

Kentucky

UNIFORM APPLICATION

FY 2025 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

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

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID LECJQDCLHVE5

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

Agency Name Cabinet for Health and Family Services
Organizational Unit Department for Behavioral Health, Developmental and Intellectual Disabilities
Mailing Address 275 East Main Street 4W-G
City Frankfort
Zip Code 40621

II. Contact Person for the Grantee of the Block Grant

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

From 7/1/2023
To 6/30/2024

IV. Date Submitted

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

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

First Name Melissa
Last Name Runyon
Telephone 502-782-6238
Fax
Email Address Melissa.Runyon@ky.gov

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

Footnotes:

Kentucky Behavioral Health Planning & Advisory Council

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

November 21, 2024

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 Health Planning and Advisory Council to confirm that Council members have reviewed the 2025 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 2024.

Time was allocated to today's Council meeting to discuss the reports, including the data tables required for submission on December 2, 2024. The Department for Behavioral health, Developmental and Intellectual Disabilities welcomes recommendations and comments prior to and after submission of the 2025 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:

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 psychiatric hospitals.

Objective:

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

Strategies to attain the goal:

The electronic medical records system utilized by state operated psychiatric hospitals collects living arrangement at admission and discharge. Maintain collaborative partnerships between the state operated 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. Maintain related infrastructure including regular Olmstead meetings, transition committee meetings and other meetings that require state operated psychiatric hospitals, DBHDID and community partner involvement. Provide technical assistance to the state operated psychiatric hospitals and the CMHCs to address barriers to supporting community living.

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 psychiatric hospital to a personal care home where the admission living arrangement was not personal care home.

Baseline Measurement: The SFY 2022 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 is 4.2% = 214/5,040.

First-year target/outcome measurement: By the end of SFY 2024, the 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 will be less than 8%. This number will be calculated annually.

Second-year target/outcome measurement: By the end of SFY 2024, the 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 will be 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 adults discharged to a personal care home where the living arrangement on admission was not personal care home, divided by the total number of adults discharged where the living arrangement on admission 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 needing the levels of care described in this indicator are experiencing SMI. However, the specific data sets for both state-operated 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 two (2) years, and individuals must need assistance with daily living/personal care functioning.

This performance indicator is being continued due to the importance of monitoring the rate of persons being discharged to personal care homes, where the living arrangement on admission is not personal care home.

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):

SFY 2024 percentage was 5.6%. Inappropriate admittance for adults with SMI to personal care homes is an important focus for Kentucky. Much work is being done on this.

Priority #:

2

Priority Area:

Children with SED

Priority Type:

MHS

Population(s):

SED

Goal of the priority area:

Maintain provider workforce identified that serve children, youth, and transition age youth, including those with SED.

Objective:

Maintain current identified provider workforce that serve children, youth and transition age youth, including those with SED at no less than 15% of the current baseline.

Strategies to attain the goal:

CMHCs are required via contract to provide a full continuum of services for children, youth, transition age youth (age birth through 21) with or at risk of developing SED, and their families, as deemed appropriate.

Provide consultation and technical assistance to CMHC children's services staff in best practices for recruiting, supporting, and retaining a high quality workforce for children, youth, transition age youth and families.

Continue peer group meetings with Children's Service Directors and other peer groups to enhance consultation, technical assistance, and support around workforce strategies.

Provide technical assistance to CMHCs regarding accurate coding procedures for reporting comprehensive community support and peer support services, as these are more recently added services and provider types, with unique support needs.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Identified provider workforce that serve children, youth and transition age youth, including those with SED. (specifically targeted case managers, community support associates, clinicians, and peer specialists)

Baseline Measurement: Total number of identified providers for all CMHCs for this population for SFY 2024 is 941. (Includes TCMs, CSAs, clinicians, and PSS)

First-year target/outcome measurement: Maintain current identified provider workforce at no less than 85% of the SFY 2024 baseline. At the end of SFY 2024, the total identified provider workforce will be maintained at between 800 – 941 providers.

Second-year target/outcome measurement: Maintain current identified provider workforce at no less than 85% of the SFY 2024 baseline. At the end of SFY 2024, the total identified provider workforce will be maintained at between 800 – 941 providers.

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

Data Source:

Annual Plan and Budget Document Form 118, Children and Transition Age Youth System of Care Application.

New Data Source(if needed):

☐

Description of Data:

Form 118 is required at the beginning of each SFY, as part of the annual Plan and Budget process, for each CMHC. Form 118 describes current system of care per CMHC.

For this measure, page 3 of Form 118, which describes the current staffing for each CMHC for this population will be used, including the tallies of following staff positions: targeted case managers, including HiFi Wraparound facilitators; community support associates; clinicians who serve the early childhood population (birth through five); clinicians who serve the transition age youth population (16 – 21); and peer specialists (including family and youth peer support specialists).

Year One measurement will be taken from Page 3 of Form 118 that is submitted with SFY 2025 plan and budget process.

Year Two measurement will be taken from Page 3 of Form 118 that is submitted with SFY 2026 plan and budget process.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

Workforce issues have been negatively impacted due to the pandemic. Much support has been provided to the CMHCs to address workforce issues, including staff recruitment and retention, but the issue persists.

Staff recruitment and retention remain a very challenging issue and any additional statewide or national events, such as the pandemic, would negatively affect the outcome of this measure.

This measure is conservative but needed as adequate workforce for this population is especially important.

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):

Provider workforce for this population reported by the CMHCs at the end of SFY 2024 was 1071.75.

Priority Area: First Episode Psychosis/Early Serious Mental Illness

Priority Type:

Population(s): ESMI

Goal of the priority area:

Increase access to evidence-based practices for individuals with 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 quarterly meetings with all key contacts from CMHCs regarding this population to provide technical assistance/education regarding CSC and First Episode Psychosis.

Embed rapid access measures and rationale into CMHC contract deliverables for CSC outpatient funded sites.

Provide refresher training for CSC prescribers and create infrastructure to support CSC prescribers.

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 days of admission into 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:

Young people will have access to available prescriber appointments within seven days of admission into 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.

First-year target/outcome measurement:

By the end of SFY 2024, the statewide total of new admissions into CSC programs seeing team prescribers within seven days of admission will be at least 67 percent.

Second-year target/outcome measurement:

By the end of SFY 2025, the statewide total of new admissions into CSC programs seeing team prescribers within seven days of admission will be at least 67 percent.

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 is required from each CSC team on a quarterly basis. Numbers of new admissions are gathered quarterly as well as the number of new admissions who choose to see a prescriber, and the number of those who are seen by a prescriber within seven (7) days of admission.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

Young people being admitted into CSC programs are encouraged, but not required, to see a prescriber, whether or not they will be taking medication. Young people who choose not to see a prescriber will not negatively impact this measure. Some young people being admitted into CSC programs already have a prescriber, and some of those want to continue seeing that provider. Young people who are admitted and choose to keep their own prescriber will not negatively impact this measure.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved, explain why)

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

☐

How first year target was achieved (optional):

95% of new admissions into CSC programs for SFY 2024 saw prescribers within 7 days.

Priority #:

4

Priority Area:

Behavioral Health Crisis Services

Priority Type:

Population(s):

BHCS

Goal of the priority area:

Increase in-state crisis 988 calls, texts, and chat responses.

Objective:

: Increase the number of 988 calls, texts, and chats answered in-state by one percent.

Strategies to attain the goal:

DBHDID will continue to provide training and technical assistance to 988 call centers.
DBHDID will continue to convene monthly peer group meetings of 988 call centers so that centers can share implementation strategies and best practices.
DBHDID will continue to develop collaborative relationships and processes with partner agencies.
DBHDID will continue to pursue funding and coverage opportunities to enhance 988 services.
DBHDID will continue to engage in regional and national training and technical assistance opportunities.
DBHDID will continue workforce initiatives to enhance 988 workforce development, recruitment, and retention.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Increase the number of 988 calls, texts, and chats answered in-state by one percent.

Baseline Measurement:

In SFY 2023, Kentucky Call Centers responded to 21,301 calls, texts, and chats.

First-year target/outcome measurement:

At the end of SFY 2024, Kentucky Call Centers will have responded to at least .50 percent more calls, texts, chats than baseline. (21,408 calls, texts, chats)

Second-year target/outcome measurement:

At the end of SFY 2025, Kentucky Call Centers will have responded to an additional .50 percent more calls, texts, chats than baseline. (21,515 calls, texts, chats)

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

Data Source:

Kentucky Broad State Metric Report (a monthly report provided by Vibrant Emotional Health, the administrator of the 988 Suicide & Crisis Lifeline).

