



**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF THE SECRETARY**

**Ernie Fletcher**  
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**Mark D. Birdwhistell**  
Secretary

October 1, 2007

The Honorable Ernie Fletcher, M.D.  
Governor of the Commonwealth of Kentucky

Members of the Kentucky General Assembly

Dear Governor Fletcher and Members of the General Assembly:

We are pleased to present you with the 2007 Annual update, Two year plan and Regional Planning Council Reports of the Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis as required in KRS 210.504(8).

This report highlights the activities over the past year of the Commission, its 14 Regional Planning Councils and two (2) year work plan. In particular, the report illustrates the Commission's commitment to the collaborative nature of its work and continued efforts to improve the quality, availability, and delivery of services to citizens whose lives are affected by mental illness, substance abuse disorders, and dual diagnosis.

On behalf of all Commission members and the citizens of the Commonwealth, we ask for your continued support of this important work. If you have questions or would like additional information about the Commission or any of the activities described in the report, please do not hesitate to contact us.

Sincerely,

Mark D. Birdwhistell  
Secretary  
Co-Chair

Mary Lou Marzian  
Member, House of Representatives  
Co-Chair



**Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis (HB843)**

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* Regional Planning Council Chair  Ralph Lipps (Alternate) 784 Court Rd. London, KY 40741	<b>David Bolt</b> 520 Elizaville Rd. Flemingsburg, KY 41041	* Family Member of Adult  Charlotte Stogsdill (Alternate) 454 Herrin Lane Somerset, KY 42501	<b>Kelly Gunning</b> 3407 Winthrop Dr. Lexington, KY 40503
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**HB 843 COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS  
WITH MENTAL ILLNESS, ALCOHOL AND OTHER DRUG ABUSE DISORDERS  
AND DUAL DIAGNOSES  
SUMMARY OF COMMISSION DUTIES**

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The KY Commission on Services and Supports for Individuals with Mental Illness, Alcohol and other Drug Abuse Disorders and Dual Diagnoses shall **assess**:

- The needs of individuals with Mental Illness, Substance Abuse and dual diagnoses statewide;
- The existing delivery system, gaps in services and adequacy of the safety net system;
- The coordination and collaboration between public and private entities, including the Council on Postsecondary Education on workforce issues, and roles of the DMHMRS and the regional community mental health centers, state hospitals, and other providers;

The commission shall **identify**:

- Funding needs, including Medicaid, limitations under government programs and private insurance, and adequacy of indigent care;

The commission shall **recommend**:

- Programs for providing MH/SA services and preventive education to children and youth;
- Ways to decrease repeated arrests, incarceration, and multiple hospitalizations of individuals with MI, SA and dual diagnoses;
- Quality assurance and consumer satisfaction monitoring programs that include persons with MI, SA and dual diagnoses, family members, providers, and advocates.

The **comprehensive state plan** developed by the commission shall:

- Provide a template for decision-making regarding program development, funding, and use of state resources for delivery of the most effective continuum of services in integrated statewide settings appropriate to the needs of the individual with mental illness, alcohol and other drug abuse disorders, and dual diagnoses.
- Include strategies for increasing public awareness and reducing stigma.
- Advise the Governor and the General Assembly concerning the needs and whether the recommendations should be by administrative regulations or by legislation.

# EXECUTIVE SUMMARY

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The Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis (aka “HB 843 Commission”) continued to focus on bringing about improvements in the system of care in the Commonwealth of Kentucky. Many concerned citizens throughout the state contributed to the work of the Commission during the course of the year through a variety of activities, including statewide meetings and workgroups, regional planning councils and local workgroups.

