Planning Step One

Step 1: Assess the strengths and organizational capacity of the service system to address the specific populations.

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) has a mission to promote health, well-being, and resilience for all, facilitate recovery for people affected by mental illness and substance use, and support people with intellectual disabilities. The DBHDID vision is that all Kentuckians have access to quality services and supports to live full and healthy lives.

DBHDID values include:

- **Co**llaboration. We believe collaboration is essential to achieve our work;
- **C**hoice. We believe all people should have the fullest possible control over their own lives;
- **R**espect. We believe all people are valuable and have the right to lead meaningful, productive lives;
- **E**quity. We believe in equity and eradication of disparities to ensure all people have access to quality services;
- **A**dvocacy. We believe in supporting all people to advocate for themselves and others; diverse voices should be sought, heard, and considered in making decisions;
- **T**rauma-Informed & Resilience-Oriented Approaches. We believe in trauma-informed systems that promote individual, community and organizational resilience; and
- **E**xcellence. We believe that service is collaborative, represents consumer needs, assures optimal use of public resources, and achieves the highest possible standard.

Kentucky's DBHDID current key priorities include:

- Increasing access to behavioral health and intellectual disability services and supports;
- Improving quality of care in the behavioral health and intellectual disability service delivery system; and
- Reinforcing a resilient, inclusive, and equitable organizational culture.

Kentucky's DBHDID administers a comprehensive, community-based system of behavioral health care for adults with serious mental illness (SMI), children with serious emotional disturbance (SED) and their families, adults, and youth with substance use disorders (SUD), and individuals with co-occurring mental health and substance use disorders. DBHDID is developing a statewide network of early intervention services and supports to address transition-age youth and young people experiencing multiple behavioral health issues, including first-episode psychosis. With guidance from SAMHSA's *Strategic Plan: FY2023 - FY2026*, DBHDID strives to further promote access to a full continuum of care for mental health and substance use disorders and to provide necessary resources and data to assist community providers in local-level decision-making, including policies, program development and the provision of evidence-based practices. Kentucky is also working to enhance behavioral health crisis intervention programming across the state, as well as the integration of behavioral health and physical health care. DBHDID promotes access

to a full continuum of care for mental health and substance use disorders and advances the recognition that mental health and freedom from addiction is essential to overall health.

Included in Kentucky's community-based system of behavioral health care is a long-standing and robust program for the prevention of substance use disorders.

DBHDID is Kentucky's designated state mental health authority (SMHA) and single state agency for substance abuse services (SSA), as well as the state opioid treatment authority (SOTA). Per Kentucky Revised Statute (KRS) 194A.030 statute.aspx, DBHDID is designated as the primary state agency for developing and administering programs for the prevention, identification and treatment of behavioral health disorders (adults and children), including developing and administering treatment, rehabilitation, and recovery support services for individuals with behavioral health disorders and developmental and intellectual disabilities. The department receives state general funds allocated for the prevention and treatment of behavioral health (mental health and substance use) disorders in a biennial budget and is charged with administering the funds to achieve its service and quality goals.

DBHDID is part of the Cabinet for Health and Family Services (CHFS), one of the largest agencies in state government. In addition to DBHDID, the following agencies are included within this cabinet:

Department for Aging and Independent Living (aging, long-term care, and dementia services);

Department for Community Based Services (adult and child protection, child welfare, public assistance; guardianship; family resource centers);

Department for Medicaid Services (Medicaid authority, including managed care);

Department for Public Health (local and state public health programs);

Department for Family Resource Centers and Volunteer Services (training, technical assistance and other support to local school-based family resource and youth services centers to help connect children and families to needed services as a way to remove non-academic barriers to learning. This division also includes SERVE Kentucky which engages Kentuckians in volunteerism and service to positively impact communities); and

Office for Children with Special Health Care Needs.

Additionally, the CHFS Secretary's Office includes the following structure:

Office of Administrative Services;

Office of Application Technology Services;

Office of Finance and Budget;

Office of Human Resources Management;

Office of Inspector General (regulatory and licensure responsibilities for all health care, child care, and long-term care facilities in Kentucky, including child placement/adoption facilities);

Office of Legal Services;

Office of Data Analytics (manages Kentucky Health Benefit Exchange);

Office of Public Affairs; and

Small Business Ombudsman.

CHFS Home - Cabinet for Health and Family Services

Within DBHDID, there are five divisions, including: Administration and Financial Management; Developmental and Intellectual Disabilities; Program Integrity; Substance Use Disorder; and Mental Health.

DBHDID's Division of Substance Use Disorder (DSUD) is comprised of the Director's Office and two (2) branches. The DSUD Director's Office includes a broad dashboard of subject matter expertise. The Division Director, two (2) Assistant Directors, and several cross division program staff including a Federal Programs Specialist, a communications lead, a behavioral health and justice lead, and an Administrative Specialist are included in the Director's Office. The two (2) branches include:

Substance Use Prevention and Promotion Branch – Oversees and supports programs across the state in the use of evidence-based prevention strategies to decrease risk factors and enhance protective factors and resilience, with the goal of reducing rates of substance use among residents of Kentucky. Prevention and Promotion Branch efforts focus on reducing or delaying the initiation of substances and related consequences. This branch includes several Prevention Enhancement Specialists, workforce development and youth empowerment leadership, coordination with the fourteen (14) regional prevention centers, Synar coordination, and additional support for Kentucky's robust statewide system of substance use prevention.

