EXECUTIVE SUMMARY

Unified Community Mental Health and Substance Abuse Prevention and Treatment Block Grant Application for FFY 2024 - 2025 Funds

*Please note that no Executive Summary is required/able to be loaded into the electronic web application but is provided by KDBHDID for informational purposes.*

This document contains Kentucky’s plan for State Fiscal Years 2024-2025 to strengthen the publicly funded behavioral health systems of care for adults and youth across the Commonwealth. It is submitted by the Kentucky Department for Behavioral Health, Intellectual and Developmental Disabilities (DBHDID), the state’s designated authority for both mental health and substance use disorder prevention and treatment (in compliance with Public Law 102-321) and applies to funds that will become available in Federal Fiscal Years 2024 and 2025. The anticipated funding for the **Community Mental Health Services (CMHS) Block Grant is $20,553,587**, a proposed increase of $7,971,509 from the current year. The anticipated funding for the **Substance Abuse Prevention and Treatment (SAPT) Block Grant is** **$29,615,125,** a proposed increase of $8,320,213 from the current year**.** These amounts are the published President’s/SAMHSA’s proposed budget and may change before the October 1, 2023, award date. The state also is awarded a small, non-competitive grant for data infrastructure to support the required data reporting for the two Block Grant awards. The current annual award amount is **$62,152** for SAPT and **$490,863** for MHBG.

Historically, the federal Center for Mental Health Services (CMHS) and the Centers for Substance Abuse Prevention and Treatment (CSAP/CSAT), within the Substance Abuse and Mental Health Services Administration (SAMHSA) have had markedly different planning and application processes, as well as different reporting requirements and timeframes. In recent years, SAMHSA has encouraged states to submit a “unified” application with a significantly changed format. While the funds will continue to be awarded separately, states are strongly encouraged to participate in joint planning in an effort to transform their behavioral health system into one that is fully integrated. Kentucky has utilized the joint planning process since the inception of that request from SAMHSA.

Although most states operate on a state fiscal year schedule (July 1 – June 30), Block Grant funds are awarded in federal fiscal year funding cycles (October 1 – September 30). Additionally, Block Grant funds are expended in two-year cycles. The Commonwealth submits a bi-annual plan, based on each total award, and submits an annual abbreviated “funding” application. Planning and reporting for Block Grant funds follow the designated reporting periods required by SAMHSA, which sometimes align with state fiscal year and sometimes with federal fiscal year. A detailed timetable for this is included at the end of this summary.

Since the passage of the Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 and subsequent implementation regulations, SAMHSA stipulates that Block Grant funds should be directed toward four purposes: 1) To fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; 2) To fund priority treatment and support services not covered by Medicaid, Medicare or private insurance for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery; 3) To fund primary prevention – universal, selective and indicated prevention activities and services for persons not identified as needing treatment; and 4) To collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and to plan the implementation of new services on a nationwide basis. States are instructed to include in their plan the efforts made toward the utilization of block grants for these purposes.

Block Grant funds will only be used to carry out the activities identified in Kentucky’s approved plan; to evaluate programs under the plan; and to plan, administer and educate stakeholders regarding services and supports under the plan. The majority (approximately 85%) of the block grant funds are allocated to Kentucky’s 14 Regional Behavioral Health Boards (the *Community Mental Health Centers*) that provide a full array of mental health and substance use disorder prevention and treatment services. Federal limitations on administrative costs and maintenance of effort requirements will be met. A portion (set by SAMHSA in 1994) of the state’s mental health funding must be set aside for children’s services. Ten percent of the total mental health block grant funding must be set aside for early interventions for early serious mental illness/first episode psychosis, and 5 percent of the total mental health block grant funding must be set aside for crisis services. In addition, 20 percent of substance use disorder funding must be set aside for prevention activities and a portion (set by SAMHSA in 1994) of the state’s substance use disorder funding must be set aside for treatment services for gender specific services (primarily for pregnant/postpartum women and women with dependent children). Kentucky generally exceeds the minimum requirements.

The plans required by the block grant must address all activities and funding that build systems of care for individuals with behavioral health care needs, not just those supported by block grant funds. Therefore, this application for federal funds helps drive the development of stronger services and supports utilizing all funding sources, including Medicaid, other federal grants, locally obtained funds, and State General Fund appropriations for mental health and substance use disorder prevention and treatment, from the Kentucky General Assembly.

The planning process required by the federal agency also provides an opportunity to present the plan for formal review by a panel of stakeholders, the Kentucky Behavioral Health Planning & Advisory Council. Parents, family members, and adults and young adults with relevant lived experience are well represented on the Council, and we believe that the state’s plan is stronger because of their involvement, insight, and feedback. In addition to the Council meetings, a drafted application will be posted on the DBHDID website and comments will be received through Wednesday August 30, 2023.

The application is comprised of four sections, including:

(I) State Information, Certification and Assurances;

(II) Planning Steps 1 and 2;

(III) Nine Planning Tables; and

(IV) Twenty-two Environmental Factors and Plan (Narrative responses to questions).

Within the plan, states are required to address five (5) federally mandated “criterion” for adults with serious mental illness (SMI) and children with serious emotional disturbances (SED), eleven (11) “criterion” for substance use disorders (SUD), and SUD prevention planning is required to utilize six (6) specifically designated prevention strategies. States are required to develop *Performance Indicators* with *Goals* and *Strategies* to address a number of federally prescribed priority areas/populations. States are also required to provide detailed financial tables including planned expenditures for mental health, substance use primary prevention, and substance use treatment, including planned expenditures for recovery support services.

As a result of the required planning process for this funding application, the table below represents *Performance Indicators* chosen for Kentucky for each of the prescribed priority areas/populations, including:

* Adults with Serious Mental Illness (SMI)
* Children/Youth with Serious Emotional Disturbance (SED)
* Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP)
* Individuals in need of behavioral health crisis services (BHCS)
* Persons who have substance use disorders and are:
  + Pregnant women (PW)
  + Women with dependent children (WDC)
* Primary substance use disorder prevention (PP)
* Persons who inject drugs (PWID)
* Persons with substance use disorders with or at risk of tuberculosis (TB)

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| **STATE PERFORMANCE INDICATORS** | |
| 1 | Avoid an increase in the rate of adults with SMI, who did not already reside in personal care homes, being discharged to personal care homes from state-operated psychiatric hospitals. |
| 2 | Increase the total number of children/youth with SED who receive peer support services. |
| 3 | Ensure rapid access to prescribers for young people being admitted into Coordinated Specialty Care programs. (First Episode Psychosis) |
| 4 | Increase the number of 988 crisis calls, texts and chats answered in-state. |
| 5 | Simultaneously protect infants who are affected by prenatal substance use and support mothers and families in their capacity to provide care to infants following birth/hospital discharges, by expanding Plan of Safe Care (POSC) capacity and focus. |
| 6 | Increase the number of Kentucky youth who receive prevention services related to vaping. |
| 7 | Increase the availability and awareness of Syringe Services Programs (SSPs) across the state. |
| 8 | Ensure individuals receiving substance use disorder services are appropriately screened for tuberculosis |

*Detail about measurement and strategies to achieve the goals above are provided in Section III of the FFY 2024/2025 application.*

**A Note about the Application and Reporting Due Dates and Fiscal Years**

The FFY 2024-25 block grant unified application must be submitted by September 1, 2023, for the two-year period of October 1, 2023 - September 30, 2025. States are also required to submit an abbreviated funding application based on their plan in the interim year (prior to September 1, 2024). The table below shows the timelines with which states must comply.

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| Application for FFY | Two Year  Plan Due | Abbreviated Funding Application | Plan is for the Period of | Implementation Reports Due | Reporting Period |
| 2024 | 9/1/2023 |  | 10/1/23-9/30/24 | 12/1/23 | 7/1/22-6/30/23 |
| 2025 |  | 9/1/2024 | 10/1/24-9/30/25 | 12/1/24 | 7/1/23-6/30/24 |

*Note: Reporting timeframes for SYNAR (sale of tobacco products to minors) will remain on the same schedule and are due annually by December 31.*