The following highlights occurred during the year:

- The National Association of State Mental Health Program Directors (NASMHPD) provided a technical assistance grant to the Kentucky Department for Mental Health and Mental Retardation Services (KDMHMRS) to address the needs of citizens experiencing behavioral health crises who were frequent users of hospital emergency rooms across the state. David Wertheimer, Principal Consultant with Kelly Point Partners of Seattle, Washington, was engaged to facilitate two retreats of the HB 843 Commission and invited participants to address this specific issue.
- The Cabinet for Health and Family Services has extended the Direct Intervention: Vital Early Responsive Treatment System (DIVERTS) initiative and provided funding statewide. DIVERTS Phase II required each MH/MR Board that is not currently implementing DIVERTS to develop a regional plan to accomplish the goal of diverting individuals with mental illness and co-occurring disorders who are in acute distress to the most appropriate treatment to meet their needs.
- The Legislative Research Commission Program Review and Investigations Committee conducted a study on Kentucky’s community mental health system that was adopted by the legislative committee in December 2006 (Research report No. 340; Revised June 2007). The study focused on the following objectives: Mission, activities, personnel and financial resources; Determination of consumers’ needs and procedure used; Treatment monitoring and outcome evaluation; and Sufficiency of resources (major focus).
- The Cabinet for Health and Family Services and Bluegrass Regional Mental Health and Mental Retardation Board have signed an agreement giving Bluegrass up to \$1 Million dollars for a design and the authority to move forward with plans for a new facility to replace the existing Eastern State Hospital in Lexington, Kentucky. The proposal will now go before the General Assembly for approval.

The continued goal of the HB 843 Commission is to create an integrated mental health and substance abuse service delivery system that meets the needs of Kentuckians in every region of the state. The on-going work of the Regional Planning Councils and the commitment of its citizen members are critical to maintaining the “bottom-up” planning and implementation process which was the intent of the original HB 843 legislation. There is much work to be done regionally, as well as statewide, to increase the availability and quality of services and supports for individuals with mental illness, alcohol and other drug abuse disorders and dual diagnoses.

**HB 843 COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS WITH  
MENTAL ILLNESS, ALCOHOL AND OTHER DRUG ABUSE DISORDERS  
AND DUAL DIAGNOSES  
Annual Update  
October 1, 2007**

The primary vehicle of the Commission's work is its Plan, "Template for Change," which is reviewed and updated annually using the reports of the Commission's Regional Planning Councils and Workgroups. The annual update is sent to the Governor and Members of the General Assembly on October 1<sup>st</sup>.

<b>Meeting Date &amp; Agenda Topics</b>	<b>Actions</b>
<p><b>September 13, 2006</b> <b>December 13, 2006</b></p> <p><b>Major Topic:</b> A Systems Response to Persons in Psychiatric Crisis – Strategic Planning &amp; Systems Mapping Retreat</p>	<p>Commission on Services and Support for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses (HB 843 Commission)</p> <p><i>Commission Retreats: 9/13/06 and 12/13/06: Responding to Citizens Experiencing Behavioral Health Crises</i></p> <p><b>Consultant Summary Report Attached</b></p>
<p><b>May 9, 2007</b></p> <p><b>Major Topic:</b> Kentucky River Community Care, Inc. – "Reclaiming Futures" Robert Wood Johnson Foundation Grant Initiative</p> <ul style="list-style-type: none"> <li>• LRC Program Review &amp; Investigations Report on CMHC's</li> </ul>	<p>The LRC Program Review and Investigations Committee study that was conducted on the Community Mental Health Centers during 2006 and adopted by the legislative committee in December 2006. The study focused on the following objectives:</p> <ul style="list-style-type: none"> <li>○ Mission, activities, personnel and financial resources;</li> <li>○ Determination of consumers' needs and procedures used;</li> <li>○ Treatment, monitoring and outcome evaluation; and</li> <li>○ Sufficiency of resources (major focus)</li> </ul> <p>After completion, the following recommendations were made to the General Assembly:</p> <ol style="list-style-type: none"> <li>1. The HB 843 Commission and the HB 144 Commission should develop comprehensive plans for needed services and funding, and the General Assembly may wish to direct the commissions to present a plan to the Governor and the Legislative Research Commission in sufficient time before each biennium so that the plan could be useful in the budgetary process. The plan should include specific population and service targets, funding needs, and measurable outcomes.</li> <li>2. The General Assembly may consider merging the 843 Commission and the 144 Commission to identify needs, prepare a plan for services and associated</li> </ol>

funding, and identify expected outcomes for individuals with mental illness, substance abuse disorders, mental retardation and other developmental disabilities and dual diagnoses. [A discussion of this recommendation was led by the Secretary. The consensus of the members, particularly with input from the legislators, was that merger of the two commissions should not be pursued because of the differences in focus and in structure between the two entities.]

