3	3	1,800	1,934	0	0	103	109	184	200	76	80
3. Reporting Positively About Outcomes.	1,703	2,388	15	16	6	8	105	163	1	3	1,369	1,909	0	0	75	105	132	184	54	78
4. Reporting Positively																				

Participation in Treatment Planning for their Children.	2,267	2,424	15	16	7	9	150	162	3	3	1,808	1,926	0	0	100	108	184	200	75	79
5. Reporting Positively About Cultural Sensitivity of Staff.	2,228	2,293	16	16	8	8	156	161	1	2	1,763	1,814	0	0	101	102	183	190	78	78
6. Social Connectedness	2,183	2,412	16	16	5	9	143	162	2	3	1,755	1,934	0	0	97	110	165	178	67	78
7. Functioning	1,666	2,394	15	16	6	8	103	163	1	3	1,338	1,914	0	0	70	105	133	185	54	79

Comments on Data:

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides an unduplicated aggregate profile of persons served in the reporting year by the public mental health system in terms of living situation. Living situation categories include, but are not limited to, private residence, foster care, residential care, jail/correctional facility, homeless shelter, etc. Data should be based on the most recent assessment in the reporting period. Specifically, information is collected on the individual's last known living situation. The reporting year should be the latest SFY for which data are available.

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

	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	Not Available	Total
0-5	3045	151	35	0	0	1	3	13	0	249	3,497
6-12	21495	327	164	0	0	2	0	46	0	605	22,639
13-17	21048	285	163	0	0	16	6	36	0	569	22,123
18-20	1003	45	128	0	0	182	15	85	0	5925	7,383
21-24	3010	23	255	0	0	260	42	183	0	5256	9,029
25-44	21595	72	2195	0	0	1815	551	2010	0	15649	43,887
45-64	18655	66	1332	0	0	1197	182	1443	0	6515	29,390
65-74	3506	24	256	0	0	326	11	91	0	780	4,994
75 and older	797	5	62	0	0	140	1	4	0	269	1,278
Not Available	4	0	2	0	0	0	0	1	0	17	24
TOTAL	**94,158**	**998**	**4,592**	**0**	**0**	**3,939**	**811**	**3,912**	**0**	**35,834**	**144,244**
Female	48087	454	2028	0	0	1657	423	1576	0	16231	70,456
Male	43434	525	2511	0	0	2260	388	2257	0	18714	70,089
Transgender (Trans Woman)	99	1	1	0	0	0	0	2	0	29	132
Transgender (Trans Man)	247	0	8	0	0	3	0	3	0	61	322
Gender Non-Conforming	871	0	16	0	0	7	0	22	0	122	1,038

	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	Not Available	Total
Other	394	0	4	0	0	0	0	2	0	28	428
Not Available	1026	18	24	0	0	12	0	50	0	649	1,779
TOTAL	**94,158**	**998**	**4,592**	**0**	**0**	**3,939**	**811**	**3,912**	**0**	**35,834**	**144,244**

	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	Not Available	Total
American Indian/Alaska Native	202	0	10	0	0	3	2	25	0	50	292
Asian	337	2	10	0	0	7	0	9	0	154	519
Black/African American	8646	81	446	0	0	420	65	756	0	3453	13,867
Hawaiian/Pacific Islander	90	2	3	0	0	0	1	6	0	35	137
White	78299	839	3915	0	0	3305	716	2897	0	28276	118,247
Some Other Race	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	3132	38	83	0	0	35	13	101	0	699	4,101
Race/Ethnicity Not Available	3452	36	125	0	0	169	14	118	0	3167	7,081
TOTAL	**94,158**	**998**	**4,592**	**0**	**0**	**3,939**	**811**	**3,912**	**0**	**35,834**	**144,244**

	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	Not Available	Total
Hispanic or Latino Origin	3289	36	104	0	0	41	7	89	0	948	4,514
Non-Hispanic or Latino Origin	90282	953	4453	0	0	2310	801	3789	0	33959	136,547
Hispanic or Latino Origin Not Available	587	9	35	0	0	1588	3	34	0	927	3,183
TOTAL	**94,158**	**998**	**4,592**	**0**	**0**	**3,939**	**811**	**3,912**	**0**	**35,834**	**144,244**

Comments on Data:	
How Often Does your State Measure Living Situation?	☑ At Admission ☐ At Discharge ☐ Monthly ☐ Quarterly ☐ Other, please describe:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19A (URS Table 16A) Profile of Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Specific Services

This table provides a profile of adults with SMI and children with SED receiving specific evidence-based practices in the reporting year. In addition, the table captures information on if and how States and Jurisdictions monitor the fidelity for the evidence-based services. The reporting year should be the latest SFY for which data are available.