New Data Source(if needed):☐**Description of Data:**

Statewide total number of 988 calls, texts, and chats answered by Kentucky's thirteen (13) 988 call centers, as reported monthly by Vibrant Emotional Health via the 988 Broad State Metrics for Kentucky report.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

Vibrant is continuously refining 988 telephone technology and reporting in real time and data is impacted periodically. 988 experienced a blackout this year that impacted all state and territory call centers for a day (national call centers were still operational). Although Vibrant addressed the issue and built in redundancies, something similar could happen again. Vibrant is currently piloting a new Unified Platform and plans to implement it in phases nationally in the coming year. The in-state answer rate may be impacted. (Pennyroyal Center is one (1) of two national pilot sites, and they have seen a marked decrease in ability to respond to calls during the pilot testing.) Kentucky is exploring the idea of developing its own state platform instead of using the Vibrant Unified Platform. If it does, answer rates could be impacted as it is implemented.

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):**

Kentucky has focused numerous funding streams and staffing efforts in the implementation of 988 call services. For SFY 2024, 29,202 calls, texts, and chats were answered. This was 69% more than baseline.

Priority #:

5

Priority Area:

Primary Prevention

Priority Type:**Population(s):**

PP

Goal of the priority area:

Increase awareness of the risks of using vaping products in youth.

Objective:

Increase by 1% the number of Kentucky youth who receive prevention services related to vaping.

Strategies to attain the goal:

Educate youth, parents, and school staff members about the harmful effects of electronic vaping products.
Provide training and technical assistance to schools and community organizations to update school and community smoke-free policies to address electronic vaping devices.
Provide retailers of vaping products with information on the Tobacco Retailer Underage Sales Training (TRUST) for retailers to reduce sales to minors.
Provide training and technical assistance to schools 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: The number of Kentucky youth served by non-media related prevention services targeting vaping.

Baseline Measurement: 2,833 Kentucky youth received non-media related prevention services targeting tobacco use in SFY 2022. (Kentucky Prevention Data System reports vaping and traditional tobacco use under the same category)

First-year target/outcome measurement: At the end of SFY 2024, at least .50% more young people (2,847) will have received non-media related prevention services targeting vaping.

Second-year target/outcome measurement: At the end of SFY 2025, at least .50% more young people (2,861) will have received non-media related prevention services targeting vaping.

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

Data Source:

Kentucky's Prevention Data System.

New Data Source(if needed):

☐

Description of Data:

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:

Accuracy of data depends on contracted providers entering activities accurately in a timely manner.

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):

4,182 students completed the "Too Good For Drugs" curriculum during the time period, which includes specific vaping education.

Priority #: 6

Priority Area: Pregnant Women and women with dependent children who have Substance Use Disorder

Priority Type:

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:

Expand the focus of the Plan of Safe Care (POSC) initiative to identify barriers to resources and services for pregnant women and women with dependent children and develop and implement strategic planning to address specific needs and/or risk factors.

Strategies to attain the goal:

Identify specific needs and/or risk factors that affect pregnant women and women with dependent children, their children and families in the POSC initiative regions.
Identify barriers to resources and services to address those needs and/or risk factors.
Develop and implement a written strategic plan in collaboration with the POSC workgroups to reduce identified barriers and provide services and/or resources.

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

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Implementation of Plan of Safe Care (POSC) strategic plans.

Baseline Measurement: At the end of SFY 2022, there are 10 POSC sites to serve PWWDC with SUD. There are 0 completed POSC strategic plans.

First-year target/outcome measurement: At the end of SFY 2024, two POSC sites will have developed and submitted to DBHDID a written strategic plan and provided documentation of implementation.

Second-year target/outcome measurement: At the end of SFY 2025, two additional POSC sites will have developed and submitted to DBHDID a written strategic plan and provided documentation of implementation.

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

Data Source:

CMHC contract reporting requirement. CMHC.ContrRepReq@ky.gov ; monthly POSC meetings

New Data Source(if needed):

☐

Description of Data:

The CMHCs with POSC sites will be required to submit strategic plans that outline identified barriers to resources and services for this population and implementation steps to address identified needs. The strategic reports will be submitted via the data source.
DSUD program staff will attend all monthly POSC meetings and assist with plan development.
DSUD program staff will review all summaries from monthly meetings to monitor implementation activities.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

☐

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 2024, two (2) CMHCs developed strategic plans as POSC sites.