3. Each Regional Board should develop a strategic plan that describes clearly set objectives, strategies and a timetable to implement them, and cost estimates. The board's plan should include expected outcomes and measurable indicators. The plans should be an integral part of the statewide planning process.
4. The Department of Mental Health and Mental Retardation Services should develop a standardized method to calculate charity allowances (i.e. Centers are required by statute to provide services regardless of a person's ability to pay.). The Department should require the boards to use that method and report annually, in conjunction with their annual financial statement audit, a separate schedule of charity allowances. The boards' independent auditors should be required to certify that the charity allowances are reported in accordance with the department's instructions.

Rob Edwards gave a brief overview of the 2007 General Assembly bills that passed which will have a specific impact on Mental Health and Substance Abuse Services:

- Review 2007 General Assembly Legislation

- ❖ SB 69 – Adds a psychiatrist practicing in a CMHC to the Medicaid Pharmacy & Therapeutics (P&T) Advisory Committee.
- ❖ HB 337 –Requires Medicaid coverage of tobacco comprehensive cessation treatment.
- ❖ HB 305 – Raises the minimum wage for Kentucky workers.
- ❖ SB 104 – Creates the infrastructure to train law enforcement for Crisis Intervention Teams (CIT) statewide.
- ❖ HB 362 – Social worker safety bill – known as the "Boni Bill" that provides \$6 million for additional staff and safety improvements.

- National Association of State Mental Health Program Directors (NASMHPD) Crisis Service System Consultation

The momentum created by the Commission's interest in crisis services, combined with the work of the Other State Agency study offers a rare opportunity to promote real change in a timely fashion. The consultant recommended the following next steps in order to help move the process forward:

1. Engage all relevant state agencies in the work of identifying the resources that are currently, or could potentially be utilized to enhance crisis services. This means examining both the resources that are currently used for this purposes as well as resources currently being deployed in other program areas that might better be utilized to address crisis response services.
2. Require each regional authority to assume responsibility for mapping the configuration of crisis services in their area. The six-step mapping process, described above, should include both a description of the current environment as well as a desired alternative system in which integrated crisis services are available.
3. Utilize existing and emerging evidence-based practice models to inform systems change in Kentucky. There is already a range of models operating or under development within the state that provide opportunities for replication either regionally or statewide.
4. Keep the Kentucky HB 843 Commission actively involved in identifying and promoting solutions to crisis service system issues. Because of its composition, stature and authority, the Commission offers an ideal venue for supporting the process of systems change at both the state and regional levels.

- DIVERTS Phase II Update

The DIVERTS program is one initiative that is building collaboration at the community level and addressing some of the issues identified at the retreat. Additional programs and initiatives need to be developed as well to ensure that persons experiencing a psychiatric emergency receive the most effective treatment.

Each of the ten CMHC regions not participating in DIVERTS Phase I is charged with the responsibility of developing a Regional Plan for DIVERTS Phase II by June 1, 2007. The focus is four-fold: reducing unnecessary hospitalizations in psychiatric facilities, diverting individuals from jail to treatment, reducing homelessness linked to mental illness and substance abuse, and reducing suicides of persons identified as having a serious mental illness. The regional

plans will then be integrated by the Cabinet into the overall comprehensive plan for DIVERTS Phase II. The leadership of the ten CMHC regions has been encouraged to coordinate their efforts with their respective HB 843 Regional Planning Council's in developing their DIVERT plan.