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

Age	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (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
0-5					3	0	0	1,064
6-12					19	0	0	9,696
13-17					42	0	0	10,151
18-20	0	27	7	1,790	2	0	0	1,064
21-24	1	48	21	3,417				
25-44	17	239	214	18,129				
45-64	16	121	272	16,046				
65-74	2	8	46	2,797				
75+	1	1	2	496				
Not Available	0	0	0	0	0	0	0	0
Total	37	444	562	42,675	66	0	0	21,975

Gender	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (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	21	209	213	24,488	24	0	0	9,600
Male	16	234	346	17,673	41	0	0	11,727

Transgender (Trans Woman)	0	0	0	39	0	0	0	32
Transgender (Trans Man)	0	1	0	72	0	0	0	73
Gender Non-Conforming	0	0	0	74	0	0	0	192
Other	0	0	0	8	0	0	0	117
Not Available	0	0	3	321	1	0	0	234

Race	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (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	0	1	2	101	0	0	0	39
Asian	0	4	4	172	0	0	0	68
Black / African American	4	54	124	4,693	7	0	0	2,263
Hawaiian / Other Pacific Islander	0	0	0	41	0	0	0	20
White	33	365	397	35,666	55	0	0	17,668
Some Other Race	0	0	0	0	0	0	0	0
More than one race	0	7	10	763	4	0	0	1,167
Not Available	0	13	25	1,239	0	0	0	750

Ethnicity	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (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 Orign	0	13	12	960	3	0	0	1,079
Non-Hispanic / Latino Origin	37	431	550	41,568	63	0	0	20,848
Not Available	0	0	0	147	0	0	0	48

	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Do you monitor fidelity for this service?	○ Yes ● No	● Yes ○ No	● Yes ○ No		○ Yes ● No	○ Yes ● No	○ Yes ● No	
IF YES,								
What fidelity measure do you use?		See table comments	See table comments					
Who measures fidelity?		See table comments	See table comments					
How often is fidelity measured?		See table comments	See table comments					
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	● Yes ○ No	● Yes ○ No	● Yes ○ No		○ Yes ● No	○ Yes ● No	○ Yes ● No	
Have staff been specifically trained to implement the EBP?	● Yes ○ No	● Yes ○ No	● Yes ○ No		○ Yes ● No	○ Yes ● No	○ Yes ● No	

Comments on Data (overall):

Comments on Data (Supported
Housing):
KY guides implementation through SAMHSA's Permanent Supportive Housing toolkit. KY SMHA do not provide
fidelity reviews. However, CMHC contracts require annual self-assessment.

Comments on Data (Supported
Employment):
KY SMHA supports implementation of the IPS model of SE, through a contract with a local university that provides
fidelity reviews, training and coaching. Use the Westat fidelity tool.

Comments on Data (Assertive
Community Treatment):
KY utilizes the DACTS fidelity tool and SMHA staff have provided fidelity reviews. For SFY 2024, fidelity work is
shifting to local university staff. Not all ACT teams report services under ACT bundled code, so these numbers may
be underreported.

Comments on Data (Therapeutic
Foster Care):

Comments on Data (Multisystemic
Therapy):
Some CMHCs are beginning to implement this practice as start up in SFY 2024. Currently not in KY MIS data set.

Comments on Data (Family
Functional Therapy):

There is no code in KY MIS data set for Family Functional Therapy.

Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19B (URS Table 16B) - Profile of Adults with Serious Mental Illness Receiving Specific Services During the Year

This table provides a profile of adults with SMI receiving specific evidence-based practices in the reporting year. In addition, this table provides information on if, and how, states and jurisdictions monitor the fidelity for the evidence-based services. The reporting year should be the latest SFY for which data are available.

