

Block Grant COVID-19 Relief Funds Application for Kentucky

Kentucky is pleased to present its application for the Block Grant COVID-19 Relief Funds available to support community based behavioral health services and supports through March 14, 2023. As is the case across the United States and around the world, the pandemic has impacted the citizens of Kentucky in many ways. To date, there have been over 6,000 COVID-related deaths in Kentucky (4/1/2021). There are an additional 500 citizens hospitalized, of which over 100 are in ICU or on ventilators. A large majority of Kentucky's 4.3 million citizens have been directly, negatively impacted by unemployment, remote learning, the increase in drug overdoses, insecure housing and isolation from family and friends. The emotional toll on citizens across the lifespan and across all walks of life, all brought on, or exacerbated, by the pandemic will be hard to capture in total but the behavioral health system recognizes that the services and supports provided will grow in demand for some time to come. In an August 2020 article in the New England Journal of Medicine, researchers stated, "Extensive research in disaster mental health has established that emotional distress is ubiquitous in affected populations — a finding certain to be echoed in populations affected by the Covid-19 pandemic." (Pfefferbaum, B., North, C.S., 2020) <https://www.nejm.org/doi/10.1056/NEJMp2008017>

For the sake of the readers, including the Kentucky Behavioral Health Planning and Advisory Council and other interested parties, besides the federal reviewers of this required written plan, the instructional correspondence has been included below. Although states are required to submit a "joint" plan that includes funding for both mental health and substance abuse prevention and treatment, the correspondence was issued separately and the block grant requirements for each of the funding streams is outlined in separate sections of the Title XIX (of the Social Security Act) federal law.

From the 3/11/2021 letter from Tom Coderre Re:

COVID-19 MH BG Supplemental Funding Plan for FY 21

- *States may use this supplemental COVID-19 Relief funding to prevent, prepare for and respond to SMI and SED needs and gaps due to the on-going COVID-19 pandemic.*
- *SAMHSA recommends that state use the COVID-19 Relief supplemental funds wherever possible to develop and support evidence-based crisis services development and to increase access to evidence-based treatment and coordinated recovery support for those with SMI and SED.*
- *States will be required to provide documentation ensuring these funds are tracked separately.*
- *In addition to meeting the standard goals and objectives of the MHBF to provide evidence-based services to individuals with SMI/SED, COVID-19 Relief supplemental funds can be used for: 1) Operation of an access line, crisis phone line, or warm lines to address mental health issues for individuals; 2) Training of staff and equipment that supports enhanced mental health crisis response and services; 3) Mental Health Awareness training for first responders and others; Hiring of outreach and peer support workers for regular check-ins for people with SMI/SED; 4) Prison and jail re-entry and enhanced discharge from inpatient*

settings in order to reduce risks of COVID-19 transmission; and 5) COVID-19 related expenses for those with SMI/SED, including testing and administering COVID vaccines, COVID awareness education, and purchase of Personal Protective Equipment (PPE).

SAMHSA requests the following information be included when submitting proposals:

- 1) Identify the needs and gaps of your state MH services in the context of COVID-19
- 2) Describe how your state spending plan addresses the needs and gaps
- 3) Describe how the state will advance the development of crisis services based on the National Guidelines for BH Crisis Care: Best Practices Toolkit. The 5% set aside applies to these funds.
- 4) Explain how the state plans to collaborate with other departments and agencies to address the identified needs.

From the 3/11/2021 Letter from Tom Coderre Re

COVID-19 SAPT BG Supplemental Funding Plan for FY 21

- States may use this supplemental COVID-19 Relief funding to promote effective planning, monitoring, and oversight of efforts to deliver SUD Prevention, Intervention (including harm reduction and overdose prevention), Treatment and Recovery services
- Promote support for providers
- Maximize efficiency by leveraging the current infrastructure and capacity
- Address local SUD related needs during the COVID Pandemic

SAMHSA recommends that state use the COVID-19 Relief supplemental funds depending on what specific issues the state is face with- overdose rates, data infrastructure for tracking and monitoring system needs and performance, expanding the SUD services workforce.