Each plan will include:

- Assessment of regional needs in the four focus areas
- Region-specific goals, targets, and outcomes for SFY '08 as well as for the next biennium.
- Proposed strategies for reducing unnecessary psychiatric hospitalizations, jail placements, homelessness or suicides
- Proposed strategies for building community-based treatment capacity for individuals with mental illness and co-occurring disorders who are in acute need
- Total budget requirements in terms of both existing resources and new funding for SFY '08 and also for the next biennium.

Regions will submit to DMHMR by June 1, 2007 the DIVERTS Phase II regional plans, budget for SFY '08, and proposed budget for the SFY '09 – '10 biennium.

- Kentucky River Community Care, Inc. "Reclaiming Futures" Robert Wood Johnson Foundation Grant Initiative

Dr. Louise Howell, CEO Kentucky River Community Care, discussed that in their 2000 Regional Planning Council needs assessment one of the major problems identified was the communities' intense concern about their children, drug abuse, and youth getting involved in the criminal justice system. Because this was such a major concern, KRCC acted on the information in four counties with the assistance of Reclaiming Futures, a national initiative of the Robert Wood Johnson Foundation. The Reclaiming Futures approach has value for the entire state by joining a community mental health center with a national program like Reclaiming Futures, and becoming a major catalyst for change.

Reclaiming Futures in the Mountains of Kentucky was one of 10 projects funded by The Robert Wood Johnson Foundation in 2002 to create new approaches to help teens involved with drugs, alcohol, and crime. Kentucky River Community Care partners with the courts, treatment facilities, juvenile justice, and communities in four counties in the Appalachian Mountains to meet the urgent needs of young people in the juvenile justice system.

Almost one-third of the estimated 6,000 teens ages 10-18 who live in Breathitt, Lee, Owsley, and Wolfe counties abuse alcohol or drugs - or are at risk of doing so. Marijuana use in these four counties is almost twice the national average - 5.8 percent versus 3.4 percent nationally.

	<p><b>Key components of the Reclaiming Futures project are:</b></p> <ul style="list-style-type: none"> <li>• Assess teens who are already in the juvenile justice system who are using drugs are at risk for drug use;</li> <li>• Provide increased drug and alcohol treatment to youth;</li> <li>• Promote accountability among teens;</li> <li>• Increase the number of diversion and dispositional options available to youth;</li> <li>• Connect youth with jobs, schools, and volunteer opportunities within their communities;</li> <li>• Streamline services and resources among agencies and across counties.</li> </ul> <p>The core partners collaborating and participating in the Reclaiming Futures Initiative are:</p> <ul style="list-style-type: none"> <li>➤ District judges</li> <li>➤ Department for Juvenile Justice</li> <li>➤ Breathitt Regional Juvenile Detention Center</li> <li>➤ Court Designated Workers Education</li> <li>➤ Kentucky River Community Care, Inc</li> <li>➤ Kentucky State Police and local police</li> <li>➤ Protection and Permanency</li> </ul> <p>Kentucky River Community Care is supporting the community's efforts as they serve more than 500 youth by providing awareness activities, early screening and early intervention services and pro-social activities, and by developing community protective factors that will provide ongoing supports for the targeted youth and their families.</p>
<p><b>July 1, 2007</b></p> <p>2007 Regional Planning Council Reports &amp; Recommendations</p>	<p>Attached</p>

## 2007 HB 843 Commission Two Year Plan

The Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol, and Other Drug Disorders (HB 843 Commission), created by legislation in 2000, continues to serve as a catalyst for transforming the behavioral health system in Kentucky. There is a regional planning process that analyzes needs and assigns priority for service development in the fourteen mental health regions. Oversight of the process is vested in the HB 843 Commission, which is co-chaired by the Secretary of the Cabinet for Health and Family Services and a member of the General Assembly. The HB 843 Commission includes state agencies with a stake in mental health and substance abuse services, legislators, consumers and family members. The Commission generally meets quarterly and reports annually to the General Assembly. The primary accomplishment of the Commission has been building the consensus necessary in the Executive and Legislative branches for expansions of mental health and substance abuse budgets.