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

	ADULTS WITH SERIOUS MENTAL ILLNESS			
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (M/SUD)	Receiving Illness Self Management and Recovery	Receiving Medication Management
Age				
18-20 years	0	0	0	0
21-24 years	0	0	0	0
25-44 years	0	0	0	0
45-64 years	0	0	0	0
65-74 years	0	0	0	0
75+ years	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
Transgender (Trans Woman)	0	0	0	0
Transgender (Trans Man)	0	0	0	0
Gender Non-Conforming	0	0	0	0
Other	0	0	0	0
Not Available	0	0	0	0

Race				
American Indian / Alaska Native	0	0	0	0
Asian	0	0	0	0
Black / African American	0	0	0	0
Hawaiian / Pacific Islander	0	0	0	0

White	0	0	0	0
Some Other Race	0	0	0	0
More than one race	0	0	0	0
Not Available	0	0	0	0

Ethnicity				
Hispanic / Latino Origin	0	0	0	0
Non-Hispanic / Latino	0	0	0	0
Not Available	0	0	0	0

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

| Have staff been specifically trained to implement the EBP? | ● Yes ○ No | ● Yes ○ No | ● Yes ○ No | ○ Yes ● No |

Comments on Data (overall):
There has been no formal implementation of these EBPs and no code for them in KY MIS data set.
Comments on Data (Family Psychoeducation):
SMHA has provided some training for this, especially for FEP providers, but providers who provide this service reports under other service codes.
Comments on Data (Integrated Treatment for Co-occurring Disorders):
SMHA provided training for this, especially for ACT teams in the past, but providers who utilize this EBP reports under other service codes. (e.g., individual/group therapy).
Comments on Data (Illness Self-Management):
SMHA provided training for this for SMI in the past. Some providers do provide this service but report under other service codes.
Comments on Data (Medication Management):
Providers report this under other service codes.

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the number of adults with SMI and children with SED that were admitted into and received Coordinated Specialty Care (CSC) evidence-based first episode psychosis (FEP) services as well as the number of individuals that were successfully discharged from CSC programs, and the number of individuals who discontinued FEP services prior to discharge. In addition, the table provides information on if, and how, states and jurisdictions monitor the fidelity for the CSC FEP services. The reporting year should be the latest state fiscal year for which data are available.

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

Program Name	Number of Admissions into CSC Services During FY									Number of Clients with FEP Successfully Discharged from CSC Services During the FY								
	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available
Communicare (Region 5)	0	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0
Cumberland River (Region 13)	0	0	0	0	0	0	0	0	28	0	0	0	0	0	0	0	0	1
Four Rivers (Region 1)	0	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0	0	12
LifeSkills (Region 4)	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0
Mountain Comp (Region 11)	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	1
New Vista (Region 15)	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0
Pathways (Region 10)	0	0	0	0	0	0	0	0	40	0	0	0	0	0	0	0	0	3
Seven Counties (Region 6)	0	0	0	0	0	0	0	0	29	0	0	0	0	0	0	0	0	6

Program Name	Number of Clients with FEP who Discontinued Services Prior to Discharge During the FY									Current Number of Clients with FEP Receiving CSC FEP Services								
	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available
Communicare (Region 5)	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	5
Cumberland River (Region 13)	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	24
Four Rivers (Region 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21
LifeSkills (Region 4)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	8
Mountain Comp (Region 11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2

Program Name																		
New Vista (Region 15)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	6
Pathways (Region 10)	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	8
Seven Counties (Region 6)	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	18

Program Name	Do you monitor fidelity for this service?	What fidelity measure do you use?	Who measures fidelity?	How often is fidelity measured?	Has staff been specifically trained to implement the CSC EBP?
Communicare (Region 5)	Yes ◉ No ○	The KY Revised EASA Fidelity Tool	SMHA (KY DBHDID)	Every 2 years with coaching and support based on fidelity review results/needs.	Yes ◉ No ○
Cumberland River (Region 13)	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 ○
Four Rivers (Region 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 ○
LifeSkills (Region 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 ○
Mountain Comp (Region 11)	Yes ◉ No ○	The KY Revised EASA Fidelity Tool	SMHA (KY DBHDID)	Every 2 years with coaching and support based on fidelity review results/needs.	Yes ◉ No ○
New Vista (Region 15)	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 ○
Pathways (Region 10)	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 ○
Seven Counties (Region 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 ○

Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19D (URS Table 16D) Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Evidence-Based Services for First Episode Psychosis who have Experienced No Psychiatric Hospitalization or Arrest

This table provides information on the percentage of individuals enrolled in Coordinated Specialty Care (CSC) First Episode Psychosis (FEP) services who experienced no psychiatric hospitalization in the current fiscal year and the percentage of adults with SMI and children with SED enrolled in CSC FEP services who experienced no arrest in the current fiscal year. The reporting year should be the latest sate fiscal for which data are available.

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

Program Name	Percentage of Clients with FEP Enrolled in CSC Services who Experienced No Psychiatric Hospitalization in the FY[1]								
	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-65	Age 65-74	Age 75+	Age Not Available
Cumberland River (Region 13)	0	0	0	0	0	0	0	0	75.00%
New Vista (Region 15)	0	0	0	0	0	0	0	0	66.00%
Mountain Comp (Region 11)	0	0	0	0	0	0	0	0	100.00%
Communicare (Region 5)	0	0	0	0	0	0	0	0	64.00%
Seven Counties (Region 6)	0	0	0	0	0	0	0	0	65.00%
Pathways (Region 10)	0	0	0	0	0	0	0	0	75.00%
Four Rivers (Region 1)	0	0	0	0	0	0	0	0	75.00%
LifeSkills (Region 4)	0	0	0	0	0	0	0	0	63.00%

Program Name	Percentage of Clients with FEP Enrolled in CSC Services who Experienced No Arrest in the FY[2]								
	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-65	Age 65-74	Age 75+	Age Not Available
Cumberland River (Region 13)	0	0	0	0	0	0	0	0	100.00%
New Vista (Region 15)	0	0	0	0	0	0	0	0	100.00%
Mountain Comp (Region 11)	0	0	0	0	0	0	0	0	100.00%
Communicare (Region 5)	0	0	0	0	0	0	0	0	93.00%
Seven Counties (Region 6)	0	0	0	0	0	0	0	0	95.00%

Pathways (Region 10)	0	0	0	0	0	0	0	0	87.00%
Four Rivers (Region 1)	0	0	0	0	0	0	0	0	100.00%
LifeSkills (Region 4)	0	0	0	0	0	0	0	0	100.00%

1 Report the percentage of individuals who experienced no psychiatric hospitalization while enrolled in the CSC program during the fiscal year.

2 Report the percentage of individuals who experienced no arrest while enrolled in the CSC program during the fiscal year.

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E. Performance Indicators and Accomplishments

MHBG Table 20 (URS Table 17) - Profile of Persons Receiving Crisis Response Services

This table provides the number of persons that received crisis response services. In addition, this table also provides the estimated percentage of persons with access to crisis response services. The reporting year should be the latest SFY for which data are available.

Crisis services should not be viewed as stand-alone resources operating independent of the local community mental health and hospital systems but rather an integrated part of a coordinated continuum of care. Crisis services include centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time (please see page 39 of the **National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit**). The crisis services are for anyone who is in a mental health crisis regardless of their SMI or SED status.

Reporting Period Start Date: Reporting Period End Date:

Service	Actual Number of Persons Served Via Service										Estimated Percentage of Population with Access to Service									
	Age 0-5	Age 6-12	Age 13-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available	Age 0-5	Age 6-12	Age 13-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available
Call Centers	0	0	0	0	0	0	0	0	0	142,152	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.5%
24/7 Mobile Crisis Team	4	171	403	142	189	1,051	657	108	24	0	0.4%	1.8%	4.0%	5.0%	5.5%	5.8%	4.1%	3.9%	4.8%	0.0%
Crisis Stabilization Programs	1	189	445	93	110	471	313	24	0	0	0.1%	2.0%	4.4%	3.3%	3.2%	2.6%	2.0%	0.9%	0.0%	0.0%
Comments on Data:																				

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the number of children/youth and adults with an arrest in T1 (prior 12 months) and T2 (most recent 12 months) to measure the change in arrests over time. Information required includes information on arrests and impact of services.