Recommended Priority Activities:

Prevention

1. Screening with evidence-based tools.
2. Risk messaging with evidence-informed strategies and accompanying evaluation to establish most effective strategies. This includes:
 - a. Text and mHealth messaging strategies targeted at adolescents and young adults' substance misuse;
 - b. Scenario based messaging programs for parents about opioid risks; and
 - c. Web-based interventions targeted at the criminal justice system.
3. Operation of an "access line", "crisis phone line" or "warm lines" by prevention providers.
4. Purchase of technical assistance.
5. COVID-19 expenditures related to substance misuse prevention including: COVID-19 awareness and education for persons with SUD, transportation related to accessing SUD prevention and COVID-19 vaccines.

Intervention

In order to respond to overdose deaths during the pandemic a particular area of focus may be the purchase of Naloxone and the materials necessary to assemble overdose kits and the dissemination of such kits to users of cocaine, methamphetamine, and benzodiazepines given the contamination of these substances with illicitly manufactured fentanyl and counterfeit pills to prevent increasing overdose trends among individuals with SUD.

Treatment

- 1. Integrated SUD treatment with health and family service agencies with a focus on pregnant women and new mothers.*
- 2. Medication assisted treatment (MAT) using FDA-approved medications and accompanying psychosocial and recovery supports:
 - a. Opioid use disorder (OUD), e.g., buprenorphine, methadone and naltrexone; and*
 - b. Alcohol use disorder (AUD), e.g., acamprosate, disulfiram, and naltrexone;**
- 3. SUD crisis services that have the capacity to respond, de-escalate, and provide follow through to transition individuals in crisis onto a path of recovery.*
- 4. Operation of an “access line”, “crisis phone line” or “warm lines” by treatment providers.*
- 5. Purchase of technical assistance.*
- 6. COVID-19 related expenditures including: COVID-19 testing/vaccines (including transportation) for those with SUD.*
- 7. Treatment services (including MAT) in penal or correctional institutions consistent with current SABG expenditure limitations.*

Recovery Support

- 1) Recovery community organizations and peer-run organizations to ensure a recovery orientation which expands support networks and recovery services.*
- 2) Peer recovery specialist training, funding, and evaluation, including peer recovery specialist certification.*
- 3) Operation of an “access line”, “crisis phone line” or “warm lines” by recovery support providers.*

Infrastructure

- 1. Purchase of Personal Protective Equipment for staff and persons receiving SUD services.*
- 2. Purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery.*
- 3. Hiring of outreach workers for regular check-in for people with SUD.*
- 4. Provision of workforce support.*

Per Spencer Clark (SAPT BG Federal Project Officer) email of 3/17/2021:

NoA received on 3/11/21 is one-time funding that has an obligation and expenditure period of 3/15/21 through 3/14/23.

The COVID-19 Supplemental Funding Plan Proposal is intended to cover the entire two-year grant period of 3/15/21-3/14/23.

Identified Needs and Gaps in the Context of COVID-19: Mental Health

There have been a number of news articles and formal research studies demonstrating the pandemic-related need for expanded access to services from a behavioral health system already struggling to meet demand. Kentucky's behavioral health system is faced with the same challenges, including the following:

- Gap between those served and the estimated prevalence of need for mental health services for those with Early Serious Mental Illness, adults with Serious Mental Illness and children/youth with Severe Emotional Disability;
- Exacerbated need for mental health services for all populations due to the pandemic of the past year (increased isolation, job loss, and grief from COVID-19 related deaths, etc.);
- Targeted outreach to underserved and vulnerable populations, including those most at risk for health disparities due to race, ethnicity, gender, or sexual orientation;
- Enhanced outreach and coordination to ensure those in need are able to access services and supports timely and appropriately;
- Accelerated need for the ability to provide telehealth services and other non-traditional means of serving those in need; and
- Accelerated need to ensure workforce capacity, behavioral health literacy for the general public, suicide prevention and response; and crisis response services.

Sources of Data:

Kentucky's MMIS data for state fiscal year 2020 (July 1, 2019-June 30, 2020) indicates that the total number of individuals with SMI and SED served was slightly down from the year before. Data from the current state fiscal year (July 1, 2020-June 30, 2021) indicate that the numbers served are comparable to previous years.

Over the last year, the *Prichard Committee for Academic Excellence* (Lexington, KY) has been gathering data and telling stories about the impact of COVID-19 on students, families, and educators – from early childhood through postsecondary education. The results of the study indicate that there are a myriad of issues that are effecting students of all ages, and their families. Ensuring that behavioral health providers are ready to assist them in a variety of ways by using a combination of effective interventions will be very important to the future of the children and

youth effected by the pandemic. It is anticipated that the children who met the criteria for SED prior to the pandemic may be most at risk for long term negative impacts of the pandemic and it will be imperative that interventions are readily available and that the workforce is prepared to meet the heightened demand for services and supports. The full report is available at [coping-with-cov_53504713-1.pdf \(prichardcommittee.org\)](https://www.pricardcommittee.org/coping-with-cov-53504713-1.pdf).

An article in The New York Times, *Nobody Has Openings: Mental Health Providers Struggle to Meet Demand* (Caron, Feb. 2021), based on interviews with a number of providers and with individuals seeking services, included the following quote that seems to capture the current situation best. “There’s always been more demand for services than there are mental health providers to provide them...what the pandemic has done is really laid bare that discrepancy,” stated Dr. Valie Wright (Senior Director of Health Care Innovation at the American Psychological Association).

The National Institute for Health Care Management (NIHCH) has a series of infographics displaying research finding regarding the short and long term outcomes of the COVID-19 pandemic. One such article states that, “the COVID-19 pandemic has exacerbated existing challenges facing children and families, including food and housing insecurity, access to education and poverty. While all children are facing adversity, the immediate and long-term impacts of this crisis have not been evenly distributed and may have substantial consequences for the most vulnerable children.” Another of the NIHCH surveys stated that forty-one percent of adults reported feeling socially isolated

https://www.wdrb.com/news/the-isolation-and-anxiety-is-real-free-mental-health-resources-for-kentucky-students-during-pandemic/article_a93850c0-043f-11eb-9e36-bb2862b92ba6.html

<https://www.hhs.gov/coronavirus/mental-health-and-coping/index.html>

<https://www.pewresearch.org/fact-tank/2021/03/16/many-americans-continue-to-experience-mental-health-difficulties-as-pandemic-enters-second-year/>

Kentucky’s Plans to Address Identified Needs and Gaps

- **Early Interventions to Address Early Serious Mental Illness (ESMI)**

Kentucky plans to provide an estimated \$1M in additional funding to support the established iHOPE (*Helping Other Pursue Excellence*) programs, created in the Community Mental Health Centers (CMHCs), in eight of the state’s fourteen regions and to encourage participation from the CMHCs who are still in the planning stages of creating these programs. Over the past six years, it is becoming apparent that the programs are expensive to operate with fidelity, particularly because much of the work and the necessary services are not billable to Medicaid and other insurance. Kentucky is implementing a *Coordinated Specialty Care* model and has provided a wealth of training and technical assistance and also conducts fidelity reviews with established programs. Kentucky has been fortunate to utilize other competitively awarded grant funding and the assistance of nationally recognized experts and a Center of Excellence, the Early Assessment and Support Alliance (EASA), at Portland State University to propel this programming forward. While the population served is comparatively small in number, the outcomes for these individuals is

remarkable when they receive appropriate care at the earliest onset of psychiatric symptoms. The KY Department for Behavioral Health, Developmental and Intellectual Disabilities (KDBHDID) works collaboratively with a number of partners to ensure the ESMI programming addresses the needs of those served and incorporates the many entities where the population of focus might enter the service system. Such partners include child welfare, psychiatric hospitals, the KY Interagency Council for Transition Aged Youth comprised of multiple agencies and youth and parents, and others more fully described in the Environmental Factor #4 of the KY original block grant application.