Adult Substance Use Treatment and Recovery Services Branch – Oversees and supports the administration of community-based, outpatient and residential services for individuals with substance use disorders across the state and medications for opioid use disorder (MOUD). This branch manages several statewide specialty programs for key SUD populations, (e.g., pregnant women; women with dependent children; service members, veterans, and their families), coordinates efforts to build a recovery-oriented system of care across the lifespan and provides guidance and technical assistance on the implementation of evidence-based practices across the commonwealth. Some programs housed within this branch include recovery housing and other recovery support and harm reduction services for persons with SUD, older adults with SUD, re-entry coordination for individuals with SUD/OUD serving out of jails/prisons, statewide coordination with the Office of Drug Control Policy to support treatment access expansion and services for Neonatal Abstinence Syndrome (NAS), and AmeriCorps support.

Also included within the DSUD is *Kentucky Overdose Response Effort (KORE)* – Administers the State Opioid Response (SOR) grant made available by SAMHSA. KORE is guided by the Recovery-Oriented System of Care framework and strives to expand access to a full continuum of high quality, evidence-based opioid prevention, treatment, recovery, and harm reduction services and supports in high-risk geographic areas of the state.

DBHDID's Division of Mental Health (DMH) is comprised of the Director's Office and three (3) branches. The DMH Director's Office includes a broad array of subject matter expertise. The Division Director, two (2) Assistant Directors, and several cross division program staff, including a Budget Specialist, deaf and hard of hearing services staff, integrated care programming staff, the block grant coordinator, Behavioral Health Services Information System (BHSIS) staff, as well as an Administrative Specialist, are all included under the Director's Office umbrella. The three (3) branches include:

Mental Health Promotion, Prevention, and Preparedness Branch - Oversees and supports programs across the state to serve residents experiencing the most significant aspects of their behavioral health issues. Efforts in this branch include the statewide 988 initiative, statewide behavioral health disaster preparedness and response, crisis services, problem gambling, and statewide suicide prevention. The adult crisis services position within this branch also oversees crisis programming for adults with SMI who are involved with the justice system in Kentucky. This programming includes oversight of the Crisis Intervention Team (CIT) training for law enforcement officers across the state, collaboration with a community mental health center in Lexington, Kentucky to provide jail triage services across the state, and collaboration with a community mental health center in Louisville, Kentucky to assist individuals with SMI who are serving out or being paroled from the Kentucky state reformatory. In addition, this branch includes oversight of the KCCRT (Kentucky Community Crisis Response Team), a multidisciplinary team that is deployed during state emergencies and disaster situations to support the behavioral health of first responders, volunteers and the communities they serve.

Children's Behavioral Health and Recovery Services Branch – Oversees the services and supports for children and youth across the state who have or are at-risk of developing behavioral health concerns and their families, including children with SED. This branch works with community providers across the state to provide oversight and technical assistance regarding the delivery of a continuum of behavioral health care that includes early intervention, treatment and recovery services and supports. This branch manages several statewide and regional initiatives including adolescent substance use prevention and treatment, high-fidelity wraparound services, youth and family peer support, early childhood mental health services, and others. Kentucky's Six System of Care grant, awarded by SAMHSA is administered through this branch as well.

Adult Mental Health and Recovery Services Branch - Oversees the planning and implementation of mental health services for adults with SMI across the state. This branch provides training and technical assistance to providers regarding the delivery of an array of evidence-based practices that focus on treatment and recovery services and supports for adults with SMI. Specific evidence-based practices include Assertive Community Treatment (ACT), peer support, supported employment, utilizing the Individual Placement and Support (IPS) model, and permanent

supportive housing. This branch also includes statewide leadership for programming related to older adults with SMI, targeted case management for adults with SMI, liaisons to state psychiatric hospitals, Kentucky's Projects for Assistance in Transition from Homelessness (PATH) coordination, assisted outpatient treatment (AOT), and Olmstead coordination for adults with SMI. Early Interventions for First Episode Psychosis (FEP) program coordination is also included in this branch.

The Division of Program Integrity provides support for all DBHDID divisions, including DMH and DSUD. Program Integrity consists of three (3) branches including:

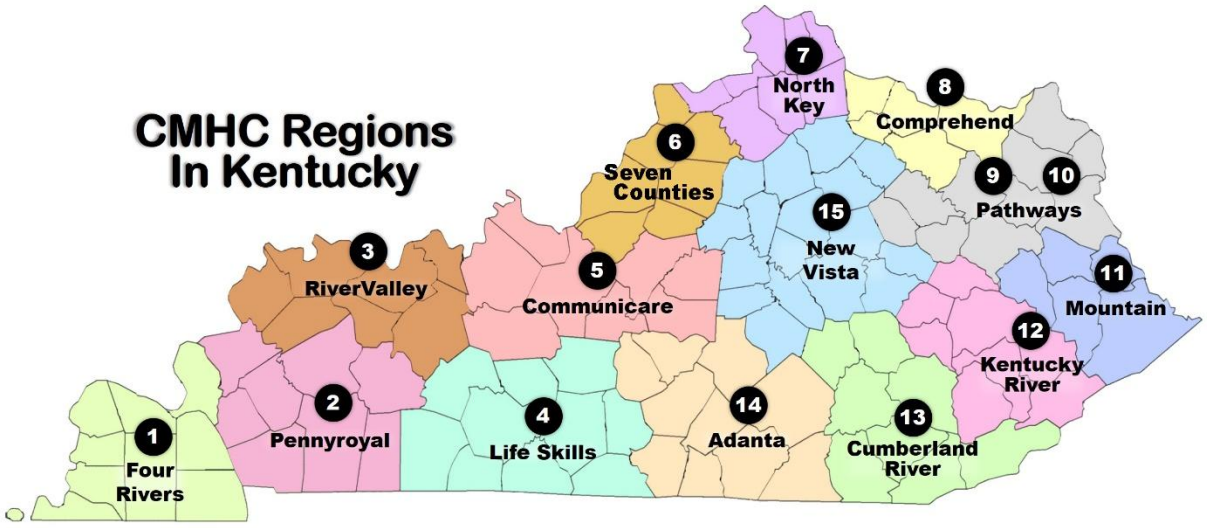
Data Analytics Branch – Oversight of application development and integration; business informatics; facilities information and system management; and the electronic medical records (EMR) project.

Program Support Branch – Coordinates contract monitoring; education/event coordination (including approvals of training curricula submitted for certification of community support associates, peer support specialists, and targeted case managers), risk management and mortality reviews; and legislation/regulation reviews.

Substance Use Disorder Program Licensure Branch – Brings together the Driving Under the Influence (DUI) program and the Narcotic Treatment Program (NTP) with the licensure of alcohol and other drug entities (AODE). The AODE licensure program oversees the outpatient and residential SUD treatment facilities that are licensed, regulated and inspected annually. This responsibility was transferred to DBHDID from the Office of Inspector General in April of 2023. The DUI program monitors and regulates the statewide network of DUI programs certified to provide alcohol and other drug assessments, education, and treatment services for those convicted of DUI. The NTP program provides oversight to those entities licensed to provide methadone treatment. This branch works closely with the DSUD.

Kentucky is divided into fourteen (14) geographic regions for the purposes of planning and providing publicly funded community mental health, substance use, and prevention services.

A regional board has been established pursuant to KRS 210.370-210.480 Kentucky Revised Statutes - Chapter 210 as the planning authority for behavioral health programs in each region and these generally align with the area development districts (ADD) throughout the state. County and municipal governments generally do not provide community behavioral health services. A regional board is an independent, non-profit organization that is governed by a volunteer board of directors that broadly represents stakeholders (including individuals with lived experience, and family members) and counties in the region. All regional boards are licensed by the Cabinet for Health and Family Services as a "community mental health center".



Note of Clarification: Regions 9 & 10 were originally two different boards but merged in 1982 and are now counted as one region, thus there are a total of 14 boards, but they are represented with numbers 1 - 15.

KRS 210.410 statute.aspx authorizes the Secretary of the CHFS to make state grants and other funding allocations to regional boards to provide, at a minimum, the following behavioral health services: inpatient services; outpatient services; partial hospitalization or psychosocial rehabilitation services; emergency services; consultation and education services; and services for individuals with an intellectual disability. Behavioral health services, including mental health services for adults and children, substance use disorder services for adults and adolescents, and services for individuals with co-occurring disorders are provided in county level clinics and a number of services provided off-site in homes, schools and in other community locations. In addition to the clinics, there are fourteen (14) regional prevention centers established to provide technical assistance and training on evidence-based prevention strategies. While the main focus is aimed at primary prevention for substance use, they also support some secondary and tertiary prevention strategies (using funds other than those set aside for primary prevention) when those activities directly support the primary prevention goals for each region identified through a comprehensive needs assessment. With its available resources of state general funds, block grant/other federal funds, and awarded agency funds, DBHDID contracts with the fourteen (14) private, not-for-profit CMHCs to provide services to citizens in all 120 counties of the state. These funds are awarded annually, and contracts may be modified throughout the year. The fiscal year of operation is July 1 through June 30. CMHCs are required to specifically describe their current behavioral health systems of care for adults and children, including crisis care. They are required to report their plans for development regarding key system components, within an *Annual Plan & Budget* process. DBHDID is committed to working collaboratively with CMHCs to continuously enhance continuity of care, implementation of evidence-based practices, and service effectiveness and accountability. DBHDID contracts with several CMHCs and a few other community-based, non-profit, entities to provide additional services to populations of focus. Examples of these include programming for supported employment, supportive housing, and

specialized residential treatment for men, women, pregnant women, and parents with dependent children, youth, and individuals with substance use disorders or who experience homelessness or are at risk of experiencing homelessness.

DBHDID collects relevant mental health client-level data (MH-CLD), treatment episode data set (TEDS), and electronic health record (EHR) data monthly from the following entities:

Fourteen (14) community mental health centers;

Two (2) state-owned psychiatric hospitals;

One (1) state-owned/contracted psychiatric hospital;

One (1) state-contracted psychiatric hospital;

Four (4) intermediate care facilities for individuals with intellectual disability; and

Two (2) non-profit agencies contracted to provide long-term care nursing for individuals with mental illness and/or intellectual disabilities.

According to the 2020 U.S. Census data (Kentucky - Census Bureau Profile), Kentucky's population consists of the following race and ethnicity estimates: 82% White/Caucasian; 8.4% Black/African American; 1.7% Asian; .3% American Indian/Alaska Native; .08% Native Hawaiian/Pacific Islander; 2.1% Some Other Race; and 5.4% Two or More Races. Approximately 4.6% of Kentucky's population reported as Hispanic or Latino. Kentucky has no federally or state designated tribes.

According to 2020 U.S. Census data (Kentucky - Census Bureau Profile), approximately 16.4% of Kentuckians are considered to be living in poverty, as opposed to an estimated 12.5% of the total U.S. population. 2020 U.S. Census data also estimates Kentucky's median U.S. household income at $61,118.

DBHDID is a member of the Juvenile Justice Oversight Council, and staff participate in three (3) subcommittees of the State Interagency Council (SIAC); Standardized Screening and Assessment, Service Engagement and Retention, and Kentucky Rapid Response and Stabilization Services. In addition, the chair of one of the Juvenile Justice Advisory Board Subcommittees is a mandated member of SIAC.

On August 11, 2022, the Judicial Commission on Mental Health was created via court order (202242.pdf). This commission was tasked with exploring, recommending, and implementing transformative changes to improve system-wide responses to justice involved individuals with mental illness, substance use disorder, or intellectual/developmental disabilities. This commission is comprised of representatives from the judicial and legal communities, juvenile, criminal, and child protective systems, the legislature, the business community, organizations with substantial interest in these matters, and other state/local leaders. The Secretary of the Cabinet for Health and Family Services, as well as the DBHDID Commissioner are included on this commission.

Implementation of 988 and suicide prevention efforts are focused on all Kentuckians. Providers are responsible for ensuring all staff participate in relevant training to be prepared to respond with appropriate services and in ensuring that their policies and procedures ensure access to appropriate and evidence-based services for all citizens.

DBHDID has authority for inpatient psychiatric care for the indigent and operates or contracts for several adult mental health inpatient facilities, as displayed in the table below. The majority of care in these facilities is provided with state general funds. Three (3) of the four (4) are Institutes for Mental Disease (IMD) designated facilities.

State Hospital/Location Operation	ADC* SFY 2021	ADC* SFY 2022	ADC* SFY 2023	ADC* SFY 2024
Western State Hospital/ Hopkinsville State Owned/Operated	112	116	143	143
Central State Hospital/ Louisville State Owned/Operated	46	48	52	47
Eastern State Hospital/Lexington State Owned/Contracted	111	119	136	149
Appalachian Regional Hospital (ARH) Psychiatric Center/Hazard Contracted	61	71	84	79
TOTAL	**330**	**354**	**415**	**418**

*ADC = Average Daily Census

Data Source: DBHDID Client Event Data/Report ID: FIS_ADC

Kentucky Correctional Psychiatric Center (KCPC) is an inpatient psychiatric hospital, located within a correctional system complex, but operated by DBHDID. It primarily provides court-ordered inpatient evaluation for competency and criminal responsibility and treatment to restore competency to persons charged with a felony offense. When inpatient evaluation is unnecessary, KCPC facilitates outpatient competency evaluations through contracts for professional services with CMHCs. The facility's average daily census in SFY 2024 was 44 persons.

Kentucky does not operate any state-funded inpatient facilities for children/youth under eighteen (18) years of age. There are currently 679 operational child psychiatric beds located in thirteen (13) hospitals that are geographically located in eight (8) of the fourteen (14) CMHC regions. *The 2023 Hospital Report cited below is the most recent data available.* Other residential care for children in Kentucky includes psychiatric residential treatment facilities (PRTF), private child caring (PCC) facilities, and therapeutic foster care (TFC) contracted by the Department for Community Based Services, Kentucky's child welfare agency.

Psychiatric Inpatient Utilization - Statewide - Children and Adolescents 0-17 Years of Age								
Calendar Year	Number of Hospitals	Total # Licensed Child/Adol Beds	Total # Child/Adol Beds in Operation	Total # Admissions	Total # Inpatient Days	Average Daily Census (ADC)	Average Length of Stay (ALOS) Days	Occupancy %
2017	14	699	596	11,473	131,449	360	11.15	51.52%
2018	13	700	596	11,098	124,190	340	11.52	48.61%
2019	13	710	607	12,381	133,844	367	11.04	51.65%
2020	13	714	613	9,720	127,074	347	13.04	48.63%
2021	13	724	623	10,126	147,167	403	13.63	55.69%
2022	13	786	641	10,568	157,776	432	14.39	55.00%
2023	13	787	679	11,962	159,111	436	12.89	55.39%

Data Source: Office of Inspector General
https://www.chfs.ky.gov/agencies/os/oig/dcn/surveyreports/2023HospitalFINAL.pdf

The Office of Inspector General, an entity within the Secretary's Office at CHFS, is the regulatory agency for licensing all health care facilities, child care, long-term care facilities, and child adoption/child-placing agencies in the commonwealth. The child welfare and juvenile justice agencies are the only state agencies authorized to take custody of children. Neither provider licensing, or "care, custody and control" of children are a function of the DBHDID.

Kentucky has traditionally been underfunded for community-based behavioral health services. When Direct Intervention: Vital Early Response Treatment System (DIVERTS) services were added into the continuum of care for adults with SMI, approximately seven (7) million dollars from state psychiatric hospital budgets were reallocated to the CMHCs serving each respective hospital catchment area. This rebalancing of funds was necessary to allow the creation of Assertive Community Treatment (ACT) teams, permanent supportive housing programming, individual placement and support (IPS) employment programming, and peer support programming, in an effort to divert adults with SMI from inpatient/institutional care, at a time when there were no other payor sources for these services. As state/federal funding streams for inpatient and community-based behavioral health care change, funding for both will need to be considered.

Kentucky has traditionally been near the bottom of state spending as rankings have ranged from 44th to 47th in pre-COVID 19 years. In 2024, Kentucky's ranking dropped to the lowest amount of per-client in state spending (Government Mental Health Spending By State). This report also

indicates that Kentucky provides behavioral health services to 3.6% of the population and ranks lowest in the percentage of expenditures per client. However, costs associated with opioid use disorder and fatal overdose, such as costs of health care, substance use treatment, criminal justice, lost productivity, reduced quality of life, and the value of statistical life loss, are higher in Kentucky. According to a Center for Disease Control (CDC) report that highlighted the economic impact of the opioid crisis, Kentucky ranked fourth in highest economic impact. Kentucky's combined per-resident costs from opioid use disorder (OUD) and its resulting deaths in 2017 was $5,491, including $3,007 for OUD deaths. Total state costs were nearly $24.5 million, about $11.7 million for OUD and $13.4 million for OUD deaths. https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7015a1-H.pdf

The availability and funding of behavioral health services in Kentucky has seen some significant changes in recent years due to a variety of factors. Since the time of deinstitutionalization in the 1960s, Kentucky's publicly funded services system for community based, non-residential, mental health and substance use has relied, almost solely, on a network of fourteen (14) community mental health centers (CMHC) who provide a full continuum of behavioral health services to nearly four (4%) percent of the state's population of approximately 4.5 million people. However, a number of changes have impacted the behavioral health delivery system, including the implementation of Medicaid managed care, implementation of the Affordable Care Act with a state-run health exchange and expanded Medicaid coverage, several approved Medicaid state plan amendments, an expansion of the behavioral health provider network, and numerous new and amended state laws and regulations. The COVID 19 pandemic forced behavioral health providers to rethink their methods of delivering service. All fourteen (14) CMHCs delivered services via telehealth during the pandemic, and several CMHCs developed creative ways to continue to safely provide in-person services as necessary and preferred. Many providers continue to provide hybrid service packages. The CMHCs remain a strong and viable provider safety net for Kentucky citizens enrolled in Medicaid or other insurance plans, as well as those that are uninsured, underinsured or transitioning into and out of insurance coverage.

The following offers a brief history of recent changes:

In November 2011, Kentucky transitioned its Medicaid program to managed care by initiating contracts with managed care organizations (MCOs) to provide services to Kentucky's Medicaid enrollees. Behavioral health was included in the managed care model, which extended to all of Kentucky's 120 counties. As of February 2025, there are five (5) contracted MCOs in Kentucky. These MCOs include Aetna Better Health of Kentucky, Humana Healthy Horizons in Kentucky, Passport Health Plan by Molina Healthcare, UnitedHealthcare Community Plan, and Wellcare of Kentucky.

In May 2013, the decision to expand Medicaid eligibility in Kentucky pursuant to the Affordable Care Act was announced, allowing individuals and families earning up to 138% of the federal poverty line to enroll in an insurance plan. Kentucky created Kynect, an online health insurance marketplace to allow citizens to learn about and select health insurance plans, as well as access other public assistance benefits. This system allows Medicaid eligible individuals to sign up for coverage through the marketplace. Medicaid coverage for the expansion population began

January 1, 2014. By July 2022, total Medicaid/CHIP enrollment in Kentucky was up to more than 1.6 million people. That amounted to nearly 37% of all Kentucky residents covered by Medicaid. This growth was driven by Medicaid expansion as well as the COVID 19 pandemic (including the Families First Coronavirus Response Act, which paused Medicaid eligibility redeterminations throughout the COVID 19 public health emergency). During 2023, 38.8% of Kentuckians (1,733,465) were enrolled in Medicaid and 14.8% (663,176) were enrolled through Medicaid expansion. According to the Kentucky Department for Medicaid Services (DMS), as of February 24, 2025, 32.7% (1,463,505) Kentuckians are enrolled in Medicaid and 10.5% (470,731) are enrolled as part of Medicaid expansion.

Historically, Kentucky was in the minority of states that did not have a Medicaid benefit for substance use treatment, except for pregnant women. Since 2014, substance use treatment services have been reimbursable through Medicaid. During the same time period, additional professionals and organizations became eligible to apply for and become Medicaid providers for behavioral health services. Today the number of behavioral health providers who are able to seek reimbursement for Medicaid payment, through the MCOs, continues to grow. As of April 2025, the following number of actively licensed providers are in Kentucky: Department of Professional Licensing

- 4,473 Licensed Clinical Social Workers (per the Kentucky Board of Social Work)
- 555 Licensed Marriage and Family Therapists
- 2,663 Licensed Professional Clinical Counselors
- 822 Licensed Psychologists
- 115 Licensed Professional Art Therapists
- 611 Licensed Clinical Alcohol and Drug Counselors

In addition, a registered peer support specialist (for SUD services) was created as a new provider type by the Kentucky Board of Alcohol and Drug Counselors. As of April 2025, there are 20 active registered alcohol and drug peer support specialists. This is in addition to numerous certified peer support specialists with lived experience in mental health and substance use disorders who are certified as providers to provide services through various agencies.

Several new licensure categories have been created including, behavioral health services organizations (BHSO) and multi-specialty groups (MSG). As of April 2025, Kentucky has 1,276 alcohol and other drug entities (AODE) that are actively licensed to provide services. Included in that number are 204 BHSOs/MSGs as well as a few programs that provide only Driving Under the Influence (DUI) programming.

A few Medicaid services are limited in organizational categories (e.g., residential crisis units), but most services are open to all licensed professionals. A growing number of federal qualified health centers (FQHCs), rural health clinics (RHCs), and primary care providers are developing new or expanded behavioral health services. Furthermore, Kentucky has four (4) CMHCs identified as Certified Community Behavioral Health Clinics (CCBHC), providing comprehensive quality care reimbursed through an enhanced rate based on historical costs. (Two additional CMHCs received separate SAMHSA CCBHC grants). CCBHCs are required to provide the following

comprehensive scope of services: crisis mental health services; screening; assessment and diagnosis; outpatient mental health and SUD services; person-centered treatment planning; primary care screening and monitoring of key health indicators; targeted case management; psychiatric rehabilitation; peer support, including family and youth; and community-based mental health care for members of the armed forces and veterans.

In 2018 Kentucky's Section 1115 demonstration was approved. This demonstration, called TEAMKY, allows Kentucky to test and develop innovative programs utilizing evidence-based interventions that drive better health outcomes and quality of life for beneficiaries. The initial approval of this demonstration included substance use disorder (SUD) to ensure a broad continuum of care is available to citizens of Kentucky. The SUD implementation plan was approved in October of 2018 and implemented in July 2019. This supported Kentucky's expansion of access to critical levels of care and adopted the American Society of Addiction Medicine (ASAM) criteria as the standard for evidence-based treatment. In July 2024, the reentry demonstration was approved under the TEAMKY 1115 Demonstration. The reentry demonstration allows Kentucky to provide limited coverage for a targeted set of services to incarcerated individuals in state prisons and youth development centers 60 days prior to release. The pre-release benefit package is designed to improve care transitions for individuals returning to the community by promoting continuity of coverage and proactively identifying and planning for physical, behavioral health and health-related social needs. The reentry implementation plan is pending approval.

Kentucky DMS has been collaborating with DBHDID to implement a 1915(i) state plan amendment (SPA) aimed at supporting adults with serious mental illness (SMI) and, when applicable, co-occurring substance use disorder (SUD). This SPA is designed to address the priorities outlined in Senate Joint Resolution (SJR) 72, which passed during the 2022 regular legislative session (22RS SJR 72). Approved by the Centers for Medicare & Medicaid Services (CMS) in March 2025, this SPA will offer housing-related supports, supported employment and supported education, transportation, medication management, caregiver respite, assistive technology, and case management to adults with SMI, and co-occurring SUD when applicable, who meet the eligibility criteria.

With the many changes that have occurred in the behavioral healthcare system, and that continue to occur, the need for a significant number of new regulations has ensued.

One catalyst for new legislation and regulatory changes has been the escalation of the overdose crisis in Kentucky. According to Kentucky's Office of Drug Control Policy, the number of overdose deaths in Kentucky (2,257) peaked in 2021. In 2022, the number of reported overdose deaths decreased 2.5% from the 2021 and again by 9.8% in 2022 (2023 Drug Overdose Fatality Report). According to the Office of Drug Control Policy's 2023 Overdose Fatality Report, fentanyl was identified in 79.1%, and methamphetamine was identified in 55.2% of those overdose deaths. While the COVID 19 pandemic was a contributing factor, the increased presence of highly potent synthetic fentanyl within the drug supply was a significant driver in the rise of overdoses. Synthetic fentanyl is now found in a variety of substances including heroin, pressed pills, methamphetamine, cocaine, and benzodiazepines. As such, Kentucky continues to enhance

access and availability of evidence-based practices, including overdose reversal medications, medications for opioid use disorder (MOUD), harm reduction strategies, strategies that support families with a loved one suffering from addiction, and public education, awareness, and stigma reduction. Such interventions have shown to be effective at reducing risk of overdose, improving treatment retention, and increasing the likelihood of long term recovery. The Kentucky Overdose Response Effort (KORE) is housed within the Division of Substance Use Disorder at DBHDID, and with the provision of SAMHSA's State Opioid Response funding, KORE supports the implementation of high quality, evidence-based opioid and stimulant use prevention, treatment and recovery support programs and initiatives throughout the commonwealth. All age groups have been affected by this epidemic and concerted efforts to support children and youth, including substance exposed infants, and children placed in out-of-home care due to substance use, overdose, or incarceration of parents, are a top priority.

In a partnership with the University of Kentucky's Injury Prevention and Research Center (KIPRC), DBHDID launched a statewide resource portal (Find Help Now - KY). This website began with substance use disorder resources (Search Substance Use Disorder Treatment - KY | Find Help Now) and has now grown to include a portal for mental health services (FindMentalHealthNowKY.org), recovery housing programs (Find Recovery Housing Now), and naloxone distributors (Find Naloxone Now Kentucky - FINDNALOXONE).

For several years, Kentucky DBHDID has been working to build a recovery-oriented system of care for individuals experiencing mental illness, substance use disorders (SUD), or co-occurring mental health and substance use disorders. DBHDID collaborates with a diverse range of organizations that include individuals with lived experience, such as adults, young adults, transition-age youth, parents, and family members. Key partners include:

- National Alliance on Mental Illness (NAMI) – Lexington and Louisville affiliates
- Kentucky Partnerships for Children and Families (KPFC)
- People Advocating Recovery (PAR)
- Young People in Recovery (YPR)
- Mental Health America of Kentucky (MHA-KY)
- Bridgehaven – A nationally recognized therapeutic rehabilitation program for adults with serious mental illness (SMI) in Louisville, KY, which also houses the statewide Center for Peer Excellence

DBHDID is committed to expanding access to evidence-based services across Kentucky, ensuring that programs are developed with direct input from the individuals they serve.

Kentucky has worked for many years to create a responsive crisis system of care for individuals with behavioral health challenges in need of care 24/7. DBHDID provides crisis services through contracts with the fourteen (14) CMHCs and utilizes blended funding streams to support these services. The different CMHC regions provide crisis services in a variety of ways. Some regions have crisis stabilization units for overnight care, some have 23-hour crisis beds, some have mobile crisis units that travel for outreach, and others have robust walk-in services as needed. With the effects of the pandemic, statewide behavioral health crisis services have become even

more relevant. Kentucky began implementing the 988 initiative in 2019 after receiving its first federal grant to support the transition of the National Suicide Prevention Lifeline (NSPL) to 988. However, the state has been developing its statewide crisis call system for over 20 years, starting when the first five call centers joined the NSPL in 2005. When 988 went live in July of 2022, 11 of the state's CMHCs were operational in the network. As of December 2024, all fourteen (14) CMHCs now participate in that effort. In addition, during a reorganization effective July of 2022, the oversight and operation of the Kentucky Community Crisis Response Team (KCCRT) was moved to the Division of Mental Health. This team provides an organized, rapid, and effective response to support survivors, first responders, volunteers, and their communities in the aftermath of a crisis event. The KCCRT is comprised of a broad array of professional personnel, including law enforcement, first responders, mental health professionals, public health workers, educators, and more. DBHDID is the designated agency responsible for applying for and managing federal behavioral health disaster funds when a disaster is declared and includes individual assistance designation. In light of Kentucky's 2021 tornado outbreak in Western Kentucky and 2022 1,000-year flooding in Eastern Kentucky, the department applied for and administered more than $10 million in Crisis Counseling Program and Disaster Case Management funds from the Federal Emergency Management Agency in partnership with SAMHSA. In response to subsequent flooding in Eastern Kentucky in the winter of 2025, DBHDID is currently in the application process for a Crisis Counseling Program grant to support residents who have been affected by the latest round of disasters to impact the commonwealth.

DBHDID collects monthly data from community mental health centers and other funded providers. This data supports DBHDID's efforts to monitor client-level demographic and diagnostic statistics, service utilization, and staffing used to provide direct behavioral health services. This data (including service data for mental health, substance use, and developmental/intellectual disabilities) is evaluated monthly and each data file is required to meet a set of accuracy, completeness, and timeliness standards. DBHDID relies on this data for various reporting and analysis purposes, including federal block grant reports, national outcome measures (NOMS), treatment episode data set (TEDS), client-level data (CLD) reporting, and the Uniform Reporting System (URS). It is also used for SMHA/SSA profiles, surveys, and other data-driven initiatives. Kentucky has successfully reported CLD using the original MH-CLD methodology since the inception year. Similarly, Kentucky has successfully reported URS data since the inception year of 2002.

Daily, DBHDID collects data from its state-operated and state-contracted facilities for behavioral health, including two (2) state-owned/operated psychiatric hospitals, one (1) state-owned/ contracted psychiatric hospital, and one (1) state-contracted psychiatric hospital. The state-contracted psychiatric hospital is located within a medical facility in Eastern Kentucky. Three (3) of the state psychiatric hospitals maintain data using the same electronic health record (EHR); the unit within a medical facility manages data with a similar EHR. The data collected from these systems by the DBHDID includes client-level admission and discharge information and includes demographics, diagnostic, and living arrangement (housing) status at admission and discharge. This data is evaluated monthly according to facility utilization expectations and requirements. DBHDID uses this data for internal operations and facilities management responsibilities.

Prevention process measures are recorded through Kentucky's web-based Prevention Data System (PDS). The PDS is patterned after the Center for Substance Abuse Prevention (CSAP) minimum data set to collect information related to the type of primary prevention services used to reduce and prevent substance use disorders among the residents of the commonwealth. Information is collected on:

- Implementation of strategies based on community needs assessments and selected for that specific population's needs;
- Delivery of prevention services, including collaborations with schools, businesses, government agencies and individuals, policy changes, and curricula implementation;
- Use of the six CSAP strategies of information dissemination, education, alternative activities, community based processes, environmental, and problem identification, and referral strategies;
- Identification of the demographic composition of population served, including number served.