1. The SAMHSA National Outcome Measure for Criminal Justice or Juvenile Justice measures change in arrests over time.

2. If your SMHA has data on arrest records from alternative 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 column. If you can calculate the change in arrests from T1 to T2, please use all those columns.

3. Please complete the checkboxes at the bottom of the table to help explain the data sources that you have used to complete the table.

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

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

For Consumers in Service for at least 12 months

	T1 "T1" Prior 12 months (more than 1 year ago)			T2 "T2" Most Recent 12 months (this year)			T1 to T2 Change — If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Assessment of the Impact of Services — Over the last 12 months, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	419	47,612	0	493	47,538	0	175	244	0	318	47,294	0	294	47,336	401	0	0	48,031
Total Children/Youth (under age 18)	19	15,513	0	18	15,514	0	6	13	0	12	15,501	0	14	15,504	14	0	0	15,532
Female	6	6,759	0	3	6,762	0	1	5	0	2	6,757	0	5	6,757	3	0	0	6,765
Male	13	8,625	0	15	8,623	0	5	8	0	10	8,615	0	9	8,618	11	0	0	8,638
Transgender (Trans Woman)	0	16	0	0	16	0	0	0	0	0	16	0	0	16	0	0	0	16
Transgender (Trans Man)	0	67	0	0	67	0	0	0	0	0	67	0	0	67	0	0	0	67
Gender Non-Conforming	0	35	0	0	35	0	0	0	0	0	35	0	0	35	0	0	0	35
Other	0	1	0	0	1	0	0	0	0	0	1	0	0	1	0	0	0	1
Gender Not Available	0	10	0	0	10	0	0	0	0	0	10	0	0	10	0	0	0	10
Total Adults (age 18 and over)	400	32,099	0	475	32,024	0	169	231	0	306	31,793	0	280	31,832	387	0	0	32,499
Female	170	17,737	0	220	17,687	0	69	101	0	151	17,586	0	116	17,606	185	0	0	17,907

	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
Male	229	14,155	0	251	14,133	0	99	130	0	152	14,003	0	163	14,022	199	0	0	14,384
Transgender (Trans Woman)	1	42	0	2	41	0	1	0	0	1	41	0	1	41	1	0	0	43
Transgender (Trans Man)	0	104	0	1	103	0	0	0	0	1	103	0	0	103	1	0	0	104
Gender Non-Conforming	0	53	0	0	53	0	0	0	0	0	53	0	0	53	0	0	0	53
Other	0	6	0	1	5	0	0	0	0	1	5	0	0	5	1	0	0	6
Gender Not Available	0	2	0	0	2	0	0	0	0	0	2	0	0	2	0	0	0	2

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

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Since starting to receive MH Services, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	8	92	0	9	91	0	3	5	0	6	86	0	7	87	6	0	0	100
Total Children/Youth (under age 18)	0	23	0	0	23	0	0	0	0	0	23	0	0	23	0	0	0	23
Female	0	11	0	0	11	0	0	0	0	0	11	0	0	11	0	0	0	11
Male	0	12	0	0	12	0	0	0	0	0	12	0	0	12	0	0	0	12
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Adults (age 18 and over)	8	69	0	9	68	0	3	5	0	6	63	0	7	64	6	0	0	77
Female	0	29	0	0	29	0	0	0	0	0	29	0	7	29	0	0	0	36

Male	8	38	0	9	37	0	3	5	0	6	32	0	0	33	6	0	0	39
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	2	0	0	2	0	0	0	0	0	2	0	0	2	0	0	0	2
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Please Describe the Sources of your Criminal Justice Data

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

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

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

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

Mental health programs included:
- ☐ 1. Adults with SMI only
- ☐ 2. Other adults (specify)
- ☑ 3. Both (all adults)
- ☐ 1. Children with SED only
- ☐ 2. Other Children (specify)
- ☑ 3. Both (all Children)

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

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

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

	Child/Adolescents	Adults
1. If data is from a survey, what is the total number of people from which the sample was drawn?		
2. What was your sample size? (How many individuals were selected for the sample)?		
3.How many survey Contracts 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 contracts)?		