- **Adults with Serious Mental Illness (SMI)**

Kentucky's statutory definition, as more explicitly defined in its original block grant application (under Criterion 2), is more closely aligned with the federal definition of Serious and Persistent Mental Illness (SPMI). An estimated 2.6 percent of the adult population (using 1999 federal methodology) meet the definition for Serious Mental Illness (SMI), in Kentucky. This equates to 86,216 of the state's adult population based on the 2010 Kentucky census data. In state fiscal year 2020, the CMHCs served 50% of the estimated SMI population (43,410). Given that it is anticipated that 2020 census data will reveal a slightly increased population, this estimate is considered conservative and likely an even stronger underestimation with the current behavioral health implications due to the pandemic. There are many program areas that KY hopes to further enhance with these additional funds.

Planned allocations include funding to support expanded service delivery of the Assertive Community Treatment teams established statewide, Peer Support services to enhance outreach and client retention, Comprehensive Community Support services, IPS-Supported Employment services, Consumer Operated Services programs, and psychoeducational support groups. Funds will be allocated to support additional training and technical assistance for the workforce delivering services and supports. Additional funding for the Homeless Prevention Project are planned for several regions of the state. This program works to coordinate services for individuals with SMI who are being released from jails and prisons and do not have housing upon their release. CMHC staff work with the individuals to secure housing and engagement in behavioral health services. KY also plans to solicit proposals from several statewide organizations to assess the needs they may have to increase or enhance services and supports they provide for individuals with SMI or training initiatives they currently have underway to support peers. Some also may be able to assist with outreach to individuals with SMI who have not been in contact with support systems due to the pandemic.

State level program administrators meet regularly with the Adult Mental Health Coordinators (Community Support Program coordinators, Supported Employment supervisors, ACT team leaders, Peer Support supervisors and others) from the fourteen CMHCs across the state and also participate on numerous interagency councils and workgroups to share information and to stay apprised of service needs and trends (e.g., Kentucky Interagency Council on Homelessness, Continuity of Care Committees with the four state psychiatric hospitals, IPS- Supported Employment Implementation Team).

- **Children/Youth with SED**

An estimated five (5) percent of the child population (using 1999 federal methodology) meet the definition for Serious Emotional Disability (SED). This equates to 51,169 of the state's population underage eighteen, based on the 2010 Kentucky census data. In state fiscal year 2020, the CMHCs served 47% of the estimated SED population, underage eighteen (24,094). Given that the 2020 census data will reveal a slight increase in the child population as well, this estimate is considered conservative and likely an even stronger underestimation with the current behavioral health implications due to the pandemic.

Planned allocations include funding to support expanded service delivery of school based services, crisis services, respite services, peer support services, targeted case management services and High Fidelity Wraparound. For older children and young adults, expansion of Youth Drop-In Centers, virtual and in-person peer services will be a goal with the use of these funds. Summer programming and after school programs also will be a priority. Funds may be allocated to support additional outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, outcomes data collection and monitoring for quality as well.

State level program administrators meet regularly with the Children's Services Coordinators from the fourteen CMHCs across the state and also participate on numerous interagency councils and workgroups to share information and to stay apprised of service needs and trends. The State Interagency Council for Services and Supports to Children and Transition-age Youth (SIAC), comprised of state agencies representatives and parents and youth meets monthly to discuss current issues of interest and concern. SIAC oversees coordinated policy development, comprehensive planning, and collaborative budgeting for services and supports to children and transition-age youth with or at risk of developing behavioral health needs and their families. SIAC strives to design and implement a system of care that is youth- and family-driven, community-based, culturally- and linguistically-responsive, trauma-informed, and recovery-oriented. SIAC conducts monthly meetings that are open to the public.

Regional Interagency Councils (RIACs) operate as the locus of accountability for the system of care, providing a structure for coordination, planning and collaboration of services and supports at the local level to children, adolescents, and transition-age youth and their families, to help them function better at home, in school, in the community and throughout life.

There are 18 RIACs across the commonwealth. Each council is composed of members representing the following: Regional Community Mental Health Centers; Administrative Office of the Courts; Department for Community Based Services; Division of Family Resource and Youth Services Centers (FRYSC); Office of Vocational Rehabilitation; Kentucky Education Cooperatives/Special Education Services; Department for Juvenile Justice; local health departments; a parent of a child with a behavioral health need who is or has been a consumer of system of care services and supports; and one transition-age youth who has a behavioral health disorder who is receiving or has received a service to address mental health, substance use, or co-occurring mental health and substance use disorder. Collaboration is encouraged with any other local public or private agency that provides services and supports to children and transition-age youth with behavioral health needs.

- **Crisis Services**

KY intends to utilize the five percent crisis set aside required funding to support current efforts aimed at the implementation of 988 services in Kentucky. Kentucky's 988 Planning Task Force was created to develop implementation plans for 988, a single number (similar to 911) to provide immediate response to persons experiencing mental health issues and who are at risk of suicide. Beginning on July 1, 2022, implementation of 988 will build on the current National Suicide Prevention Lifeline (NSPL) infrastructure and potentially relieve 911 and other emergency response systems of high demands in response to mental health and suicide risk. The NSPL currently fields calls from more than 30,000 Kentucky residents annually, with approximately 70% of those calls answered by Kentucky crisis centers and 40% of NSPL calls accessed through the Veteran's Crisis Line. Kentucky has nine centers accredited with NSPL and three in the accreditation process. The 988 Task Force partners with Community Mental Health Centers; the Department for Medicaid Services; the Department for Public Health; 911 systems; crisis centers; law enforcement; suicide prevention advocacy groups; and agencies working to address domestic violence, child maltreatment, and substance use to close gaps in the behavioral health safety net for all residents of the Commonwealth. The 988 Planning Task Force is supported with funding from Vibrant Emotional Health, which manages the National Suicide Prevention Lifeline (NSPL).

Additional funding may also be used to enhance the state's overall crisis system which is described in full in Environmental Factor #15 in KY's original block grant plan. State level program administrators meet regularly with community providers of crisis programs to share information, capture trend data and assess the effectiveness of crisis services and problem solve barriers. Kentucky has a network of Adult and Child Crisis Stabilization Units (8-12 bed, community based residential programs) and also offers an array of crisis services including clinic based crisis services, mobile crisis services and crisis call in lines (24/7/365). The services are provided in accordance with the *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit* <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>.

To address health disparities and the need to outreach to and engage underserved and vulnerable populations, the KDBHDID has hired an Executive Advisor (to the Commissioner) and created a variety of workgroups to bring together expertise and resources to address racial and ethnic disparities, specific to behavioral health. This work is especially important during the pandemic but will improve access to quality behavioral health care well into the future. The Cabinet for Health and Family Services (CHFS) also has developed a Racial Equity Plan and DBHDID is a partner in that work. Staff at all levels of the system of care are involved in the strategic planning.

- **Administration**

While KY has historically utilized very little of its block grant awards for Administration, the state does intend to use a small percentage of the COVID-19 Block Grant Relief funds (up to 5%) for this purpose. Due to the retirement of several key staff at the Department level, the time limits of the expenditure period, the desire to exercise careful planning, the workload of securing contracts and collaborative agreements with other state agencies expeditiously, and a strong desire to be

responsive to the somewhat unpredictable behavioral health needs that may arise over the course of the next two years, it seems prudent to financially ensure the Department has the capacity to make the best use of the funds. Funding will be tracked carefully and measures will be put in place to ensure that all of the Department's established quality monitoring is applied to these funds as it is to KY's *regular* block grant funded activities.

Identified Needs and Gaps in the Context of COVID-19: Substance Use Prevention and Treatment (SAPT)

Primary Prevention

- Enhanced outreach and coordination to ensure the public is aware of the warning signs of excessive alcohol use during the pandemic and beyond;
- Enhanced outreach and referral processes to ensure access to information about the consequences of alcohol, tobacco, and drug use among all age groups, including youth, adults and older adults;
- Outreach to underserved and vulnerable populations across the Commonwealth;
- Increase capacity to collect surveillance data regarding identified substance use among adolescents and adults;
- Ensuring the prevention workforce is adequately trained/credentialed to carry out the much needed primary prevention work;
- Gap between those served and the estimated prevalence of individuals with substance use disorders (and their families), including treatment, intervention, harm reduction and recovery supports;
- Exacerbated need for services for all populations due to the pandemic of the past year (increased isolation, job loss, and grief from COVID-19 related deaths, etc.), including those with co-occurring mental health and substance use disorders;
- Enhanced outreach and coordination to ensure those in need are able to access services and supports timely and appropriately;
- Accelerated need for the ability to provide telehealth services and other non-traditional means of serving those in need; and
- Accelerated need to ensure workforce capacity, behavioral health literacy for the general public, suicide prevention and response; and crisis response services.

Sources of Data:

Kentucky's MMIS data for state fiscal year 2020 (July 1, 2019-June 30, 2020) indicates that the total number of individuals with Substance Use Disorders (SUD) served was slightly down from the year before. Data from the current state fiscal year (July 1, 2020-June 30, 2021) indicate that the numbers served are comparable to previous years.

Kentucky Injury Prevention and Research Center (*KIPRIC*) <https://kiprc.uky.edu/>

Kentucky Substance Use Research & Enforcement. Five Major Overdose-Related Substances in Kentucky, January 1, 2017–March 31, 2020. *K-SURE Brief (No.10)*, December 2020.
http://www.mc.uky.edu/kiprc/Files/drug/2020/K.SURE_Product_10_2020-color.pdf

The National Institute for Health Care Management (NIHCH) has a series of infographics displaying research finding regarding the short and long term outcomes of the COVID-19 pandemic. <https://nihcm.org/publications/addressing-loneliness-social-isolation-during-the-pandemic>

Kentucky Injury Prevention Research Center, University of Kentucky. (2020, July 27). EMS, Syndromic Opioid Overdoses Related Encounters, Aggregated by day, 2020 - current.
<http://kyhealthnews.blogspot.com/2020/07/data-and-health-directors-observations.html>

Kentucky Substance Use Research & Enforcement. Five Major Overdose-Related Substances in Kentucky, January 1, 2017–September 30, 2020. *K-SURE Brief (No.12)*, March 2021.

www.carnevaleassociates.com 2020 Sept Info Brief: BH and the COVID-19 Budget Crunch

https://www.huffpost.com/entry/common-ways-covid-pandemic-affected-mental-health_1_6036a9c5c5b660b95cb016c6#:~:text=The%20Most%20Common%20Ways%20The%20COVID-19%20Pandemic%20Has,disorders.%20...%208%20Compounded%20mental%20health%20issues.%20

<https://www.nkytribune.com/2021/02/pandemic-taking-toll-on-mental-health-of-youth-teens-due-to-social-isolation-lack-of-routine-anxieties/>

Spotlight on COVID-19 and Health Disparities: Opportunities to Achieve Better Understanding and Equality for Vulnerable Populations <https://www.nejm.org/doi/full/10.1056/NEJMp2008017>

Kentucky's Plans to Address Identified Needs and Gaps

- **Primary Prevention**

The Prevention and Promotion Branch within the KY Division of Behavioral Health uses a recently created strategic plan to guide their work and additional funding of at least 20% to boost efforts to increase the capacity of the system to delivery data-based evidence-based programming will be vitally important as we move through and past the pandemic. Funding will also be utilized to further study and evaluate the concept of "Prevention Doses" to better understand capacity gaps in delivery of prevention services for population-wide, behavior change.

Kentucky has already identified the Service Members, Veterans and their Families (SMVF) population as one suffering from disparities because of their increased risk of substance use and mental health concerns, including military-connected youth as well young adults, both active service & veterans. The additional stressors brought on by the economic and behavioral health impact of the pandemic will likely make this disparity worse. DBHDID's work with the Purple Star Program has brought together many valuable partners and is building an infrastructure that could bring about sustainable positive change. Involved are the Lt. Governor's Office, the base Commanders at Ft Knox and Ft Campbell, the Military Interstate Children's Compact Commission (MIC3), the KY Department of Education, the KY Department of Veteran Affairs and many others. All have expressed willingness to work with DBHDID to build and sustain the Purple Star Network and provide other needed prevention services to Military-Connected Youth. DBHDID would like to consider hiring or contracting with a SMVF point person to coordinate SMVF efforts statewide.

Kentucky would like to utilize funding to address workforce needs within the Prevention and Treatment provider community. There are not enough staff to address all of the needs across the state. While discussed in greater detail in the regular block grant application, specific attention to addressing workforce retention issues, partially due to the pandemic, would be the focus of the funding allocated for this purpose.

- **Substance Use Treatment**

An estimated 10 percent of the population age twelve and above meet the criteria for a substance use disorder diagnosis. This equates to 363,204 of the state's population above age twelve (3,632,035) based on the 2010 Kentucky census data. In state fiscal year 2020 (July 1, 2019-June 30, 2021), the CMHCs provided substance use specific treatment for 21,858 unique individuals; 366 of which were under age eighteen. These numbers are slightly lower than the year prior but are anticipated to increase in the current and subsequent years. The total number of unique individuals served across the CMHCs in state fiscal year 2020 was 153,355 and 30,248 were identified as having co-occurring mental health and substance use disorders.

Nationally, the CDC predicts a 26.8 percent increase in drug overdose deaths from August 2019 to August 2020. In contrast, the CDC predicts a 43.9 percent increase in drug overdose deaths from August 2019 to August 2020 in Kentucky. Overdoses in Kentucky increased at a rapid rate beginning in mid-March and peaking in April and May (KIPRC, 2020). Fatal and non-fatal overdoses remain significantly elevated over pre-pandemic levels as of March 2021 (K. Marks, personal communication, March 31, 2021). In addition, Kentucky EMS opioid overdose daily runs increased during the COVID-19 state emergency. Specifically, there was a 17% increase in the number of EMS opioid overdose runs with transportation to an emergency department, a 71% increase in runs with refused transportation, and a 50% increase in runs for suspected opioid overdoses with deaths at the scene (Slavova, Rock, Bush, Quesinberry, & Walsh, 2020).

Overdoses are attributed primarily to fentanyl and fentanyl analogs. Fentanyl- and fentanyl analog-related deaths increased by 75.7% from the beginning of 2017 through September 2020. In contracts, both heroin-related emergency department visits and inpatient hospitalizations declined

from January 2017 through September 2020 (42.2% and 38.2%, respectively). In addition, a large increase (108.3%) was observed among Kentucky resident methamphetamine-related overdose deaths, all of which involve polysubstance use, from the beginning of 2017 through the end of September 2020. In total, in Quarter 3 of 2020 alone, Kentucky recorded nearly 3,700 drug-related events in the emergency departments and over 4,200 EMS-suspected overdose encounters. (Kentucky Substance Use Research & Enforcement, 2021). Kentucky seeks approval to purchase, or otherwise make available, Fentanyl test strips to combat the overdose rates statewide.

Kentucky intends to utilize funding to support programming aimed at the delivery of evidence based practices to address substance use disorders. Specifically, funding will be used to increase crisis response capacity. Quick Response Teams will be added statewide to provide assertive engagement in the community; in places where people are intersecting with other systems than are underequipped to identify and offer behavioral health services. The composition of the teams may vary, but often include a peer and first responder. Clinical staff are not required for the outreach and engagement team but teams engage clients and referrals into clinical services is provided, as needed. For statewide capacity, an estimated \$3M is needed to support this programming.

Mobile outreach teams to provide harm reduction, referral and treatment, recovery support services in the community will be created. Inclusion of telehealth capacity with mobile outreach teams maximizes workforce and the diversity of services available. Mobile teams will be equipped with Narcan kits and will be able to educate families, first responders and others about how to use them. Kentucky has provided extensive Narcan education and distribution but there is an ever-increasing need for more across the entire state.

Additional access to Integrated Treatment (with fidelity to the model) is needed statewide and DBHDID would like to explore options for hiring a state level expert, as well as providing additional professional development for providers within the CMHCs statewide. A state level *Integrated Treatment Implementation Team* is needed to increase capacity to most effectively and appropriately serve those with co-occurring mental health and substance use disorders. DBHDID has experience with creating and shepherding implementation teams for other evidence based practices (EBP), utilizing implementation science and all available technical assistance to propel the availability of EBPs (with fidelity). Due to limited funded, fidelity-monitoring with the Dual Diagnosis Capability in Addiction Treatment (DDCAT) and the Dual Diagnosis Capability in Mental Health Treatment (DDMHT) has fallen off in recent years and needs to be reestablished. Kentucky would also like to support the network expansion of Double Trouble in Recovery (DTR) self-help groups as well. The currently established groups have continued, virtually, in the past year, and there is more demand than ever to continue and increase virtual and in-person groups across the state. Currently there are 16 sites across the state offering DTR Groups on Zoom available 4 days per week (some days there are multiple mtg. times- Monday, Tuesday, Thursday and Sunday. See <http://dtrky.org/> for additional information.

Kentucky also plans to utilize funds to further integrate Medications for Opioid Use Disorders (MOUD) into all CMHCs programming, including residential, outpatient, and housing services. Substantial efforts have been made to educate and implement full acceptance and integration of

MOUD treatment but there may need to be a position created at the state level to further move the full implementation and sustain it.

Kentucky currently has over 100 Oxford Houses statewide and they are seeing an increased need to open more female houses. There is also a need to incorporate best practices around opening houses for those reintegrating into the community from corrections. Funding will be used to explore technical assistance and possibly increase capacity to serve additional females and perhaps have specialty services for those reintegrating into communities from corrections.

Administration

While KY has historically utilized very little of its block grant awards for Administration, the state does intend to use a small percentage of the COVID-19 Block Grant Relief funds (up to 5%) for this purpose. Due to the retirement of several key staff at the Department level, the time limits of the expenditure period, the desire to exercise careful planning, the workload of securing contracts and collaborative agreements with other state agencies expeditiously, and a strong desire to be responsive to the somewhat unpredictable behavioral health needs that may arise over the course of the next two years, it seems prudent to financially ensure the Department has the capacity to make the best use of the funds. Funding will be tracked carefully and measures will be put in place to ensure that all of the Department's established quality monitoring is applied to these funds as it is to KY's *regular* block grant funded activities.

Other (PPE, Telehealth Equipment, Transportation, Housing)

Housing and transportation are of significant concern for individuals served in Kentucky's behavioral health system. A portion of funding will be set aside for this use and priority allocations will be reviewed for sustainability. KY will consider allocating a portion of available funds to assist providers with other COVID-19 related needs on a case by case basis and only when other resources have been exhausted.