

**DEPARTMENT FOR  
BEHAVIORAL HEALTH,  
DEVELOPMENTAL AND  
INTELLECTUAL DISABILITIES**

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## Facts:

- Gaps exist in the current system of care for people with serious mental illness (SMI).
- Investment in behavioral health is essential.
- Prevention and early intervention work.
- Recovery is possible.



## Take Away Messages:

- Housing is a primary intervention.
- Focus on transition-age youth to change the future.

# SERIOUS MENTAL ILLNESS

- Defined through diagnosis, duration, and disability
- 921 KAR 2:015
  - Mental illness or disorder (excluding Alzheimer's or dementia) described in Diagnostic and Statistical Manual of Mental Disorders
  - Impairs or impedes functioning in one or more major areas of living
  - Unlikely to improve without treatment, services, and/or supports
- Examples include major depression, bipolar disorder, post-traumatic stress disorder, and schizophrenia



# HOUSING AND RELATED SERVICES

## Housing Options

- Independent or live with family/friend
- Supported housing
- Three-person homes
- Institutions (hospitals, nursing homes, personal care homes, boarding homes)

## Key Services

- ACT (Assertive Community Treatment)
- Targeted case management
- Supported employment

## Financial Assistance

- Vouchers from KHC (KY Housing Corporation)
- DCBS supplemental funding





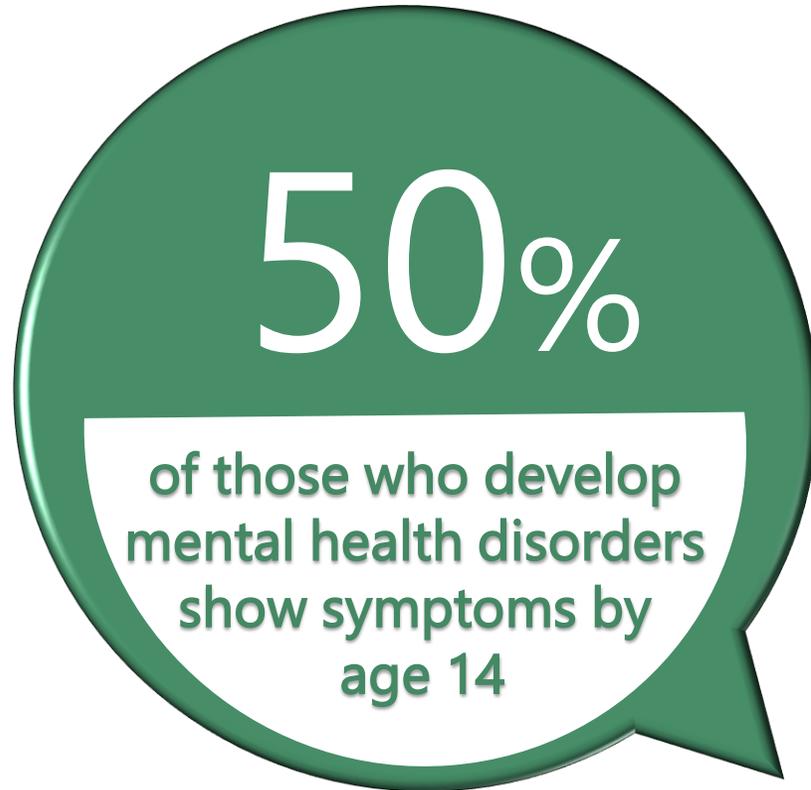
# STRATEGIES TO FILL THE GAPS

- **Personal Care Homes (PCH) could become a more integral part of the continuum**
  - Regulatory changes needed to assure alignment with Olmstead decision
    - Function as transitional service between other institutions and community living
    - Access to treatment by qualified mental health professional
    - Community integration
    - Build skills to improve independence
    - Nursing care available on-site
  - Enhanced reimbursement rate necessary to support any regulatory changes
  - Workforce capacity will continue to be a limiting factor
- **SMI Waiver**
  - Currently under consideration as part of 1915c waiver redesign (DMS)
  - Must be approved by CMS
- **Increase General Fund allocation**
  - Flexible funding to allow for innovative, community-specific interventions

# BEHAVIORAL HEALTH SAFETY NET

- Community Mental Health Centers (CMHC) of KY serve all 120 counties
- Historically CMHCs are only provider type that serves people with SMI
  - Contract with DBHDID
    - Crisis services
    - Diversion
    - SASA deliverables
    - Re-entry
  - Homeless outreach
- Opening network has not improved access for SMI population
  - BHSO, MSG, Independent Providers
- Expansion of Medicaid service array has not assured access
  - MCO approval; reimbursement rates; workforce capacity
- Need for flexible funding

# Rationale for Promotion, Prevention, & Early Intervention



# Selected KY Prevention & Early Intervention Initiatives

- Early Detection and Intervention of First Episode Psychosis
- Kentucky Suicide Awareness and Prevention
- Transition-Age Youth Launching Realized Dreams (TAYLRD)
- Kentucky AWARE (Advancing Awareness and Resiliency in Education)
- Kentucky Opioid Response Effort (KORE)

# Change the Future by Improving Life Trajectories