State Comments/Notes:

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

Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the number of children with suspension and expulsion from school in T1 (prior 12 months) and T2 (most recent 12 months) to measures the change in school attended over time. Information required includes information on suspensions/expulsions, and impact of services.

1. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time.

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 school attendance; explain whether treatment data are collected).

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

For Consumers in Service for at least 12 months

| | T1 | | | T2 | | | T1 to T2 Change | | | | | | Impact of Services | | | | | |
| | "T1" Prior 12 months (more than 1 year ago) | | | T2" Most Recent 12 months (this year) | | | If Suspended at T1 (Prior 12 Months) | | | If Not Suspended at T1 (Prior 12 Months) | | | Over the last 12 months, the number of days my child was in school have | | | | | |
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in 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
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Not Available	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 | | | | | |
| | "T1" Prior 12 months (more than 1 year ago) | | | "T2" Most Recent 12 months (this year) | | | If Suspended at T1 (Prior 12 Months) | | | If Not Suspended at T1 (Prior 12 Months) | | | Over the last 12 months, the number of days my child was in school have | | | | | |
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in 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
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Gender Not Available	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

Sources of School Attendance Information:

☐ 1. Consumer survey (recommended questions) ☐ 2. Other Survey: Please send copy of questions ☐ 3. Mental health MIS

☐ 4. State Education Department ☐ 5. Local Schools/Education Agencies ☐ 6. Other (specify)
☐

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

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

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

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

Child/Adolescents:

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

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

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

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

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

State Comments/Notes:

Prior to 2014, these data were collected on a subset of KY SED pop via outcomes instrument. In 2014, the instrument was changed and school suspensions and expulsions data have not been collected.

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

Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides the total number of civil discharges within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race, and ethnicity. The reporting year should be the latest state fiscal year for which data are available.

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

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	7772	650	1742	8.36%	22.41%
Age					
0-5	0	0	0	0.00%	0.00%
6-12	0	0	0	0.00%	0.00%
13-17	7	0	0	0.00%	0.00%
18-20	400	41	76	10.25%	19.00%
21-24	659	65	150	9.86%	22.76%
25-44	3912	329	919	8.41%	23.49%
45-64	2305	188	516	8.16%	22.39%
65-74	374	20	69	5.35%	18.45%
75+	108	7	12	6.48%	11.11%
Not Available	7	0	0	0.00%	0.00%
Gender					
Female	3355	292	758	8.70%	22.59%
Male	4410	358	984	8.12%	22.31%
Transgender (Trans Woman)	0	0	0	0.00%	0.00%
Transgender (Trans Man)	0	0	0	0.00%	0.00%
Gender Non-Conforming	0	0	0	0.00%	0.00%
Other	7	0	0	0.00%	0.00%

Not Available	0	0	0	**0.00%**	**0.00%**

Race					
American Indian/Alaska Native	14	1	2	**7.14%**	**14.29%**
Asian	25	2	3	**8.00%**	**12.00%**
Black/African American	970	65	207	**6.70%**	**21.34%**
Hawaiian/Pacific Islander	146	6	37	**4.11%**	**25.34%**
White	6440	543	1435	**8.43%**	**22.28%**
Some Other Race	0	0	0	**0.00%**	**0.00%**
More than one race	35	0	6	**0.00%**	**17.14%**
Race Not Available	142	33	52	**23.24%**	**36.62%**

Ethnicity					
Hispanic/Latino Origin	146	6	37	**4.11%**	**25.34%**
Non Hispanic/Latino	7484	611	1653	**8.16%**	**22.09%**
Not Available	142	33	52	**23.24%**	**36.62%**

Are Forensic Patients Included?   ◯ Yes   ⬤ No

Comments on Data:

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

Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides the total number of forensic discharges within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race, and ethnicity. The reporting year should be the latest state fiscal year for which data are available.