During FY 2007, the work of the HB 843 Commission focused on the “gaps” in the emergency services system as well as the increasing admissions to state operated or contracted hospitals. This increase is generally attributed to the loss of over 300 private sector inpatient psychiatric beds across the Commonwealth. According to national studies that have been conducted in the last year the gap between need and sufficient service capacity continues to widen. More citizens are seeking care as a result of population growth and of reduced societal stigma about accessing mental health care. In addition, the nationwide shortage of public and private acute care beds results in pressure on general hospital emergency departments, which can create poor triage, ineffective service, and waiting lists to access short and intermediate mental health care. This bed shortage has created blurring of public and private roles and responsibilities because clients with similar characteristics seek services in both sectors. In an effort to expand the number of persons served via public services and assess which services are needed, the Kentucky Department for Mental Health and Mental Retardation Services (KDMHMRS) applied for a technical assistance grant from the National Association of State Mental Health Program Directors (NASMHPD).

Upon receipt of the grant, the Commission and invited guests participated in two day-long planning meetings around the issue of crisis services and strengthening the public and private sector partnership in planning to meet these emergency needs.

A consultant was hired to walk the Commission members and various community representatives from across the state through a "systems mapping" process using the Sequential Intercept Model. As a product of this process, the Commission then developed an action plan to address the needs of citizens statewide who present in a psychiatric crisis. The impetus for this project was to strengthen not only the Department's relationship with the private sector but also the relationship among the community providers. The goal of the process was to act as a catalyst in building consensus and collaboration among other cabinets and departments illustrating the importance of adequate funding in order to provide these much needed community based services that would support the needs of these individuals.

***One of the HB 843 Commission's focus areas for 2008 – 2010 will be the four recommendations that were identified in the systems mapping process:***

- 1) **Engage all relevant state agencies in the work of identifying the resources that are currently, or could potentially be utilized to enhance crisis services.** This means examining both the resources that are currently used for this purposes as well as resources currently being deployed in other program areas that might better be utilized to address crisis response services.
  - The current configuration of funds supporting the Crisis Stabilization Units should be carefully examined to determine, region-by-region, if these resources are being put to the best possible use;

- Funds and staff time dedicated to the training of law enforcement professionals should be examined for possible reallocation to training about behavioral health issues (e.g., Crisis Intervention Team training);
  - Opportunities for the braiding of resources across systems should be explored and piloted, including the creation of formal relationships between the local hospital emergency rooms and community mental health centers for expedited access to services for persons in crisis presenting at local hospitals.
- 2) **Require each regional authority to assume responsibility for mapping the configuration of crisis services in their area.** The six-step mapping process, described above, should include both a description of the current environment as well as a desired alternative system in which integrated crisis services are available.
- Placing language in the state contracts with the regional mental health authorities that requires the completion of local systems maps of the crisis system;
  - Requiring the regional mapping teams to describe alternative crisis service system configurations;
  - Developing future contracts for crisis services that are aligned with the alternative systems described by each region, with the flexibility to accommodate what may be significant regional variations in service configurations.
- 3) **Utilize existing and emerging evidence-based practice models to inform systems change in Kentucky.** There is already a range of models operating or under development within the state that provide opportunities for replication either regionally or statewide.
- Crisis Intervention Teams for law enforcement professionals;
  - The DIVERTS program, serving a multi-county region with enhanced hospital and community linkages for individuals in crisis who need ongoing stabilization and recovery-oriented services;
  - The discharge planning and reintegration program targeting individuals returning to the community from correctional settings;
  - The development of formal Memoranda of Agreement between local hospitals and community mental health centers.
- 4) **Keep the Kentucky HB 843 Commission actively involved in identifying and promoting solutions to crisis service system issues.** Because of its composition, stature and authority, the Commission offers an ideal venue for supporting the process of systems change at both the state and regional levels.
- Provide regular briefings and progress reports to the Commission, and through the Commission to the Governor and Legislature, on both the resource mapping activities completed at the state level and system mapping activities completed at the regional level;
  - Utilize the Commission to monitor progress and stimulate the change process at both the state and regional levels;
  - Engage Commission members in active advocacy at the state level for the system and statutory changes needed to support the change process, as well as for the resources required to ensure the adequacy of crisis services for every resident of Kentucky.

