



# Department for Behavioral Health, Developmental and Intellectual Disabilities

## **Data, Trends, and Needs**

Prepared for the IJC on Health, Welfare & Family Services

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# Discussion Points

- Impact of COVID-19
  - Inpatient and residential facilities
  - Community providers
- Trauma and secondary trauma
- Overdose deaths
  - Substance use disorder (SUD) treatment
- Suicide
  - Crisis services
- Identified Needs
  - Sustainable funding
  - Enhance public behavioral health safety net
  - Telehealth/Access to services
- Questions

# Impact of COVID-19: Facilities

- DBHDID operates or oversees the operations of multiple facilities
  - 2 long term care (skilled nursing) facilities
  - 4 acute care psychiatric hospitals
  - 1 forensic psychiatric hospital
  - 4 intermediate care facilities (ICF/IDD) for those with intellectual disabilities
- Major impact on direct care settings
  - Census has remained relatively stable
    - Average daily census 800
    - Temporarily suspended admissions at two facilities
    - CMHC crisis and diversion services avoided catastrophic outcomes
  - Prevented major outbreaks
  - Currently conducting > 11,000 patient and employee tests per month
    - Additional federal funding for testing and PPE has been critical but may not continue
  - Staffing challenges remain a critical issue

# Impact of COVID-19: Community Providers

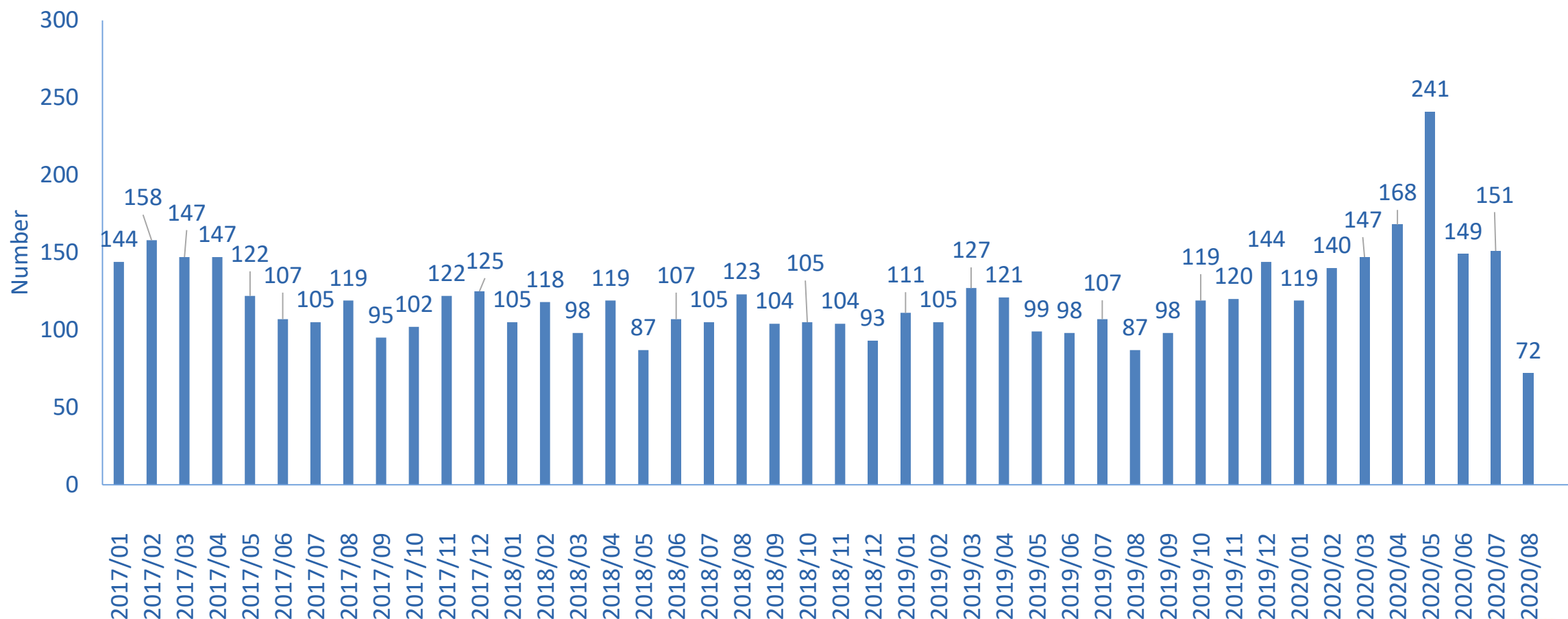
- Our community mental health center (CMHC) partners serve over 165,000 individuals per year
  - Increased demand for crisis services (volume and acuity)
  - Crisis stabilization units impacted
  - Staffing impacted
  - Telehealth has been crucial for access to services
- DBHDID administers the Supports for Community Living (SCL) Medicaid waiver and oversees health, safety, and welfare of almost 4,900 individuals in small, community residential settings
  - Accolades from the National Association of State Directors of Developmental Disabilities Services (NASDDDS) for success
  - Virtual monitoring and certification

# Trauma and Secondary Trauma

- COVID-19 pandemic and racial inequity have tremendous impact on resilience and well-being
- Response supports to DBHDID staff and facility leadership, CHFS departments, partner agencies (including CMHCs, DJJ, and AOC), and others as requested
  - Raising awareness
  - Providing resources and tools
  - Building resilience
- Weekly meetings with SCL providers
  - Providing information and forum for support

# Kentucky Resident Drug Overdose Deaths, January 2017- August 2020

(Data as of October 26, 2020; Data for 2017-2020 are provisional; Data for July - August 2020 are incomplete)

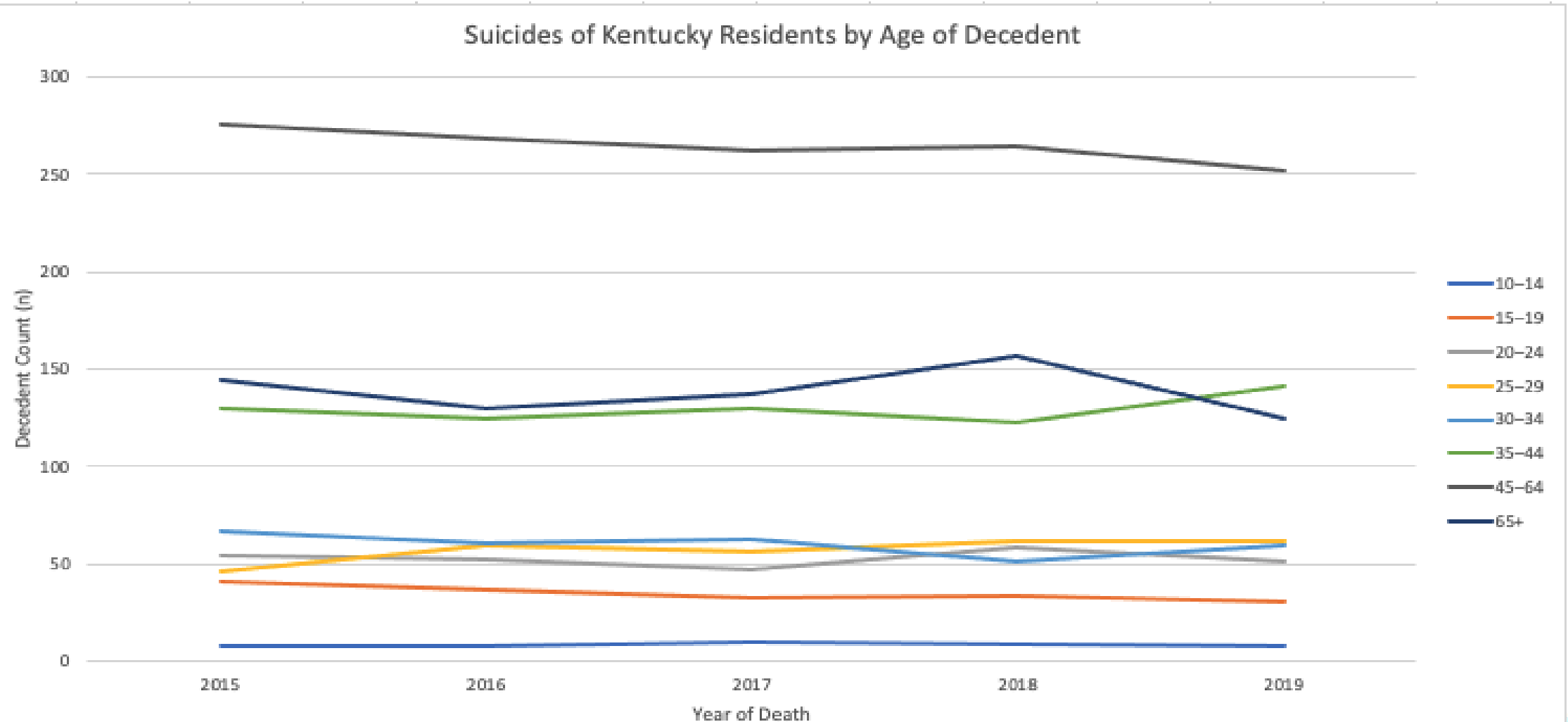


Source: KY Office of Vital Statistics. Data as October 26, 2020. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, University of Kentucky.

# Addressing Overdose Rates

- KORE (KY Opioid Response Effort)
  - 35,469 individuals received opioid use disorder treatment and/or recovery services
  - 53,509 free naloxone kits distributed
- Other federal grants
- KY Medicaid Core Set Measure Trend Snapshot shows:
  - Percent of adults who initiated treatment for opioid abuse scored above the national rates
  - Percent of adults who initiated treatment for alcohol or other drug dependence scored above the national rates
- Prevention efforts

# Suicide Trends in Kentucky, 2015-2019



Data Source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services, 2015–2020. Data are provisional and subject to change. Produced by the Kentucky Violent Death Reporting System (KYVDRS) of the Kentucky Injury Prevention and Research Center, bona fide agent for the Kentucky Department for Public Health. The KYVDRS is supported by cooperative agreement 1NU17CE924933-01 from the Centers for Disease Control and Prevention (CDC); this publication is solely the responsibility of the authors and does not necessarily represent the official views of the CDC or the U.S. Department of Health and Human Services. November 2020.



# Addressing Suicide Deaths

- Building resilience (enhancing protective factors)
  - help seeking/reducing stigma
  - access to resources
  - positive coping mechanisms
  - connectedness
- Training mental health gatekeepers
- Increasing capacity and number of behavioral health providers trained to address suicide risk
- Seeking additional partnerships between providers to close safety net gaps
- Improving surveillance to create real-time response

# Identified Needs

- Continued and sustainable funding
  - COVID-19 response (testing and PPE)
  - Building resilience and addressing trauma
  - Mental health assessment and treatment
  - SUD treatment and recovery
  - Prevention services
- Enhance public behavioral health safety net
  - Crisis services
  - Serious mental illness (SMI) waiver
  - Certified community behavioral health clinic (CCBHC)
- Ongoing expansion of telehealth services

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