The Prevention Data System is maintained by Substance Use Prevention and Promotion Branch staff in the Division of Substance Use Disorder. Reports, like other special projects of the branch, are developed in conjunction with regional prevention center (RPC) directors. Branch staff collaborate with RPC staff to review reports monthly.

The reports give RPC directors the ability to evaluate activities and effectiveness at the county level, and information is used to plan for future activities; as well, for state staff to track progress towards attaining work plan objectives. The regional prevention centers are required by contract to enter data on their substance use disorder prevention efforts on a monthly basis. The PDS data is used in the compiling of Kentucky's annual Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant Report. The system is also used for the collection of mental health promotion and prevention, and suicide prevention efforts in the state.

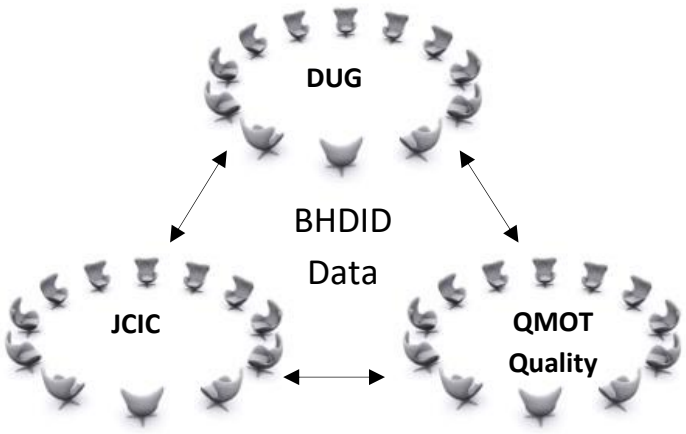
The Kentucky Incentives for Prevention (KIP) survey is traditionally the primary data source used to set priorities and track outcomes for substance use disorder prevention efforts focused on youth. The KIP survey has historically been implemented biannually in a majority of Kentucky's 172 school districts, and provides data on substance use, risk and protective factors, mental health, suicide, and school safety on the county or school district level for grades 6, 8, 10, and 12. It is a population-level survey, meaning that all students present on the dates of administration in the identified grade levels would participate, compared to a randomized sample survey. This type of administration provides a broader applicability and ensures that local school districts have access to their data for grant applications as well as identifying local needs and relevant strategies.

The KIP survey is modeled after the National Monitoring the Future Survey. During the last survey period for which data is available (2021), 93,812 students from 127 school districts across the state participated in the KIP Survey. Before the COVID-19 pandemic, the KIP survey was conducted in even-numbered years. However, the 2020 administration was postponed due to the pandemic. Instead, the survey was conducted in fall 2021, once students returned to full-time, in-

person learning. As a result of Kentucky legislation which required active versus passive consent for participation, the 2023 administration was paused to ensure that processes could be developed that align with the state statute's requirement for parental consent for all health and wellbeing surveys administered in Kentucky schools. As a result, the most recent KIP administration was in the fall of 2024. While it is still too early to report the full data from the latest administration, initial findings suggest a lower response rate and fewer participating school districts compared to previous years, which will impact the generalization of survey data. Kentucky will continue to monitor the situation and support effective survey administration.

Kentucky also monitors usage rates through the National Survey on Drug Use and Health (NSDUH), which is implemented annually among randomly selected youth aged twelve (12) and older, and the Youth Risk Behavioral Survey System (YRBSS). The most recent administration of the YRBSS in Kentucky occurred early in 2023 prior to the enactment of the active consent legislation. The NSDUH data allows for tracking general usage rates among youth ages 12-17 on an annual basis. NSDUH also provides much needed adult data which is used to set priorities for the over seventeen (17) population. YRBSS is implemented every two (2) years in odd numbered years and provides state level consumption data. With this broad approach to data collection, plus additional local surveys and data, Kentucky's substance use and mental health preventionists complete thorough needs assessments to guide their community-level efforts.

Kentucky hosts three (3) data-related standing teams that involve state and community partners. Each team plays a key role in defining data elements, defining processes to ensure accurate, complete, and timely data collection, and defining indicators and measures of quality. Contributions from all three (3) teams lead to successful implementation of data collection, issue resolution, and measure development.



The Data Users Group (DUG) is comprised of DBHDID staff and contracted data managers. This team provides recommendations and direction for the collection, analysis, architectural design and structure, use of data and information relevant to desired outcomes management across the department. The team evaluates issues related to data collection, data analysis, data quality, data

architecture and structure that support the provision of quality services and explores areas for improvement.

The Joint Committee for Information Continuity (JCIC) is comprised of department staff and information technology representatives from the fourteen (14) CMHCs and other contracted providers. This team makes recommendations concerning information management to the department. The committee facilitates the development of data-related contract items between the department and CMHCs. As a central function, the committee provides direction and assistance in the continued development of the information system to manage a public behavioral health system.

The Quality Management and Outcomes Team (QMOT) is comprised of the quality assurance officers from the fourteen (14) CMHCs. This team provides direction for the collection of information relevant to desired outcomes, methods of measurement, and design of processes for continuous outcomes management across the department. The team evaluates outcomes that support the provision of quality services and explores areas for improvement.