The DIVERTS program is one initiative that is built on collaboration at the community level and is designed to address some of the crisis issues that have been identified. Review of the DIVERTS program and assessment of the linkages of DIVERTS with other community-based services and programs will be an area of interest to the Commission.

It is the continued goal of the HB 843 Commission to create an integrated mental health and substance abuse service delivery system that meets the needs of Kentuckians in every region of the state. The ongoing work of the Regional Planning Councils and the commitment of its citizen members are critical to maintaining the “bottom-up” planning and implementation process which was the intent of the original HB 843 legislation passed unanimously in the 2000 GA session.

## **HB 843 REGIONAL PLANNING COUNCILS' PRIORITY RECOMMENDATIONS**

Priority on reaffirming the commitment of the HB 843 Statewide Commission to move Kentucky from its current national ranking of 44<sup>th</sup> in General Fund per capita spending on Mental Health & Substance Abuse (MH/SA) services to the upper half of states – a ranking of 25<sup>th</sup> nationally. In order to accomplish this goal and to assure the viability of our community-based mental health system, the Commission in June of 2001 called for increased funding (new GF dollars) of \$25M annually over the next ten years for MH/SA services through the Department of MH/MR Services.

The LRC Program Review and Investigations Committee study on the Community Mental Health Centers (adopted in December, 2006) found that between 2001 and 2005, the Centers saw 17% more clients and delivered 28% more services, but received a funding increase of only 9%.

The Community Mental Health Centers are requesting funding in the amount of \$75 Million in the 2009-10 biennial budget. This follows the 2001 Commission recommendation of \$25 Million “new dollars” in FY '09 and \$50 Million (continuation funding of \$25 Million and \$25 Million “new dollars”) in FY '10.

Priority on adequate funding for each region would begin to restore the fraying “safety net” assuring the capacity to maintain and deliver essential core services to meet the needs of individuals with mental illness, substance abuse disorders and dual diagnoses. It would allow the Centers to address the rising costs of doing business (such as the mandated increase in KERS employer contributions of \$7 Million in FY '07 and \$11 Million in FY '08, for which no funding was made available). The flat funding of the past dozen years has not addressed the increased costs of keeping the statewide behavioral health service array provided by the Community Mental Health Centers intact and operational.

The priority on funding streams is directed toward maximum flexibility, rather than funding with categorical constraints. Flexible funding can be most effectively utilized, fully responding to the needs identified at the regional level and assuring a seamless continuum of care in each region. These dollars could be used in a given region to:

- Assure the adequacy of the Emergency Services programs.
- Reduce repeated hospitalizations increasing community-based services, crisis stabilization, proactive case management and wrap-around services.
- Assure the availability – and retention – of trained professionals to address mental illness, substance abuse disorders and dual diagnoses.
- Establish an array of suitable housing options and housing supports for consumers with mental illness, substance abuse and dual diagnoses.
- Improve access to MH/SA treatment by increasing available transportation for all persons in need of services.
- Increase the availability of medical and non-medical detoxification services (including social model detox) for consumers with substance abuse disorders.
- Assure availability of and appropriate use of all effective medications.
- Develop an accessible continuum of care for children and youth with substance abuse diagnoses, including transitional planning and services for those “aging out”.
- Strengthen the collaboration with the criminal justice system in more appropriately and effectively meeting the needs of individuals with MH/SA diagnoses.

The goal is for Kentucky to again be a national leader in a modernized, recovery-oriented, community-based system of care for persons with mental illness, substance abuse disorders and dual diagnoses which is based on best practices, accountability, regional planning, coordination of services and appropriate levels of funding regularly adjusted to meet rising costs and increasing demand for services.