

DEPARTMENT FOR BEHAVIORAL HEALTH,  
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

**Child and Transition Age Youth Services Instructions and Objectives**

These guidelines are offered to assist you in completing both the Plan and Budget application and with the reporting requirements throughout the year. Please share them with appropriate staff.

Centers are required to report all client related services in the client and event data sets. The following information is provided to assist with some specific data set reporting, and to detail the information to be reported manually for those services that cannot be coded in the data set. Please refer to the Data Dictionary for specific service code descriptions.

The restricted mental health funding you receive may be spread to a number of projects serving children and youth with severe emotional disabilities (SED) and some to those children and youth without SED. Please complete the MH Financial Planning and Implementation Report (Form 117) indicating the programs and projects being supported with these funds and the corresponding amounts. Also complete the Children and Transition Age Youth System of Care Application (Form 118) and the Youth and Young Adults System of Care Application (Form 119). There should be a correlation between the system described in the applications and the programs being funded on the MH Financial Planning and Implementation Report (Form 117).

**Due with Plan and Budget**

- **Form 101 – Project Budget and Financial Report – Youth Substance Use Treatment Coordinator (YTC)**  
{Please note: this position is funded and reported in the division of Substance Use Disorder. Select (SA) when submitting through the DBHDID Central Login application.}
- **Form 101B – RIAC – Bipartisan Safer Community Act Funds (NEW – FY 2027)**
- **Form 114 – Early Childhood Mental Health Narrative**
- **Form 117 – MH Financial Planning and Implementation Report**
- **Form 118 – Children and Transition Age Youth System of Care Application**
- **Form 119 – Youth and Young Adults System of Care Application**
- **Form 131 – IMPACT Region-Wide RIAC Funds** (Must be signed by Local Resource Coordinator)
- **Form 141 – IMPACT High Fidelity Wraparound (HFW) and Flex Funds for TCM**
- **Form 148C – Array of Services for Youth with Substance Use and Co-Occurring Disorders**  
{Please note: this position is funded and reported in the division of Substance Abuse (SA) when submitting through the DBHDID Central Login application.}
- **Form 214 – Early Childhood Mental Health Project Budget and Financial Report** (includes ECMHS & ECC funds)
- **Form 601 – Kentucky SIX Project Budget and Financial Report**

**Form 117** – MH Financial Planning and Implementation Report must be submitted at the initial submission of Plan and Budget as a planning document and on a quarterly basis for all funds allocated.

**Form 131** – All regions must submit the IMPACT Region-Wide RIAC Funds (Form 131) as a **planning tool** with their Plan and Budget Application and semi-annually thereafter (due January 31<sup>st</sup> and July 31<sup>st</sup>). Each report shall be reviewed and



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approved by the RIAC, signed by the Local Resource Coordinator. **Please see Form 131A for detailed instructions regarding this form.**

Due Semi-Annually
<ul style="list-style-type: none"> <li>• <b>Form 101A – RIAC – Bipartisan Safer Communities Act Funds (NEW – FY 2027)</b></li> <li>• <b>Form 131 – IMPACT Region-Wide RIAC Funds</b> (Must be signed by Local Resource Coordinator)</li> <li>• <b>Form 141 – IMPACT High Fidelity Wraparound (HFW) and Flex Funds for TCM</b></li> </ul>
Due Quarterly
<ul style="list-style-type: none"> <li>• <b>Form 101 – Project Budget and Financial Report – Youth Substance Use Treatment Coordinator (YTC)</b></li> <li>• <b>Form 102B – BSCA School-Based FAIR Team Support Program Report</b> (Region 6)</li> <li>• <b>Form 102H –TAYLRD Drop-in Center Site Quarterly Report</b> (Regions 1, 3, 6, 10, 11, &amp; 12)</li> <li>• <b>Form 113H – iHOPE Project Report Form</b> (Regions 1, 4, 5, 6, 10, 11, 13, 15)</li> <li>• <b>Form 180 – Youth Substance Use Treatment Coordinator (YTC) Project Report Form</b></li> <li>• <b>Form 117 – MH Financial Planning and Implementation Report</b></li> <li>• <b>Form 214 – ECMH Program Budget and Financial Report</b></li> <li>• <b>Form 601 – Kentucky SIX Project Budget and Financial Report</b></li> </ul>

**Early Childhood Specialist and Early Childhood Consultant** (Forms 114 & 214)

The following objectives and instructions should be used to determine what information needs to be collected to adequately report on the array of children’s services that are provided in the region:

Column B of the ECMH PBFR (Form 214) should include the center’s projected expenses billed to the ECMH allocation (\$50,000) in the following areas: salary; fringe; travel; professional development; supplies; operating (please specify); administrative costs; and other.

Column C of the ECMH PBFR should include the center’s projected expenses billed to the Tobacco Settlement Funds ECC allocation (\$58,000) in the following areas: salary; fringe; travel; professional development; supplies; operating (please specify); administrative costs; and other.

Column D of the ECMH PBFR shall include other funds allocated to the ECMH Program (e.g., other local or federal grants, state general funds, etc.). It is important that these funds are included for sustainability planning purposes. Expenditures from Column F will be reported in Column K on a quarterly basis.

The Program Narrative (Form 114) should describe program accomplishments for both ECMHS and ECC from the previous year, additional areas of focus for the coming year, and sustainability, and how the program collaborates with the HANDS program.