Priority #: 7

Priority Area: Persons who inject drugs

Priority Type:

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: Increase the number of Syringe Services Programs (SSPs) in place across the state.
Baseline Measurement: At the end of SFY 2023 there are 83 SSPs across the state.
First-year target/outcome measurement: At the end of SFY 2024, there will be one additional SSP in the state. (84)
Second-year target/outcome measurement: At the end of SFY 2025, there will be one additional SSP in the state. (85)

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, the 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 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.

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 offer 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 hepatitis 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 services programs.

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):

Although the total number of SSPs fluctuated during SFY 24, one additional Kentucky county had access during SFY 24. (End of SFY 23, 64 counties had access to SSPs. End of SFY 24, 65 counties had access to SSPs. Since July 2024, two additional counties have gained access). Despite rampant stigma, many biases, and a challenging political climate, Kentucky continues to move forward in efforts to provide access to SSPs and other activities to impact harm reduction.

Priority #: 8**Priority Area:** Persons with or at risk of tuberculosis**Priority Type:****Population(s):** TB**Goal of the priority area:**

Improve screening and referral to services for individuals with or at risk of tuberculosis.

Objective:

Ensure all clients presenting for substance use disorder services are adequately screened for tuberculosis and when appropriate referred to services.

Strategies to attain the goal:

Continue partnering with Kentucky Department for Public Health and the CMHCs to improve screening and referral protocols for individuals who have or are at risk for tuberculosis.

Ensure that CMHCs are systematically screening for tuberculosis among individuals receiving services for SUDs and when appropriate referring for services.

Offer CMHCs technical assistance in updating and improving their policies and procedures regarding tuberculosis screening and referral.

Introduce CMHCs to the monitoring tool being created to review for adequate screening and referral and include providers in the development of the tool and the process of reviewing client files for this information.

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 CMHCs for tuberculosis and provide appropriate referrals to services.

Baseline Measurement:

At the end of SFY 2022, all fourteen CMHCs had submitted written policies that include processes for screening for TB and training staff. No monitoring tool exists to measure whether providers are following these policies that have been created and approved by DSUD.

First-year target/outcome measurement:

At the end of SFY 2024, DSUD program staff will have developed a monitoring tool to utilize in reviewing client files regarding written documentation of tuberculosis screening and referral to services.

Second-year target/outcome measurement:

At the end of SFY 2025, DSUD program staff will have reviewed a minimum of 20 client files at each of two CMHCs.

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

CMHC contract reporting requirements; DSUD monitoring documentation.

New Data Source(if needed):☐**Description of Data:**

The monitoring tool will be developed. A process will be created for monitoring client files. Once created, the tool will be available. An 80% rate of compliance will be considered sufficient to meet the screening and referral requirement. If the rate is below 80%, the

CMHC will be required to submit a plan to ensure meeting contract requirements and following approved policies.
At the end of SFY 2025, data outcomes from the first two reviews of CMHCs will be collected and may possibly be used to determine new performance indicators in the years ahead.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

☐

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):

A monitoring tool was created to be used for chart review by the Substance Use Treatment and Recovery Services Branch in SFY 2025.

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Footnotes:

NOT FINAL

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: 7/1/2023 Reporting Period End Date: 6/30/2024

Statewide Expenditures for Children's Mental Health Services			
A Actual SFY 1994	B Actual SFY 2023	C Estimated/Actual SFY 2024	Please specify if expenditure amount reported in Column C is actual or estimated
\$3,832,010	\$8,416,600	\$8,708,286	☒ ☐ 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 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: 07/01/2023 Reporting Period End Date: 06/30/2024

A Period	B Expenditures	C <u>B1 (2022) + B2 (2023)</u> 2
SFY 2022 (1)	\$20,557,982	
SFY 2023 (2)	\$20,564,621	\$20,561,302
SFY 2024 (3)	\$20,582,166	

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

SFY 2022	Yes	X	No
SFY 2023	Yes	X	No
SFY 2024	Yes	X	No

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

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

Footnotes:

F. State General Data Notes

State General Data Notes

Expenditure Period Start Date:Expenditure Period End Date:

MHBG Table Number	General Data Note
No Data Available	

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

Footnotes:

NOT FINAL