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

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**266**	**1**	**5**	**0.38%**	**1.88%**
Age					
0-5	0	0	0	0.00%	0.00%
6-12	0	0	0	0.00%	0.00%
13-17	0	0	0	0.00%	0.00%
18-20	7	0	0	0.00%	0.00%
21-24	15	0	0	0.00%	0.00%
25-44	184	0	3	0.00%	1.63%
45-64	57	1	2	1.75%	3.51%
65-74	3	0	0	0.00%	0.00%
75+	0	0	0	0.00%	0.00%
Not Available	0	0	0	0.00%	0.00%
Gender					
Female	52	1	2	1.92%	3.85%
Male	214	0	3	0.00%	1.40%
Transgender (Trans Woman)	0	0	0	0.00%	0.00%
Transgender (Trans Man)	0	0	0	0.00%	0.00%
Gender Non-Conforming	0	0	0	0.00%	0.00%
Other	0	0	0	0.00%	0.00%

Not Available	0	0	0	**0.00%**	**0.00%**
Race					
American Indian/Alaska Native	0	0	0	**0.00%**	**0.00%**
Asian	0	0	0	**0.00%**	**0.00%**
Black/African American	82	0	0	**0.00%**	**0.00%**
Hawaiian/Pacific Islander	2	0	0	**0.00%**	**0.00%**
White	178	1	5	**0.56%**	**2.81%**
Some Other Race	0	0	0	**0.00%**	**0.00%**
More than one race	0	0	0	**0.00%**	**0.00%**
Race Not Available	4	0	0	**0.00%**	**0.00%**
Hispanic/Latino Origin					
Hispanic/Latino Origin	2	0	0	**0.00%**	**0.00%**
Non Hispanic/Latino	260	1	5	**0.38%**	**1.92%**
Not Available	4	0	0	**0.00%**	**0.00%**

Comments on Data:

Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides the total number of discharges from inpatient care units within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race, and ethnicity. The reporting year should be the latest SFY for which data are available.

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

	Total number of Discharges in Year	Number of Readmissions to Any State Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**8,038**	**652**	**1,771**	**0.08**	**0.22**
Age					
0-5	0	0	0	**0.00%**	**0.00%**
6-12	0	0	0	**0.00%**	**0.00%**
13-17	7	0	0	**0.00%**	**0.00%**
18-20	407	41	77	**10.07%**	**18.92%**
21-24	674	65	150	**9.64%**	**22.26%**

25-44	4,096	330	937	**8.06%**	**22.88%**
45-64	2,362	189	525	**8.00%**	**22.23%**
65-74	377	20	70	**5.31%**	**18.57%**
75+	108	7	12	**6.48%**	**11.11%**
Not Available	7	0	0	**0.00%**	**0.00%**
Gender					
Female	3,407	293	763	**8.60%**	**22.40%**
Male	4,624	359	1,008	**7.76%**	**21.80%**
Transgender (Trans Woman)	0	0	0	**0.00%**	**0.00%**
Transgender (Trans Man)	0	0	0	**0.00%**	**0.00%**
Gender Non-Conforming	0	0	0	**0.00%**	**0.00%**
Other	0	0	0	**0.00%**	**0.00%**
Not Available	7	0	0	**0.00%**	**0.00%**
Race					

American Indian/Alaska Native	14	1	2	**7.14%**	**14.29%**
Asian	25	2	3	**8.00%**	**12.00%**
Black/African American	1,052	65	216	**6.18%**	**20.53%**
Hawaiian/Pacific Islander	148	6	38	**4.05%**	**25.68%**
White	6,618	545	1,454	**8.24%**	**21.97%**
Some Other Race	0	0	0	**0.00%**	**0.00%**
More Than One Race				**0.00%**	**0.00%**
Not Available	146	33	52	**22.60%**	**35.62%**
Ethnicity					
Hispanic/Latino origin	148	6	38	**4.05%**	**25.68%**
Non-Hispanic/Latino	7,744	613	1,681	**7.92%**	**21.71%**
Hispanic/Latino Origin Not Available	146	33	52	**22.60%**	**35.62%**

1. Does this table include readmission from state psychiatric hospitals?   ( ) Yes   ( ) No [Yes selected]

2. Are forensic patients included?   ( ) Yes   ( ) No [Yes selected]

Comments on Data:

Footnotes:

F. State General Data Notes

State General Data Notes

States may utilize this table to provide additional data notes deemed necessary to provide context for the data reported.

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

MHBG Table Number	General Data Note
No Data Available	

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Footnotes: