

Kentucky

UNIFORM APPLICATION

FY 2022/2023 Combined MHBG Application Behavioral Health
Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT and COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2023

End Year 2024

State SAPT DUNS Number

Number LECJQDCLHVE5

Expiration Date

I. State Agency to be the SAPT Grantee for the Block Grant

Agency Name Cabinet for Health and Family Services

Organizational Unit Department for Behavioral Health, Developmental and Intellectual Disabilities

Mailing Address 275 East Main Street 4 W-G

City Frankfort

Zip Code 40621

II. Contact Person for the SAPT Grantee of the Block Grant

First Name Brittney

Last Name Allen

Agency Name Cabinet for Health and Family Services

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Telephone (502) 782-6740

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Email Address Brittney.Allen@ky.gov

State CMHS DUNS Number

Number 927049767

Expiration Date

I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name Cabinet for Health and Family Services

Organizational Unit Department for Behavioral Health, Developmental and Intellectual Disabilities

Mailing Address 275 East Main Street 4W-G

City Frankfort

Zip Code 40621

II. Contact Person for the CMHS Grantee of the Block Grant

First Name Wendy

Last Name Morris

Agency Name Department for Behavioral Health, Development, and Intellectual Disabilities

Mailing Address 275 East Main Street 4W-F

City Frankfort

Zip Code 40621

Telephone 502-564-4527

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Email Address wendy.morris@ky.gov

III. Third Party Administrator of Mental Health Services

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

V. Date Submitted

Submission Date 8/31/2022 12:01:11 PM

Revision Date 4/4/2023 10:50:26 AM

VI. Contact Person Responsible for Application Submission

First Name Melissa

Last Name Runyon

Telephone 502-782-6238

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Email Address melissa.runyon@ky.gov

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

SAMHSA
 Office of Financial Resources, Division of Grants Management
 Center for Substance Abuse Treatment, Division of States and Community Systems
 Center for Substance Abuse Prevention, Division of Primary Prevention
 Center for Mental Health Services, Division of State and Community Systems Development

Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

COVID-19 Award Issue Date: 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

Instructions: Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee’s intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

Check One Only (✓): Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding
 Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)		
B. Date of Submission of NCE Request	September 9, 2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months (3/14/24)

D. Name and Title of Grantee Finance Official Approving This NCE Request	Stephanie Craycraft Deputy Commissioner DBHDID		
E. Name and Title of Grantee Program Official Approving This NCE Request	Wendy Morris Commissioner DBHDID		
F. Name and Title of Other Grantee Official Approving This NCE Request	Patti Clark Division of Mental Health, Director DBHDID		
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$10,734,798	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above (8/26/2022)	\$3,908,700
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$3,325,023	J. COVID-19 Award Total \$ Amount Requested for NCE	\$3,501,075
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.			
Actual Itemized Expenditures that have been completed through August 26, 2022:			
Vendor Name	Service	Expenditures as of August 26 2022	
Communicare Inc	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality.	\$156,010	
Comprehend Inc	988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; Enhance and expand the availability of a continuum of screening, referral, assessment, and intervention practices for children and youth with SED with child welfare involvement.	\$164,000	

Cumberland River Behavioral Health Inc	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; Enhance and expand the availability of a continuum of screening, referral, assessment, and intervention practices for children and youth with SED with child welfare involvement.	\$167,134
RiverValley Behavioral Health	988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality.	\$98,665
Kentucky River Community Care Inc	988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; Enhance and expand the availability of a continuum of screening, referral, assessment, and intervention practices for children and youth with SED with child welfare involvement; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; Community Residential Support that serves adults with SMI who have intensive service needs, ensures 24/7 on-site support, as appropriate, maximizes independence in community housing with the goal of increasing community tenure.	\$141,877
The Adanta Group	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; Enhance and expand the availability of a continuum of screening, referral, assessment, and intervention practices for children and youth with SED with child welfare involvement; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment.	\$116,367
Lifeskills Inc	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; Support the delivery of evidence-based trainings for crisis call center staff and supervisors to ensure suicide safe access to care and resources for those most at risk of suicide; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; The Homeless Prevention Project helps to coordinate services for individuals with SMI who are being released from jails and prisons and do not have housing upon their release; Training, technical assistance and staffing needs to support statewide racial equity efforts for behavioral health workforce.	\$329,617
Mental Health Association Of Kentucky Inc	Expand community partnerships to provide peer support services that will enhance SMI client outreach and service retention.	\$62,788

Mountain Comprehensive Care Center	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; Enhance and expand the availability of a continuum of screening, referral, assessment, and intervention practices for children and youth with SED with child welfare involvement; CCBHC demonstration site readiness support including recruitment, onboarding and training, improving IT capacity and improving mobile services capability to ensure overall readiness for implementation of the CCBHC model.	\$223,929
NAMI Lexington Ky Inc	Recovery Oriented Training and Technical Assistance	\$57,609
New Vista of the Bluegrass, Inc.	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; CCBHC demonstration site readiness support including recruitment, onboarding and training, improving IT capacity and improving mobile services capability to ensure overall readiness for implementation of the CCBHC model; The Homeless Prevention Project helps to coordinate services for individuals with SMI who are being released from jails and prisons and do not have housing upon their release.	\$420,593
Northkey Community Care	IPS Supported Employment Expansion; First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; CCMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; CCBHC demonstration site readiness support including recruitment, onboarding and training, improving IT capacity and improving mobile services capability to ensure overall readiness for implementation of the CCBHC model.	\$377,682
Pathways Inc	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; Enhance and expand the availability of a continuum of screening, referral, assessment, and intervention practices for children and youth with SED with child welfare involvement.	\$421,602
Pennyroyal Center	988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality.	\$98,665
REACH of Louisville Inc	Support 988 planning and evaluation services that will support data-based decision making and program expansion.	\$155,540

Seven Counties Services, Inc.	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; The Homeless Prevention Project helps to coordinate services for individuals with SMI who are being released from jails and prisons and do not have housing upon their release; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; CCBHC demonstration site readiness support including recruitment, onboarding and training, improving IT capacity and improving mobile services capability to ensure overall readiness for implementation of the CCBHC model; Peer Support Service Expansion.	\$641,230
University Of Kentucky Research Foundation	988 Resource Platform Development - University of Kentucky, KY Injury Prevention Research Center will develop, implement, and evaluate the MentalHealthHelpNowKy.org (MHHNKY) website and integrate it into the FindHelpNowKy.org (FHNKY) website to serve as a single entry point for accessing resources among those experiencing a behavioral health crisis.	\$2,151
Wellspring Inc	Community residential support for adults with SMI who have intensive service needs, ensures 24/7 on-site support, as appropriate, maximizes independence in community housing with the goal of increasing community tenure.	\$65,000
Four Rivers Behavioral Health	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality.	\$156,010
Administrative Costs	State staff salary, fringe, travel and indirect costs	\$52,231
	TOTAL	\$3,908,700

L. Please provide a brief listing of your grantee estimated itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are planned to be completed with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.

Estimated Itemized Expenditures planned to be completed from August 27, 2022 through the end of the current expenditure period of March 14, 2023.

Vendor Name	Service	Planned Expenditures thru March 14 2023
Communicare Inc	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality.	\$169,240

Comprehend Inc	988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality.	\$145,750
Cumberland River Behavioral Health Inc	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; Enhance and expand the availability of a continuum of screening, referral, assessment, and intervention practices for children and youth with SED with child welfare involvement.	\$185,281
RiverValley Behavioral Health	988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality.	\$145,750
Kentucky River Community Care Inc	988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; Enhance and expand the availability of a continuum of screening, referral, assessment, and intervention practices for children and youth with SED with child welfare involvement; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment.	\$170,958
The Adanta Group	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment.	\$188,260
Lifeskills Inc	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; Support the delivery of evidence-based trainings for crisis call center staff and supervisors to ensure suicide safe access to care and resources for those most at risk of suicide; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; The Homeless Prevention Project helps to coordinate services for individuals with SMI who are being released from jails and prisons and do not have housing upon their release; Training, technical assistance and staffing needs to support statewide racial equity efforts for behavioral health workforce.	\$462,573

Mountain Comprehensive Care Center	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment.	\$169,240
New Vista Of The Bluegrass, Inc.	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; The Homeless Prevention Project helps to coordinate services for individuals with SMI who are being released from jails and prisons and do not have housing upon their release.	\$215,073
Northkey Community Care	IPS Supported Employment Expansion; 988 Implementation Planning & Crisis System Expansion; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality.	\$189,292
Pathways Inc	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality.	\$160,073
Pennyroyal Center	988 Implementation Planning & Crisis System Expansion; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality.	\$145,750
Seven Counties Services, Inc.	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality; The Homeless Prevention Project helps to coordinate services for individuals with SMI who are being released from jails and prisons and do not have housing upon their release.	\$200,292
Four Rivers Behavioral Health	First Episode Psychosis Program Expansion; 988 Implementation Planning & Crisis System Expansion; CMHC expansion of Consumer Operated Services Program (COSP) - peer run programs that serve as adjuncts to traditional behavioral health treatment; Enhance outreach to children with SED and their families, training and technical assistance for the workforce delivering such programs, data collection and monitoring of service quality.	\$169,240
REACH of Louisville Inc	Support 988 planning and evaluation services that will support data-based decision making and program expansion.	\$183,420

University Of Kentucky Research Foundation	988 Resource Platform Development - University of Kentucky, KY Injury Prevention Research Center will develop, implement, and evaluate the MentalHealthHelpNowKy.org (MHHNKY) website and integrate it into the FindHelpNowKy.org (FHNKY) website to serve as a single entry point for accessing resources among those experiencing a behavioral health crisis.	\$424,831
	TOTAL	\$3,325,023

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

Kentucky experienced many challenges in expending the current COVID-19 Supplemental Funding by March 14, 2023. Some of the challenges are outlined below:

- Kentucky received the notice of the award on March 11, 2021, and the application/plan for utilization of these funds was due on April 5, 2021. This expedited timeline left minimal time for sufficient planning for the utilization of these “one-time only” funds;
- Kentucky’s providers, primarily Community Mental Health Centers, have experienced critical staff shortages and hiring difficulties throughout the pandemic. Given this, capacity to provide direct services, implement programs, and access clients significantly impacted the ability to expend funds;
- Kentucky’s state contracting process is extensive and the timing of the funding notice/required plan/approval necessitated the implementation of contract modification processes. In addition, new funding codes had to be established. Many providers were not able to spend their total allotment of new funding during SFY 2022, due to the length of time required to load new funding/projects into their existing contracts;
- Planning for one-time funding of this magnitude required creation of some new contracts and the process for establishing new contracts takes, on average, six to eight weeks. With numerous entities under contract with DBHDID, a bottleneck can occur in the finance and legal departments that further delays contract execution;
- The development of new programs required additional planning time for efficient start-up and implementation activities.

Strategies Kentucky will employ to ensure the approved NCE COVID-19 Supplemental Funding will be expended by March 14, 2024, include the following:

- Providers have now created and staffed new positions and established better marketing for any open staffing positions. Some CMHCs have revamped their salary scales to remain competitive. Some programs that were in dire need for staff are now fully staffed;
- Providers and new contractors have progressed through the critical initial stages of implementation required to effectively install new programming. During this period, new staff were hired and trained, subcontracts established, internal process and workflows negotiated, and technical support sought;
- DBHDID redirected some funding to support the enhancement of existing programming in lieu of new programming/new contracts, as able;
- DBHDID staff developed and made available technical assistance to support providers in the implementation of new deliverables;
- DBHDID reorganized the Division of Behavioral Health into two Divisions, the Division of Mental Health and the Division of Substance Use Disorder, in an effort to build capacity and support for the extensive behavioral health programming for all Kentuckians in need of public behavioral health services. More leadership and program staff will be made available across program areas;
- Capacity for more timely contracting processes will be improved as DBHDID is currently hiring for additional contract/finance staff.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

Planned Itemized Expenditures for Utilizing Remaining Funds between March 15, 2023 and March 14, 2024:

Vendor Name	Service	Planned Expenditures March 15 2023 - March 14 2024
Community Mental Health Centers	Increase capacity of 988 crisis centers to coordinate crisis care in real-time, have full array of available crisis services (mobile, 23 and 24 hour crisis beds, psychiatric beds) and the ability to readily track such availability with interoperable IT systems and sustainable data collection systems. (\$30,000 x 13 CMCHs = \$390,000) In addition, increase capacity for Regional Prevention Centers to enhance community-based crisis and suicide prevention education. (\$10,000 x 14 CMHCs = \$140,000)	\$530,000
Community Mental Health Centers	Fund placement of transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports. (\$37,500 x 14 CMHCs)	\$525,000
Kentucky River Community Care Inc	Youth Crisis Housing Program Expansion. Program provides permanent housing support, case management, supported employment and behavioral health supports to young people who are precariously housed or homeless.	\$150,000
Lifeskills Inc	First Episode Psychosis Program Expansion & Statewide Training and Technical Assistance for Clinical High Risk Programming	\$275,000
Lifeskills Inc	A Disaster Behavioral Health Fund will enable Community Mental Health Centers to support disaster response needs for individuals with SMI/SED when existing resources are overwhelmed by an emergency and other resources are unavailable.	\$50,000
NAMI Lexington Ky Inc	Recovery Oriented Training and Technical Assistance	\$75,000
Pathways Inc	First Episode Psychosis Program Expansion that will increase service access within rural counties.	\$200,000
Community Mental Health Centers	Enhancement of three (3) Transition Age Youth Drop-in Centers that offers peer support, employment, education, career planning, age-specific behavioral health treatment, coordination of care, and life skills training. (\$150,000 x 3 CMHCs)	\$450,000
Mental Health Association of Kentucky Inc	Expand community partnerships to provide peer support services which will enhance SMI client outreach and service retention.	\$75,000
University Partner	Implementation of an alternative crisis response model/jail diversion pilot that will include program feasibility, planning, and installation activities, and launch of the pilot.	\$500,000

LIFESKILLS INC	Training, technical assistance and supports to improve equitable access to mental health services among underserved and underrepresented persons with SMI/SED, including Black, Indigenous and People of Color, and among persons that are Deaf or Hard of Hearing.	\$50,000
TBD	Peer Support Service Expansion for persons that are Deaf or Hard of Hearing.	\$60,000
Community Mental Health Centers	Enhance Homeless Prevention Project across four (4) CMHCs. This project helps 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 individuals to secure housing and engagement in behavioral health services.	\$400,500
ADMINISTRATIVE COSTS	Maintain a state level position to lead planning and implementation efforts around disaster behavioral health preparedness, response and resilience for the individuals served in the publicly funded behavioral health network. Costs will cover other state staffing and administrative needs.	\$160,575
	TOTAL	\$3,501,075

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

There is no additional information. Completed and planned expenditures are outlined in earlier sections of this report.

End of NCE Request. Thank you.

Kentucky BSCA Funding Plan 2023

1. Describe any plans to utilize the BSCA supplemental funds to develop/enhance components of your state's mental health emergency preparedness and response plan that addresses behavioral health. Please include in your discussion how you plan to coordinate with other state and federal agencies (behavioral health, law enforcement, justice systems, local agencies, public health, etc.) to leverage crisis/mental health emergency related resources.

Over the past year, two natural disasters (a tornado in Western Kentucky – DR-4630-KY- and a flood in Eastern Kentucky – DR-4663-KY), various community-level crisis situations (officer-involved accidents, fires, officer-involved shootings, etc.), in addition to continued impacts from COVID-19 have increased the need for improved mental health preparedness and response plans, especially for those with Serious Mental Illness and Severe Emotional Disturbance (SMI/SED) and Substance Use Disorders (SUD). In previous years, disaster and crisis responses were provided by the Kentucky Community Crisis Response Board/Team in connection with the Kentucky Emergency Management (KYEM) and supported by the Kentucky Department for Public Health. As a result of KYEM's stated lack of capacity to respond to the behavioral health needs of Kentucky residents effectively and efficiently during disasters and community crisis situations, the program was attached by Memorandum of Understanding to the Department for Behavioral Health, Developmental & Intellectual Disabilities (DBHDID) effective Aug. 1, 2022. This transfer occurred during one of the largest and most devastating floods and subsequent disaster response in Kentucky history.

Concurrently, the Kentucky Department for Behavioral Health, Developmental & Intellectual Disabilities (DBHDID) reorganized the Division of Behavioral Health into two separate divisions, Division of Mental Health (DMH) and Division of Substance Use Disorder (DSUD). As part of the reorganization and awareness of the needs related to community crisis and disaster response, a new branch was created in the DMH. The Promotion, Prevention and Preparedness Branch includes staff members who lead Kentucky's Community Crisis Response Team (KCCRT) and support efforts related to Kentucky disasters, focusing on those with SMI/SED. In addition, this Branch includes staff members who lead community-based crisis programming across the state, including suicide prevention.

Prior to the July flooding in Eastern Kentucky and DBHDID's reorganization to include disaster preparedness for behavioral health, the Department provided grant writing and project oversight and implementation of the state's Individual/Regular Services Program (ISP/RSP) and Disaster Case Management Program (DCMP) for Western Kentucky (DR-4630-KY). Additionally, DBHDID applied for and received the ISP/RSP and DCMP grants for the Eastern Kentucky floods (DR-4663-KY) subsequent to the Department's absorption of community crisis and disaster response responsibilities.

These two major disasters, coupled with the reorganization of the Division of Behavioral Health into two divisions (Mental Health and Substance Use Disorder) and the creation of a branch with specific focus on preparedness efforts, highlighted the need to not only update the state's behavioral health emergency preparedness and response plan, but also to rebuild the KCCRT and support community mental health agencies in increasing their ability to maintain continuity of operations in the event of a natural disaster or other community crisis.

To facilitate this process, BSCA funds will be utilized to engage with a facilitator, who will support a statewide behavioral health landscape analysis to solicit feedback for the update of the state's

behavioral health emergency preparedness and response plan, which was last renewed in 2016. The plan will emphasize continued services during a crisis or disaster for those with SMI/SED/SUD. An initial convening will bring together community and state-level behavioral health providers and behavioral health advocacy organizations, including persons with lived experience, to solicit initial information. Additionally, the facilitator will support the convening of state emergency management agencies and other first responders, including law enforcement, to secure their buy-in and feedback on the development of an updated plan. Agencies and entities to be included in this level of the landscape analysis process are representatives from Kentucky Emergency Management, Federal Emergency Management Agency (FEMA), Voluntary Organizations Active in Disasters, KCCRT members, American Red Cross, and other disaster response entities. A third meeting will be held to convene state- and community-level agencies (Dept. for Public Health (DPH), local health departments, Department of Education (KDE), Family Resource and Youth Services Centers (FRYSC), Cabinet for Justice and Public Safety agency representatives, including those from the Department of Juvenile Justice and the Department of Corrections (DOC), the Administrative Office of the Courts, Department for Community Based Services (DCBS), Department for Aging and Independent Living (DAIL), and the Department for Medicaid Services (DMS)). Also included will be state-level agencies that support the delivery of behavioral health services for youth and adults and include representation of those with lived experience (State Interagency Council for Services and Supports to Children and Transition Age Youth (SIAC), Behavioral Health Planning & Advisory Council Members, Kentucky Interagency for Suicide Prevention). Individual key stakeholder interviews will be conducted representing the various sectors involved. The information gleaned during the summits will then be used to craft an update to the behavioral health emergency preparedness and response plan that will guide future efforts in the event of natural disasters and community crisis responses. By convening all noted stakeholders, DBHDID will be able to leverage the variety of resources available to address behavioral health needs of residents of the Commonwealth in future disaster responses.

As many of these entities have been active, engaged and collaborative during the two major disasters that have occurred in Kentucky since December 2021, they have recent experiences that will be insightful in the crafting of the state's behavioral health emergency preparedness and response plan. Also, because of the recent disasters, these entities have been working collaboratively over the last year to provide behavioral health services, reducing the amount of time needed to build relationships and gain trust to begin this process.

2. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a state behavioral health team that coordinates, provides guidance, and gives direction in collaboration with state emergency management planners during a crisis (anticipated/unanticipated).

DBHDID is committed to providing behavioral health support to community-level emergency management planners during a crisis and have demonstrated that commitment during the two recent disasters in the state – a tornado in Western Kentucky (DR-4630-KY) and a flood in Eastern Kentucky (Dr-4663-KY in Eastern Kentucky. DBHDID provided 24/7 staffing for both the tornado and flooding responses during the first 90 days of each disaster, demonstrating state leadership's commitment to disaster response in relation to behavioral health services. Engaging with emergency managers during community crises and disasters ensures that those with SMI/SED and SUD can maintain medication and treatment during a heightened time of stress and trauma.

With the reorganization of the Division of Behavioral Health and the inclusion of preparedness as a key component of a new branch's duties, DBHDID demonstrates further commitment to building relationships with emergency managers across the state to ensure that community behavioral health needs are identified and included in early response efforts, that planned efforts are in alignment with actual response parameters, and that staff participate in training exercises to simulate a response in a crisis or natural disaster and debriefs of those exercises to identify capacity gaps. Additionally, DBHDID will work with Kentucky Emergency Management to provide the Incident Command System/Emergency Operations Center training to key staff at the state level, as well as within the Community Mental Health Center system. This training is offered at no cost and no funds from the BSCA will be utilized for this initiative.

Two staff members (one on staff currently, one active job posting register) are being tasked with supporting emergency planning. Additionally, the Department is actively recruiting staff who will be part of a response team to coordinate KCCRT responses as well as to provide support during a crisis or disaster. Initially, participation will be on a volunteer basis (staff will be compensated for time spent) and those who are interested in coordinating a response will be able to do so. Eventually, all staff with relevant jobs will have community crisis and disaster response support as a task included in their job descriptions.

As capacity is being enhanced through staffing, the Director of the Division of Mental Health is actively seeking learning opportunities and relationship building events to make connections with emergency managers at the community level. She attended the International Association of Emergency Management conference in Savannah, GA on Nov. 14-17 and interacted with approximately 10 of the state's emergency managers (EMs). During that time, she was able to discuss opportunities for utilization of the KCCRT, as well as plans to begin one-on-one and regional meetings with EMs. She also discussed the importance of Community Mental Health Centers being a visible entity within any crisis or disaster response and highlighted the importance of the CMHCs being included in any community training exercise. She and the current staff member for disaster preparedness will begin 1:1 meetings with EMs after the holidays to build relationships and make connections between EMs and the CMHC providing services to their community.

Once the second staff member is hired, the Division Director and the two preparedness staff will provide technical assistance to the CMHCs as they update their emergency operations plan (EOP) as well as their continuity of operations plan (COOP). The recommendations for the COOP plans will include the identification of a "buddy" CMHC who will provide support if a CMHC goes offline during a crisis or disaster. During the Eastern Kentucky flood in July, one of Kentucky's 14 CMHCs had 50 staff members lose their homes in the disaster. During the initial days of the flood, two other CMHCs in the state provided backup services to ensure that their clients received continuity of care during the time it took them to come back online. Additionally, their 988 calls were transferred to a backup center in the state for the month of August to provide assurances that residents of the region had access to immediate 988 responses. These types of strategies will be operationalized in the CMHCs EOP and COOP plans to ensure that those with SMI/SED continue to be served during an emergency.

Costs for these efforts are being implemented through State General Funds, Mental Health Block Grant, Substance Abuse Prevention and Treatment Block Grant, American Rescue Plan Act and the 2021

Coronavirus Response and Relief Supplemental Appropriations (CRRSA). No BSCA funds will be utilized for this component.

3. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a multidisciplinary mobile crisis team that can be deployed 24/7, anywhere in the state rapidly to address any mental health components during a crisis.

The Kentucky Community Crisis Response Team (KCCRT) provides critical incident stress management (CISM) and peer support crisis response services from pre-incident training, acute crisis response, and post-incident support to emergency services personnel who have encountered a traumatic event. Traumatic events include line of duty deaths, multi-casualty incidents, use of deadly force, suicide of a first responder, events involving children, prolonged incidents, terrorism, and any other overwhelming event the community first responder determines impacts their readiness to deploy effectively. These services are provided at no cost to the community to prevent the destructive effects of emotional trauma, job-related stress, and to accelerate recovery from critical incidents before stress reactions can negatively impact an individual's career, health, and family. The KCCRT supports emergency services and emergency management personnel, school communities, business and industry and disaster survivors with volunteer peers.

As noted in Response 1, the DBHDID reorganization and the recent attachment by Memorandum of Understanding (MOU) moved the Kentucky Community Crisis Response Team from Kentucky Emergency Management to DBHDID. The KCCRT is currently administered through the Division of Mental Health, Promotion, Prevention and Preparedness Branch, which was developed during the reorganization of the department in July 2022. The MOU assigns the responsibilities of recruitment, retention, training, and response of the KCCRT to DBHDID.

However, because of lack of capacity to support the KCCRT over the last few years, the team has diminished in strength and capacity. More than 370 people are currently on the team roster, however, during recent requests to deploy for community crisis events, it has been difficult to elicit sufficient team-member commitment to adequately respond to all situations. Additionally, the number of response requests appears to be increasing. In the past, on average, the team deployed three times per month. During October 2022, the team was requested nine times.

As a result of the low number of respondents for these crisis responses, as well as the fact that credentials have lapsed for many of the members, DBHDID will be undertaking extensive recruitment, training and credentialing over the next year. Funds from the BSCA monies will be utilized to support this effort, in addition to funds from the Department for Public Health, which provides the base costs for support of the team, allowing DBHDID to leverage multiple funding streams to support the rebuilding of this initiative.

BSCA funds will be utilized to provide access to multiple trainings that will allow recredentialing of those team members who wish to continue their efforts with KCCRT. DBHDID team members are currently surveying those who are on the roster to determine their interest in continuing involvement with KCCRT. BSC funds will also allow for the recruitment of behavioral health providers, especially those who currently work within the state's Community Mental Health Center network. These individuals include Peer Support Specialists, Assertive Community Treatment teams, Targeted Case Managers, prevention staff, houseless outreach specialists, and others identified by the CMHCs to respond in a community

crisis or natural disaster. Additionally, marketing will be utilized to solicit the involvement of first responders and emergency management professionals to round out the KCCRT's membership.

A training plan is being developed with a statewide training of all team members slated for early spring. During this training, refreshers will be provided for veteran team members while initial trainings will be provided for those who join the team because of recruitment efforts. Trainings to be offered during the statewide training, as well as throughout the remainder of 2023 and early 2024, include:

- Assisting Individuals in Crisis
- Psychological First Aid
- Skills for Psychological Recovery
- Basic Eye Movement Desensitizing and Reprocessing (EMDR)
- Cognitive Processing Therapy (CPT)
- Cognitive Behavioral Interventions in Schools (CBITS)
- Trauma Effected Regulation: Guide for Education and Therapy (TARGET)
- Trauma Focused Cognitive Behavioral Therapy (plus consultation calls)

Additionally, DBHDID will develop a Psychological First Aid 201 that is specific for Kentucky disaster responses.

DBHDID recently completed a two-year, \$7 million Disaster Resilience Grant awarded by SAMHSA. During the implementation of that project, partner agencies implemented portable telehealth stations that were available to consumers who might not otherwise access behavioral health services. Additionally, during the last two disasters, there was a need for these types of services in the communities most effected by the tornadoes and the flooding. As a result, DBHDID will assemble 5 portable ATLAS (Accessing Telehealth through Local Area Stations) to be deployed to the Disaster Resource Centers (DRCs) in the event of a community disaster. DRCs are considered a one-stop shop for accessing multiple services that disaster survivors need (food, clothing, replacement driver's license, FEMA applications, etc.). By locating an ATLAS station in the DRC, survivors begin to normalize the emotions they may be feeling because of the disaster and recognize that accessing behavioral health services is equivalent to replacing clothing and furniture they may have lost during the disaster.

The portable ATLAS Stations will be equipped with a laptop with camera, hotspot which can be activated at the time of deployment, privacy desk screen, extension cord reel, tuff box for storage/transport, zoom license, folding table, and white noise machine. CMHCs will be advised of the stations and asked to provide support at the DRC to support clients and other impacted survivors in making the connection with their providers. DBHDID will also work with Kentucky Emergency Management and FEMA when they are setting up the DRCs to ensure there is a separate space, preferably with a door, to locate the ATLAS stations. This will help to ensure privacy for those who choose to access services in this manner.

DBHDID also administers the Olmstead Housing Initiative program and the PATH grant, which includes funds to support the unhoused in accessing permanent housing. DBHDID also provides a small amount of flexible state general funds to CMHCs for adults with SMI, to assist with non-recurring case management/housing needs with no other source. Additionally, a Homeless Outreach Team has been in existence for 21 years in Jefferson County, Kentucky (urban). The team model used in Louisville features the use of Targeted Case Managers and Peer Support Specialists in addition to other Behavioral Health professionals. The model will be translated for additional areas (suburban, rural) and will be mobilized in

support of returning disaster survivors to their home quicker, providing non-recurring resources to support housing and utility deposits, outstanding debts that prevent the individual from accessing housing, pest treatments, home goods (beds, cookware, etc.). The resources will be available on a non-recurring basis up to a maximum allotment of \$2,000 per household and will follow the requirements of the state's PATH grant Policies and Procedures. All other sources of funding for these types of payments will be accessed prior to utilizing the BSCA funds for this purpose. Several of the CMHCs have already established outreach teams who work with unhoused individuals. They are already providing other types of support during traumatic events and adding the housing assistance program to their program portfolio will enhance their acceptance as well as their effectiveness in time of crisis or natural disaster.

4. Describe any plans to utilize the BSCA supplemental funds to develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their families, including those with justice involvement and having SED/SMI. (Should build collaboration with child welfare organizations, schools, juvenile justice authorities, and children's BH services. Should develop multidisciplinary youth-serving state/regional advisory groups to provide input on infrastructure and policy development).

The State Interagency Council for Services and Supports to Children and Transition-Aged Youth (SIAC) is a group consisting of state agency representatives, a youth, a parent of a child or transition-aged youth (TAY) with a behavioral health needs (SED/SUD), and a member of a non-profit family organization. SIAC oversees 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 responsive, trauma-informed, and recovery-oriented. SIAC conducts monthly meetings that are open to the public.

The Regional Interagency Councils (RIAC) 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, especially those experiencing SED and SUD, to help them function better at home, in school, in the community and throughout life. There are 18 RIACs across the state. Each council is composed of members representing: CMHC, AOC, DCBS, FRYSC, Office of Vocational Rehabilitation, Kentucky Education Cooperatives/Special Education Services, Department of Juvenile Justice, local health departments, a parent of a child with BH needs who is or has been a consumer of system of care services and supports, and one TAY youth who has BH disorder who is receiving or has received a service to address MH, SU, or co-occurring. Collaboration is also encouraged with any other local public or private agency that provides services and supports to these populations.

Efforts to develop Kentucky's state behavioral health emergency and response plan will include members of the SIAC and RIAC, as noted in question 1. School and other youth-serving agencies will be educated on the steps needed to activate the team for a response at their location. Additionally, schools will have the opportunity to participate in the CBITS, TARGET, Psychological First Aid, Skills for Psychological recovery, and CPT trainings, as noted in Question 3, to increase their awareness of the trauma that can occur because of a community crisis or a natural disaster in their county. RIACs recently received disaster preparedness funds and are expected to work closely with the KCCRT moving forward. Regional Prevention Centers (RPCs) also provide technical assistance to schools related to early identification, referral and follow-up of youth who are at risk of serious psychological distress, suicide, or

substance misuse and provide support to school in developing MOUs with providers to create care pathways for students in the event that they will be needed in the future.

RPCs have also received information on the “Handle With Care” program and have started promoting this program in their respective communities. Handle With Care involves a consistent relationship between first responders and emergency services personnel who alert the school that the child was involved in a situation and may be at increased risk of trauma symptoms in the days and weeks to follow. Schools are trained to understand these symptoms and how to utilize trauma-informed best practices to support the student during the time following the crisis. These programs will be expanded over the next two years to support the many Kentucky children who have been exposed to trauma in the aftermath of the Western Kentucky tornadoes and the Eastern Kentucky flooding. The goal is to reduce the impact of these events on all children, but especially those who are identified as SED.

Additionally, as noted above, RIACs are established in 18 regions across the state and include mandated representation from each agency listed in the second paragraph of this response. Their charge is to implement a youth-and family-driven system of care to promote children’s and transition-aged youth’s social, emotional, and behavioral well-being where they live, learn, work, and play. With BSCA funds, the RIACs will expand their efforts to ensure more inclusive representation from the youth they serve, develop a Family Accountability, Intervention and Response (Fair) Team pilot to support youth at risk of or already being involved in the juvenile justice system and provide Peer Support Specialists to assist parents whose children have become involved with the child welfare system. BSCA funds would be used to:

- Provide reimbursement to youth with lived behavioral health experience for service on RIACs and RIAC youth council to increase youth voice in the community level work of the council. This will ensure that youth needs are identified, especially in relation to community crisis and natural disasters. Youth will be paid a reimbursement for attendance at each meeting as a reimbursement of their time. They will also receive resources for any travel costs to support attendance as many of the communities are in rural areas and do not have mass transit. Funds are for 1 youth for each RIAC for 12 meetings in a year. TAY Program Administrators would provide technical assistance to the teams to ensure that the youth voice is utilized in effective and meaningful ways, and that they are not just tokenized members of the RIACs.
- A FAIR Team pilot will be developed in two high need sites where there is a disproportionate number of youth involved in the juvenile justice system. The FAIR teams were created by SB 200, which went into effect in July 2015, with the intent to frontload services to youth in need and their families to help them get back on track in school and not end up in the court system. Each judicial circuit or district will establish FAIR teams, comprised of a multidisciplinary group whose primary role is to take a case-by-case look at each child referred to them by the Court Designated Worker. Together, they utilize an enhanced case management process to develop a plan of services for the children and their families. When youth and/or family needs are addressed through these types of services, they can be more effective and less costly than juvenile justice interventions. These teams will play a critical role in connecting youth and families to services and getting involved early when the situation can be addressed without court intervention.

The two pilot locations will hire a behavioral health therapist to serve specifically on the team and support the youth and their families in accessing services. Additionally, a youth Peer Support Specialist will be hired for two pilot site teams to specifically support the youth who are involved and increase the likelihood that they will have agency and voice in the decisions made affecting them. Youth will be connected to the youth Peer Support Specialist on their first offense to create an early diversion initiative away from the problem behaviors.

When not working directly with youth and families, these individuals will provide mental health promotion and prevention curricula in the schools, focused across the continuum (universal, selected and indicated).

- One curricula that will be utilized by the Fair Team pilots as well as the Regional Prevention Center prevention specialists is the Too Good for Violence (TGFV) program from the Mendez Foundation. Kentucky has been implementing Too Good for Drugs for about four years and more than 200 schools across the state have implemented.

TGFV is structured in a similar manner, making it easier for schools to embed in their current programming schedule. It builds protection among students by providing opportunities for pro-social involvement, establishing positive norms, promoting bonding to pro-social peers, and increasing personal and social skills. It also mitigates risks associated with problem behaviors by addressing poor social skills, peer rejection, inappropriate social behaviors, and friends who engage in problem behaviors. Curricula is available for all age groups from elementary through high school levels.

For this pilot project, DBHDID will partner with the New Vista Regional Prevention Center, located at one of the CMHCs, to provide training and technical assistance on the Too Good for Violence (TGFV) curriculum to a minimum of two schools in Fayette County. At least 12 teachers or other school personnel will be trained to implement the curriculum, and a minimum of five implementers will be trained as trainers. Approximately 2,400 students in four grades and at least two schools will complete the TGFV curriculum.

- Additionally, two pilot sites would be identified and family Peer Support Specialists would be available to support parents whose children have become involved in the child welfare system in accessing services in the community. These services might include Nurturing Parents, Kentucky Strengthening Ties and Empowering Parents (KSTEP), Self-Management and Recovery (SMART), Parent Cafes, and other parent focused programs and resources.
- Plans also include providing support to Jefferson County (Louisville) to develop a strategic plan to address Youth Gun and Violence Prevention as one additional step to reduce the impacts of violence in that community.

Also, DBHDID is in the early stages of investigating the use of the Mobile Response and Stabilization System (MRSS) in Kentucky as the mobile crisis response system for youth and their families.

MRSS is a specific kind of mobile crisis service and stabilization service for children and youth with behavioral health conditions. It is an upstream intervention for children and youth that are beginning to experience an acute behavioral health issue and are in crisis. This evidence-based service can help prevent unnecessary emergency department utilization and hospitalization.

MRSS entails rapid deployment of a team of specialized child and adolescent trained staff that can provide interventions that build on natural support structures. Unlike a hospital emergency department or crisis center-based stabilization services, mobile crisis services are provided in children's natural environment, wherever the crisis occurs, whether that is the home, school, or other setting. The services should be available 24 hours a day, 7 days a week. After responding to the immediate crisis, the team provides stabilization services, including connections to follow-up services and supports and any needed treatment services.

MRSS will be delivered to any young person under the age of 21, who is experiencing escalating emotional symptoms, behaviors, or traumatic circumstances that have impacted their ability to function within their family, living situation, school, or community. MRSS will be – once fully implemented - available to all youth and families (birth, kinship, foster, guardianship, and adoptive).

BSCA funds will be utilized to support the initial installation of MRSS, including conducting an environmental scan to include relevant state policy, procedure, and scope of work/contracts documentation review and conduct a rapid statewide scan and gap assessment of the current crisis response models, programs, and services, including all child serving agencies and funding streams; conducting system readiness assessment; and including the MRSS readiness indicators as part of the System Reform Support Instrument (SRSI), which will guide a whole system strategic plan process, and identify recommendations for implementation.

DBHDID is leveraging 988 Supplemental funds with BSCA funds for this initiative.

5. Describe any plans to utilize the BSCA supplemental funds to develop/enhance services provided to communities that are affected by trauma and mass shootings/school violence. (Should provide BH crisis response trainings e.g., therapeutic crisis intervention and de-escalation training to agencies and providers identified in the statewide plan. Should also develop and provide specific, evidence-based services for those affected by MH emergency/crisis-related trauma, including mass shootings/school violence).

While no funds from BSCA will go specifically toward developing and enhancing services to communities affected by trauma and mass shootings/school violence beyond those indicated in previous answers (KCCRT development and implementation, MRSS, support for SIAC/RIAC efforts, etc.), DBHDID will leverage other funding sources to continue to address traumatic stress in schools and communities. DBHDID works with Ginny , PhD and her team at the University of Kentucky Traumatic Stress Innovations and Solution Center to ensure that schools and other youth-serving agencies have access to trainings and implementation support to implement trauma-informed best practices in the school settings. DBHDID has a cadre of Trauma Informed Care (TIC) trainers who offer a TIC training of trainers on a quarterly basis throughout the year to those working with youth across the state. These initiatives will continue and are supported by other funding streams.

The DBHDID Promotion, Prevention and Preparedness branch has recently completed a toolkit designed to help disaster survivors deal with anniversaries. Supporting Behavioral Health Wellness (Western Kentucky Natural Disaster Anniversary Kit for Schools) was released earlier in November in advance of the one-year anniversary of the Dec. 10 and 11 tornadoes that ripped through Western Kentucky. Similar efforts will occur for schools in relation to the anniversary of the Eastern Kentucky flood (late July). Schools have been provided the toolkit and a webinar providing an overview and an understanding of the different components that will be provided in early December to all interested school partners.

Additionally, DBHDID was recently awarded a Garrett Lee Smith (GLS) Suicide Prevention grant. This grant focuses its initial efforts in Western Kentucky and the anticipated increase in mental health needs following the disaster there. Research shows that behavioral health needs tend to increase about a year to 18 months after the event during the reconstruction phase of a disaster. It is at this time that survivors are still working through their grief and dealing with their new normal after the disaster. The project focuses on implementing an evidence-informed intervention entitled "CODE RED," which is described as a universal safety planning tool. All students in four pilot districts as well as middle and high school staff will receive the intervention, which focuses on identifying specific people and activities that can support a person when in crisis. Local educational cooperatives will also be trained and will begin to disseminate the intervention in other school districts. Additionally, with the 988 Supplemental funding provided by SAMHSA from Bipartisan Safer Communities funding, this initiative will be expanded to include all educational cooperatives in the state to create streamlined access to mobile crisis services. Each delivery of CODE RED includes information related to 988 and how to access and utilize the Crisis and Suicide Lifeline.

Also, DBHDID currently administers the ISP/RSP grant for both Western and Eastern Kentucky as well as the DCMP grant in both areas. Crisis Counseling efforts will continue through mid-January in Western Kentucky and through mid-August in Eastern Kentucky. Disaster case management continues for approximately two years post disaster.

DBHDID has also served on the Department for Medicaid's Mobile Crisis Planning grant, providing insight and subject matter expertise around implementation of a new model of mobile crisis response system with a standardized triage system for calls coming into the state's 988 centers. CMHCs in 13 of 14 regions are accredited to answer 988 calls (one center provides coverage for the 14th region, giving the state 100% coverage for calls and nearly 100% coverage for backup calls). While many of the callers can have their crises resolved during the phone call, CMHCs serve as one provider of mobile crisis services in the state. Once implemented by DMS, mobile crisis services are expected to be available 24/7 to all residents in the state.

The Division of Mental Health will also begin the development of a statewide learning series focused on increasing the capacity of the behavioral health workforce related to addressing trauma from crisis and natural disaster survivors. While no BSCA funds are anticipated to be utilized for this process, it will grow from the training list identified in Question 3 of this plan. The goal will be to ensure that those providing services in communities that have been impacted by crisis and disasters have the capacity to provide appropriate trauma-informed care. Also included will be crisis intervention/de-escalation trainings to support providers in establishing initial rapport in a way that minimizes additional stress and trauma for survivors.

6. Describe any plans to utilize the BSCA supplemental funds to develop/enhance culturally and linguistically tailored messaging to provide information about behavioral health in a crisis/mental health emergency and/or to identify culturally/linguistically appropriate supports for diverse populations. (Should leverage relationships with Lifeline 988, statewide call centers, peer recovery organizations, faith-based organizations, warmlines, telehealth and provider mutual aid agreements to disseminate) Should ensure that electronic bed registries include information about the availability of culturally/linguistically accessible services.

Through Kentucky's 988 Capacity grant, Kentucky is implementing a Bootcamp Translation project to ensure that all 988 marketing is accessible to Black, Indigenous and People of Color and those who identify as Lesbian, Gay, Bisexual, Transgender, etc. (LGBTQA+). The Bootcamp Translation project is an evidence-based multi-component method designed to create and dissemination marketing messages in a community. Boot Camp Translation employs a community-based participatory research approach to develop and test message and dissemination strategies for healthcare issues with topics chosen based on community priorities, state, and community priorities, and/or funding opportunities. With funding from the BSCA, the project will be expanded to create and disseminate marketing materials with a focus on those with SMI/SED in rural areas of Kentucky. The process includes multiple synchronous and asynchronous data collection points from those with lived experiences within the community priority population. The feedback will then be utilized to create messages, which will be tested to ensure they resonate with the target populations. Once approved, the messages will be disseminated in the target geographic regions of the state.

Additionally, the state is committed to increasing access to those who are deaf and hard of hearing and is leveraging funding from other sources to increase interpreter services to ensure that this population has access to appropriate services and are informed of those services through marketing that is linguistically appropriate.

The state is also working with providers across the Commonwealth to support increased capacity to culturally meet the needs of the diverse peoples who are residents of Kentucky. Over the next year, we will implement an environmental scan to identify the diverse resources in the state, creating a map of resources to increase access. Areas on which we will focus are LBGTQ+ therapists, clinicians fluent in Spanish and ASL, etc. We will work with state licensure boards to start tracking this information. Workforce initiatives are also focused on creating workforce pipelines that support diverse candidates, increasing the likelihood that an individual will be able to locate a service provider who mirrors their diversity. While this process will take some time, significant baseline work is already occurring in this space.

In the 988 space, efforts are under way to create a bed registry and resource directory that reflects the cultural and linguistic characteristics of identified people groups (BIPOC, LBGTQ, rural, SMI/SED) as well as the geographic uniqueness that underscores each respective geographic region. (Appalachian, rural, farm community, suburban, urban). The FindHelpNowMentalHealthky.gov website will include a variety of resources, including available appointments and treatment beds, in each county in Kentucky (120 counties). The resource directory/bed registry is linked to the FindHelpNowKy.gov site that has been in existence for several years and focused on resources for those experiencing substance use disorders. The co-branding with this site will allow increased exposure and will also allow the site to serve as a first line resource for 988 call centers, warm lines, and other crisis centers in the state.

Both the 988 Capacity grant and the GLS grant included training for providers to meet the needs of a diverse population. Efforts from these funding streams will be leveraged with the BSCA funds to increase access to cultural and linguistically competent services.

Additionally, DBHDID will leverage existing partnerships with advocacy organizations, including persons with lived experience, faith groups, peer support networks, 988 crisis centers, CMHCs, Certified Community Behavioral Health Clinics, and other behavioral health providers to ensure that messages are disseminated as broadly as possible to increase awareness of cultural and linguistic specific services. While message dissemination is important, it is also imperative that those providing services are trained as well to understand the nuances needed to serve the individual populations.

7. What other mental health emergency/crisis behavioral health practices or activities does the state plan to develop or enhance using the BSCA supplemental funds? (Should include coordination with Medicaid and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) to ensure access to comprehensive mental health services for children and youth diagnosed with SED).

Utilizing BSCA funds, DBHDID will partner with Mental Health America-Kentucky (MHA-KY), an advocacy organization, to implement a statewide learning series designed to increase workforce capacity to address Early Serious Mental Illness (ESMI) and First Episode Psychosis (FEP). Given the increased stress and trauma resulting from two major disasters in the state over the last year coupled with nearly three years of COVID-19 impacts, behavioral health needs have skyrocketed among Kentucky's children, transition age youth, and young adults. Identifying early their mental health issues will support them in returning to non-traumatic functioning without further progression of their symptoms. Kentucky currently has eight FEP teams across the state. The focus of this learning series will be to enhance the services these FEP teams provide, as well as to build awareness and education in areas of the state without current FEP teams. Early identification, through awareness and effective screening, with subsequent early and effective service delivery, can dramatically affect negative trajectories traditionally associated with early psychosis and serious mental illness. For that to happen, clinical providers and youth-serving agencies must be trained to recognize early issues related to mental health and to provide developmentally appropriate clinical care. The learning series will focus on supporting them to do just that.

The learning series will focus on global topics as well as provide skill building opportunities. The Early Assessment and Support Alliance (EASA), who are the national consultants for Kentucky's first episode psychosis (FEP) program, will be utilized in the overall development and in the delivery of some of the trainings. In addition, current FEP teams and statewide CMHC staff identified as key contacts for FEP will be utilized in the development of this learning series. Global topics will not have a participant limit and will be targeted statewide to providers who serve youth and young adults. Some sessions will include a focus on the implementation process to ensure more effective early implementation of these services as well. CMHC clinical staff serving this population will be encouraged to attend as DBHDID currently supports FEP sites and is building capacity to support additional sites with other funding sources. MHA-KY will coordinate and host the trainings and support marketing and registration efforts as well. Individuals with relevant lived experience, including some Peer Support Specialists will be involved with some of the learning series and will be compensated for their time and effort in creating/providing the training sessions if doing so is not included in their current employment.

In addition to the funded components noted above, the state is working to expand Screening, Brief Intervention, and Referral to Treatment (SBIRT) into the suicide prevention space. SBIRT is a screening process used to identify, reduce, and prevent substance use disorder. Working with the Pacific Institute of Research and Education, Kentucky’s Division of Substance Use Disorder has created a statewide initiative to inform and enhance usage of SBIRT through a train-the-trainers implementation approach. Plans for Kentucky are to include suicide prevention screenings into this process to impact identification and treatment and enhance suicide prevention efforts. The goal is that each time SBIRT is presented, that suicide screening is included. No BSCA funds will be utilized for this effort.

Additionally, EPSDT is an existing resource related to Medicaid where children can get services that are medically necessary not covered by other state Medicaid benefits. Within the state’s Medicaid plan, EPSDT services may be preventive, diagnostic/treatment or rehabilitative and include a medical history and physical exam, screenings, immunizations, and health education. All services are available through the last day of the month in which an individual turns 21. However, clinical providers need guidance on how and when to bill Medicaid using the EPSDT code for behavioral health services. Efforts over the next two years will focus on educating providers on utilizing EPSDT for payment of these types of services for youth. No BSCA funds will be used for this effort.

DBHDID is also undertaking the development of a strategic plan that will guide the direction of the system of care work over the next 3-5 years. The Children’s Behavioral Health Branch is working with The Innovations Institute at the University of Connecticut to assess and identify system factors impacting how children, youth, young adults, and their family’s access and experience the system to inform needed changes and additions to Kentucky’s service array. The effort will begin with a mapping of care pathways for families and will include an environmental scan related to the systems policies, practices and programs related to mobile crisis response, as noted above. Multiple stakeholder input opportunities will be provided, and the results of the feedback and guidance will be utilized to develop the strategic plan. Once developed, the plan will be presented to those who provided feedback initially, and then to members of the entire system of care. No BSCA funds will be used for this effort.

Additionally, DBHDID will be evaluating the Fair Team and DCBS pilot projects, as well as training initiatives for effectiveness and long-lasting impact.

2023 Budget for Kentucky BSCA Funding Plan

*No BSCA funds were expended in FY22

Question #	Project	Funding Amount FY 22	Funding Amount FY 23
#1 - Develop/enhance components of your state’s mental health emergency preparedness and response plan	Update state behavioral health emergency preparedness plan (three facilitated sessions with key stakeholders for input, development of plan and report back out to the communities)		\$50,000
		Total Question 1 FY22 - \$0	Total Question 1 FY23 - \$50,000

#2 - Develop/enhance a state behavioral health team	Development of a branch to include preparedness; including crisis/disaster language in job descriptions, learning opportunities, relationship opportunities, hiring new staff member (all costs are leveraged from other funding streams)		\$0
		Total Question 2 FY22 - \$0	Total Question 2 FY23 - \$0
#3 - Develop/enhance a multidisciplinary mobile crisis team	Recruitment, credentialing, training of Kentucky Community Crisis Response Team for responses during community crisis and natural disasters related to behavioral health needs		\$87,150
	Establish 5 portable Atlas Stations for use in DRC		\$5,240
	Housing assistance for those who are unhoused		\$32,242
		Total Question 3 FY22 - \$0	Total Question 3 FY23 - \$124,632
#4 - Develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their families, including those with justice involvement and having SED/SMI	Youth engagement in RIACS		\$11,760
	Fair Team Pilot Project		\$210,000
	Too Good for Violence TOT and curriculum		\$50,000
	Child Welfare Pilot Project		\$80,000
	Jefferson County Youth Gun and Violence Prevention Strategic Plan		\$10,000
	MRSS – 5% recommended set aside for crisis		\$50,000
		Total Question 4 FY22 - \$0	Total Question 4 FY23 - \$411,760
#5 - Develop/enhance services provided to communities that are affected by trauma and mass shootings/school violence	Work with University of Kentucky Trauma Informed Care Institute, wellness toolkit, CODERED implementation, RSP implementation, crisis response, statewide learning series to support workforce capacity to address trauma (all costs are leveraged from other funding streams)		\$0
		Total Question 5 FY22 - \$0	Total Question 5 FY23 - \$0
#6 - Develop/enhance culturally and linguistically tailored messaging	Utilize Bootcamp Translation Process to develop and implement culturally and		\$50,000

	linguistically appropriate messages for those with SMI/SED in rural areas.		
	Increasing access to services for those who are Deaf and Hard of Hearing, implement an environmental scan of diverse resources in the state, creation of bed registry/resource directory for 988 crisis call takers, trainings to support increased capacity to serve diverse populations, leveraging of existing populations for message dissemination (all costs are leveraged from other funding streams)		\$0
		Total Question 6 FY22 - \$0	Total Question 6 FY 23 - \$50,000
#7 - What other mental health emergency/crisis behavioral health practices or activities does the state plan to develop or enhance	ESMI/FEP Learning Series-10% set aside for FEP/ESMI		\$113,300
	Expansion of SBIRT to include suicide prevention, provide technical assistance to providers on utilizing EPSDT funding from Medicaid to cover behavioral health services, development of a strategic plan for the Children's Behavioral Health System of Care (all costs are leveraged from other funding streams)		\$0
	Evaluation of Fair Team Pilots, Child Welfare Pilots, training delivery		\$83,299
		Total Question 7 FY22 - \$0	Total Question 7 FY23 - \$196,599
		Total for all components FY22 - \$0	Total for all components FY23- \$832,991

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2023

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
 Funding Agreements
 as required by
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Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
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6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
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8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: _____

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

_____ ¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:



COMMONWEALTH OF KENTUCKY
OFFICE OF THE GOVERNOR

Andy Beshear
GOVERNOR

Capitol Building, Suite 100
700 Capital Avenue
Frankfort, Kentucky 40601
(502) 564-2611
Fax: (502) 564-2517

January 30, 2020

Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fisher Lane, Rm 17E20
Rockville, MD 20857

To Whom It May Concern:

As the Governor of the Commonwealth of Kentucky, for the duration of my tenure, I delegate authority to the current Cabinet Secretary, or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG).

Please contact Melissa Runyon, Substance Abuse Block Grant Planner within the Division of Behavioral Health, if you have any questions. You may reach Ms. Runyon electronically at Melissa.Runyon@ky.gov or by phone at (502) 782-6238

Sincerely,

A handwritten signature in black ink, appearing to read "A. Beshear".

Andy Beshear
Governor

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2023

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7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: Kentucky

Name of Chief Executive Officer (CEO) or Designee: Eric Friedlander

Signature of CEO or Designee¹: *Eric Friedlander*

Title: Cabinet Secretary

Date Signed: 8/25/2022

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

SAMHSA
 Office of Financial Resources, Division of Grants Management
 Center for Substance Abuse Treatment, Division of States and Community Systems
 Center for Substance Abuse Prevention, Division of Primary Prevention
 Center for Mental Health Services, Division of State and Community Systems Development

Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

COVID-19 Award Issue Date: 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

Instructions: Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee’s intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

Check One Only (✓): Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding
 Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities		
B. Date of Submission of NCE Request	September 9, 2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months (3/14/24)

D. Name and Title of Grantee Finance Official Approving This NCE Request	Stephanie Craycraft Deputy Commissioner DBHDID		
E. Name and Title of Grantee Program Official Approving This NCE Request	Wendy Morris Commissioner DBHDID		
F. Name and Title of Other Grantee Official Approving This NCE Request	Brittney Allen Division of Substance Use Disorder, Director DBHDID		
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$19,100,815	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$3,136,554
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$5,424,866	J. COVID-19 Award Total \$ Amount Requested for NCE	\$10,539,396

K. Please provide a brief listing of your grantee actual itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that have been completed with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.

Actual Itemized Expenditures that have been completed through August 26, 2022:

Vendor Name	Service	Expenditures as of August 26 2022
Communicare Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Peer support service expansion; Too Good for Drugs Implementation support; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women; Expansion of Peer Support services for Service Members, Veterans and their families impacted by substance use.	\$52,055
Comprehend Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation support.	\$43,592

Cumberland River Behavioral Health Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation Support; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women.	\$59,250
Federation of Appalachian Housing Enterprises Inc.	Expand reach of the Access to Recovery Program that links individuals to treatment and recovery support and provides support for services that increase recovery capital for which there is no payer source.	\$237,452
RiverValley Behavioral Health	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation Support; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women; Substance use crisis service expansion.	\$39,269
Kentucky Association Of Sexual Assault Programs	Support increased outreach and technical assistance for rape crisis centers serving women impacted by substance use.	\$45,229
Kentucky River Community Care Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Program Implementation Expansion.	\$47,151
The ADANTA Group	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts Too Good for Drugs Program Implementation Expansion; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women.	\$45,269
Lifeskills Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts. Support for the development of a statewide primary prevention advisory council to include treatment and recovery professionals, as well as support and for the planning of a statewide summit focused on best practices for embedding primary prevention into treatment and recovery efforts.	\$118,496
Metro Louisville Harm Reduction Task Force	Increase purchase capacity and dissemination of fentanyl test strips.	\$2,388

Mountain Comprehensive Care Center	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation Expansion; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women; Substance Use Treatment and Crisis Service Expansion.	\$158,409
NAMI Lexington KY Inc	Peer Support Service Expansion; Support network expansion of Double Trouble in Recovery (DTR), an evidence-based, mutual aid group that supports individuals diagnosed with co-occurring mental health and substance use disorders.	\$45,751
New Vista of the Bluegrass, Inc.	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts Too Good for Drugs Program Implementation Expansion; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women; Implementation Support for CCBHC Demonstration Site including readiness activities and expansion of needed infrastructure and service capacity.	\$298,507
Northkey Community Care	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts Too Good for Drugs Program Implementation Expansion; Implementation Support for CCBHC Demonstration Site including readiness activities and expansion of needed infrastructure and service capacity; Peer Support Service Expansion.	\$350,294
Oxford House Inc	Expand the number of Oxford Houses throughout the state, particularly adding housing to rural and western counties, and fund technical assistance and implementation of evidence-based practices. Expand Oxford House recovery housing options for women and parenting women with children.	\$288,758
Pathways Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts Too Good for Drugs Program Implementation Expansion; Implementation Support for CCBHC Demonstration Site including readiness activities and expansion of needed infrastructure and service capacity; Peer Support Service Expansion; Expansion of Peer Support services for Service Members, Veterans and their families impacted by substance use.	\$343,677
Pennyroyal Center	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation support; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women.	\$45,587

REACH of Louisville Inc	Prevention program evaluation including evaluating "prevention doses" to better understand capacity gaps in prevention service delivery.	\$129,759
Seeds of New Leaf Inc	Substance use crisis service expansion that includes assertive community engagement and mobile outreach to provide harm reduction, referral and treatment services, and recovery supports.	\$22,929
Seven Counties Services, Inc.	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts Too Good for Drugs Program Implementation Expansion; Implementation Support for CCBHC Demonstration Site including readiness activities and expansion of needed infrastructure and service capacity; Peer Support Service Expansion; Staff to coordinate services for Service Member, Veterans and their families (SMVF) statewide.	\$448,712
Shepherd's House Inc	Substance use crisis service expansion that includes assertive community engagement and mobile outreach to provide harm reduction, referral and treatment services, and recovery supports.	\$59,534
University Of Kentucky Research Foundation	Support analysis of substance use and mental health related mortality and morbidity data to identify correlations and opportunity for addressing shared risk and protective factors.	\$55,689
Four Rivers Behavioral Health	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation support; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women; Expansion of Peer Support services for Service Members, Veterans and their families impacted by substance use.	\$58,135
Administrative Costs	State staff salary, fringe, travel and indirect costs	\$140,662
	TOTAL	\$3,136,554

L. Please provide a brief listing of your grantee estimated itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are planned to be completed with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.

Estimated Itemized Expenditures planned to be completed from August 27, 2022 through the end of the current expenditure period of March 14, 2023:

Vendor Name	Service	Planned Expenditures thru March 14 2023
Communicare Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Peer support service expansion; Too Good for Drugs Implementation support; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women; Expansion of Peer Support services for Service Members, Veterans and their families impacted by substance use.	\$216,165

Comprehend Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation support.	\$123,070
Cumberland River Behavioral Health Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation Support; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women.	\$179,811
Federation Of Appalachian Housing Enterprises Inc.	Expand reach of the Access to Recovery Program that links individuals to treatment and recovery support and provides support for services that increase recovery capital for which there is no payer source.	\$919,611
RiverValley Behavioral Health	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation Support; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women; Substance use crisis service expansion.	\$144,263
Kentucky Association Of Sexual Assault Programs	Support increased outreach and technical assistance for rape crisis centers serving women impacted by substance use.	\$150,625
Kentucky River Community Care Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Program Implementation Expansion.	\$162,220
The ADANTA Group	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts Too Good for Drugs Program Implementation Expansion; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women.	\$215,311
Lifeskills Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts. Support for the development of a statewide primary prevention advisory council to include treatment and recovery professionals, as well as support and for the planning of a statewide summit focused on best practices for embedding primary prevention into treatment and recovery efforts.	\$182,472

Mountain Comprehensive Care Center	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation Expansion; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women; Substance Use Treatment and Crisis Service Expansion.	\$155,311
NAMI Lexington KY Inc	Peer Support Service Expansion; Support network expansion of Double Trouble in Recovery (DTR), an evidence-based, mutual aid group that supports individuals diagnosed with co-occurring mental health and substance use disorders.	\$223,659
New Vista of the Bluegrass, Inc.	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts Too Good for Drugs Program Implementation Expansion; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women; Implementation Support for CCBHC Demonstration Site including readiness activities and expansion of needed infrastructure and service capacity.	\$195,929
Northkey Community Care	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts Too Good for Drugs Program Implementation Expansion; Implementation Support for CCBHC Demonstration Site including readiness activities and expansion of needed infrastructure and service capacity; Peer Support Service Expansion.	\$204,604
Oxford House Inc	Expand the number of Oxford Houses throughout the state, particularly adding housing to rural and western counties, and fund technical assistance and implementation of evidence-based practices. Expand Oxford House recovery housing options for women and parenting women with children.	\$224,685
Pathways Inc	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts Too Good for Drugs Program Implementation Expansion; Implementation Support for CCBHC Demonstration Site including readiness activities and expansion of needed infrastructure and service capacity; Peer Support Service Expansion; Expansion of Peer Support services for Service Members, Veterans and their families impacted by substance use.	\$164,925
Pennyroyal Center	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation support; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women.	\$145,016

Seeds of New Leaf Inc	Substance use crisis service expansion that includes assertive community engagement and mobile outreach to provide harm reduction, referral and treatment services, and recovery supports.	\$155,471
Seven Counties Services, Inc.	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts Too Good for Drugs Program Implementation Expansion; Implementation Support for CCBHC Demonstration Site including readiness activities and expansion of needed infrastructure and service capacity; Peer Support Service Expansion; Staff to coordinate services for Service Member, Veterans and their families (SMVF) statewide.	\$293,984
Shepherd's House Inc	Substance use crisis service expansion that includes assertive community engagement and mobile outreach to provide harm reduction, referral and treatment services, and recovery supports.	\$136,245
Four Rivers Behavioral Health	Transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports; Fund CMHCs to expand delivery of data-driven, evidence-based prevention programming; Youth Empowerment activities to increase youth involvement in primary prevention efforts; Too Good for Drugs Implementation support; Enhancement of Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women; Expansion of Peer Support services for Service Members, Veterans and their families impacted by substance use.	\$214,296
Mental Health Association of Kentucky Inc	Expand community partnerships to provide peer support services which will enhance SUD client outreach and service retention.	\$75,000
St. Elizabeth Medical Center	Expand substance use treatment access by co-locating trauma-informed and evidence-based opioid and substance use disorder treatment/recovery services at a county-level health department. Services include waived, licensed or certified staff to make available peer support, case management, cognitive behavioral therapy, support services, and/or medication for opioid use disorder (MOUD).	\$224,462
University Of Kentucky Research Foundation	Support analysis of substance use and mental health related mortality and morbidity data to identify correlations and opportunity for addressing shared risk and protective factors.	\$120,000
REACH of Louisville Inc	Prevention program evaluation including evaluating "prevention doses" to better understand capacity gaps in prevention service delivery.	\$166,839
Young People in Recovery	Fund the development of additional YPR chapters that support young people in or seeking to obtain stable employment, secure housing, and continuing education.	\$106,400
Multiple Providers	Expansion of National Alliance of Recovery Residencies (NARR) certified recovery housing.	\$324,492
	TOTAL	\$5,424,866

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

Kentucky experienced many challenges in expending the current COVID-19 Supplemental Funding by March 14, 2023. Some of the challenges are outlined below:

- Kentucky received the notice of the award on March 11, 2021, and the application/plan for utilization of these funds was due on April 5, 2021. This expedited timeline left minimal time for sufficient planning for the utilization of these “one-time only” funds;
- Kentucky’s providers, primarily Community Mental Health Centers, have experienced critical staff shortages and hiring difficulties throughout the pandemic. Given this, capacity to provide direct services, implement programs, and access clients significantly impacted the ability to expend funds;
- Kentucky’s state contracting process is extensive and the timing of the funding notice/required plan/approval necessitated the implementation of contract modification processes. In addition, new funding codes had to be established. Many providers were not able to spend their total allotment of new funding during SFY 2022, due to the length of time required to load new funding/projects into their existing contracts;
- Planning for one-time funding of this magnitude required creation of some new contracts and the process for establishing new contracts takes, on average, six to eight weeks. With numerous entities under contract with DBHDID, a bottleneck can occur in the finance and legal departments that further delays contract execution;
- The development of new programs required additional planning time for efficient start-up and implementation activities.

Strategies Kentucky will employ to ensure the approved NCE COVID-19 Supplemental Funding will be expended by March 14, 2024, include the following:

- Providers have now created and staffed new positions and established better marketing for any open staffing positions. Some CMHCs have revamped their salary scales to remain competitive. Some programs that were in dire need for staff are now fully staffed;
- Providers and new contractors have progressed through the critical initial stages of implementation required to effectively install new programming. During this period, new staff were hired and trained, subcontracts established, internal process and workflows negotiated, and technical support sought;
- DBHDID redirected some funding to support the enhancement of existing programming in lieu of new programming/new contracts, as able;
- DBHDID staff developed and made available technical assistance to support providers in the implementation of new deliverables;
- DBHDID reorganized the Division of Behavioral Health into two Divisions, the Division of Mental Health and the Division of Substance Use Disorder, in an effort to build capacity and support for the extensive behavioral health programming for all Kentuckians in need of public behavioral health services. More leadership and program staff will be made available across program areas;
- Capacity for more timely contracting processes will be improved as DBHDID is currently hiring for additional contract/finance staff.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

Planned Itemized Expenditures for Utilizing Remaining Funds between March 15, 2023 and March 14, 2024:

Vendor	Service	Planned Expenditures March 15 2023 - March 14 2024
Community Mental Health Centers	Fund placement of transition-aged youth services coordinator at CMHCs to enhance connection to treatment and recovery supports. (\$37,500 x 14 CMHCs)	\$525,000
Community Mental Health Centers	Expand Peer Support services for Service Members, Veterans and their families impacted by substance use. (\$75,000 x 4 CMHCs)	\$375,000
Community Mental Health Centers	Enhancement of the Plan of Safe Care Initiative to support integrated SUD treatment for pregnant and parenting women. (\$20,000 x 10 CMHCs)	\$200,000
CMHC Regional Prevention Centers	Expand substance use crisis prevention education capacity within each regional prevention center. (\$10,000 x 14 CMHCs)	\$140,000
CMHC Regional Prevention Centers	Youth Empowerment Specialists (1.0 FTE) embedded within each of the 14 Regional Prevention Centers are vital to support youth engagement in prevention efforts. (\$75,000 x 14 CMHCs)	\$1,050,000
Federation of Appalachian Housing Enterprises Inc.	Expand capacity of the Access to Recovery Program that helps to reduce barriers to maintaining recovery by linking individuals to treatment and recovery support and providing connection to services that increase recovery capital for which there is no payer source. Recovery support services can include basic needs, transportation, childcare, employment support, and recovery housing support.	\$525,000
RiverValley Behavioral Health	Substance use crisis service expansion that includes assertive community engagement and outreach to provide harm reduction, referral and treatment services, and recovery supports.	\$180,000
Kentucky Association Of Sexual Assault Programs	Support increased outreach and technical assistance for rape crisis centers serving women impacted by substance use.	\$250,000
Mountain Comprehensive Care Center	Substance use treatment and crisis service expansion that includes assertive community engagement and outreach to provide harm reduction, referral and treatment services, and recovery supports.	\$480,000
NAMI Lexington KY Inc	Peer Support Service Expansion; Support network expansion of Double Trouble in Recovery (DTR), an evidence-based, mutual aid group that supports individuals diagnosed with co-occurring mental health and substance use disorders.	\$100,000
Mental Health Association Of Kentucky Inc	Expand community partnerships to provide peer support services which will enhance SUD client outreach and service retention.	\$75,000
Northkey Community Care	Expand Individualized Placement Support (IPS), an evidence-based approach to supported employment for people with substance use disorder.	\$75,000
Oxford House Inc	Expand the number of Oxford Houses throughout the state, particularly adding housing to rural and western counties, and fund technical assistance and implementation of evidence-based practices. Expand Oxford House recovery housing options for women and parenting women with children.	\$600,000

Pathways Inc	Substance use treatment and crisis service expansion that includes assertive community engagement and outreach to provide harm reduction, referral and treatment services, and recovery supports.	\$475,000
Seeds of New Leaf Inc	Substance use crisis service expansion that includes assertive community engagement and mobile outreach to provide harm reduction, referral and treatment services, and recovery supports.	\$180,000
Shepherd's House Inc	Substance use crisis service expansion that includes assertive community engagement and outreach to provide harm reduction, referral and treatment services, and recovery supports.	\$265,000
St. Elizabeth Medical Center	Expand substance use treatment access by co-locating trauma-informed and evidence-based opioid and substance use disorder treatment/recovery services at a county-level health department. Services include waived, licensed or certified staff to make available peer support, case management, cognitive behavioral therapy, support services, and/or medication for opioid use disorder (MOUD).	\$300,000
University Of Kentucky Research Foundation	Support analysis of substance use and mental health related mortality and morbidity data to identify correlations and opportunity for addressing shared risk and protective factors.	\$120,000
Young People in Recovery	Fund the development of additional YPR chapters that support young people in or seeking to obtain stable employment, secure housing, and continuing education.	\$100,000
Metro Louisville Harm Reduction Task Force	Increase purchase capacity and dissemination of fentanyl test strips.	\$102,426
Kentucky Pharmacists Association	Expand purchase capacity and dissemination of naloxone through existing centralized distribution program.	\$1,500,000
Seven Counties Services, Inc.	Maintain personnel that support the provision of peer support in the hospital and linkage to OUD treatment following hospital discharge.	\$250,000
Seven Counties Services, Inc.	Embed staff to coordinate services for Service Member, Veterans and their families (SMVF) statewide.	\$115,000
Norton Hospital	Medication for Opioid Use Disorder (MOUD) expansion among ambulatory patients at Norton Healthcare and in counties with Norton-affiliated hospitals. Community (UC) referral platform enables providers in social service and medical settings to refer patients across organizations and sectors, assisting them with needs related to social determinants of health. Peer Navigators will be licensed for mobile access to UC so they can refer any patient at any time or place.	\$150,000
Too Good for Drugs	Implementation of evidence-based substance use curriculum for grades K-9, and after school programming to increase skills in critical decision making to reduce risky behavior.	\$50,000
Sources of Strength	Implementation of evidence-based resilience building programming to support reduction in substance use and mental health issues in middle and high school students; expands and enhances current efforts.	\$75,000
Community Mental Health Centers	Enhancement of three (3) Transition Age Youth Drop-in Centers that offers peer support, employment, education, career planning, age-specific behavioral health treatment, coordination of care, and life skills training.	\$450,000

Lifeskills Inc	A Disaster Behavioral Health Fund will enable Community Mental Health Centers to support disaster response needs for individuals with SUD when existing resources are overwhelmed by an emergency and other resources are unavailable.	\$50,000
TBD	Recovery Community Center (RCC) Expansion - RCCs provide a one-stop physical space where persons in recovery or seeking services can obtain recovery support services, including peer support, mutual aid, employment support, prosocial activities, advocacy, and direct aid in reducing barriers to recovery, health, and wellness. (\$350,000 x 2 Community Organizations)	\$700,000
Lifeskills Inc	Training, technical assistance and supports to improve equitable access to substance use services among underserved and underrepresented persons with SMI/SED, including Black, Indigenous and People of Color, and among persons that are Deaf or Hard of Hearing.	\$50,000
TBD	Peer Support Service Expansion for persons that are Deaf or Hard of Hearing.	\$65,000
TBD	Expansion of National Alliance of Recovery Residencies (NARR) certified recovery housing.	\$440,000
Administrative Costs	Maintain staff at the state level to expand program implementation support. Including staff with expertise on co-occurring disorders, integrated treatment and FDA-approved medications to treat opioid use disorder. Support other administrative needs, including grants management support. Costs will cover other state staffing and administrative needs.	\$526,970
	TOTAL	\$10,539,396

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

There is no additional information. Completed and planned expenditures are outlined in earlier sections of this report.

End of NCE Request. Thank you.

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2023

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
 Funding Agreements
 as required by
 Community Mental Health Services Block Grant Program
 as authorized by
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
 and
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:



COMMONWEALTH OF KENTUCKY
OFFICE OF THE GOVERNOR

Andy Beshear
GOVERNOR

Capitol Building, Suite 100
700 Capital Avenue
Frankfort, Kentucky 40601
(502) 564-2611
Fax: (502) 564-2517

January 30, 2020


Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fisher Lane, Rm 17E20
Rockville, MD 20857

To Whom It May Concern:

As the Governor of the Commonwealth of Kentucky, for the duration of my tenure, I delegate authority to the current Cabinet Secretary, or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant (MHBG).

Please contact Melissa Runyon, Mental Health Block Grant Planner within the Division of Behavioral Health, if you have any questions. You may reach Ms. Runyon electronically at Melissa.Runyon@ky.gov or by phone at (502) 782-6238

Sincerely,



Andy Beshear
Governor

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2023

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
 Funding Agreements
 as required by
 Community Mental Health Services Block Grant Program
 as authorized by
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
 and
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Eric Friedlander

Signature of CEO or Designee¹: *Eric Friedlander*

Title: Cabinet Secretary

Date Signed: 8/25/2022

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

[Standard Form LLL \(click here\)](#)

Name

Eric Friedlander

Title

Cabinet Secretary

Organization

Cabinet for Health and Family Services

Signature:

Date:

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

[Standard Form LLL \(click here\)](#)

Name

Eric Friedlander

Title

Cabinet Secretary

Organization

Cabinet for Health and Family Services

Signature:

Eric Friedlander

Date: 8/25/2022

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Table 2 addresses funds to be expended during the 24-month period of July 1, 2021 through June 30, 2023. Table 2 now includes columns to capture state expenditures for COVID-19 Relief Supplemental, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over a 24-month period (7/1/21-6/30/23). Please document the use of COVID-19 Relief Supplemental, ARP and BSCA funds in the footnotes.

MHBG: Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding.

Planning Period Start Date: 7/1/2022 Planning Period End Date: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID Relief Funds (SABG)	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
1. Substance Abuse Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. All Other											
2. Primary Prevention											
a. Substance Abuse Primary Prevention											
b. Mental Health Primary Prevention ^d		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^e		\$1,258,208.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$700,000.00		\$530,000.00	\$113,300.00
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$54,085,481.00	\$7,810,961.00	\$65,022,495.00	\$2,975,302.00	\$96,198.00	\$0.00		\$0.00	
7. Other 24-Hour Care		\$0.00	\$17,748,842.00	\$388,943.00	\$1,546,312.00	\$2,072,225.00	\$14,458.00	\$0.00		\$0.00	
8. Ambulatory/Community Non-24 Hour Care		\$10,194,766.00	\$878,831.00	\$6,494,460.00	\$36,308,542.00	\$0.00	\$0.00	\$5,850,000.00		\$4,405,000.00	\$495,059.00
9. Administration (excluding program/provider level) ^f MHBG and SABG must be reported separately		\$500,000.00	\$0.00	\$1,150,000.00	\$7,772,000.00	\$0.00	\$0.00	\$100,000.00		\$100,000.00	
10. Crisis Services (5 percent set-aside) ^g		\$629,104.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$350,000.00		\$265,000.00	\$224,632.00
11. Total	\$0.00	\$12,582,078.00	\$72,713,154.00	\$15,844,364.00	\$110,649,349.00	\$5,047,527.00	\$110,656.00	\$7,000,000.00	\$0.00	\$5,300,000.00	\$832,991.00

^aThe 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of July 1, 2022 - June 30, 2023, for most states.

^bThe expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2022 - June 30, 2023, for most states.

^cThe expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

^dWhile a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

^eColumn 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

^fPer statute, Administrative expenditures cannot exceed 5 percent of the fiscal year award.

^gRow 10 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

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Footnotes:

Planning Tables

Table 4 SABG Planned Expenditures

States must project how they will use SABG funds to provide authorized services as required by the SABG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2022 and FFY 2023 SABG awards. The totals for each Fiscal Year should match the President's Budget Allotment for the state.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022			FFY 2023		
	FFY 2022 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²	FFY 2023 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²
1 . Substance Use Disorder Prevention and Treatment ⁵	\$15,413,385.00	\$14,134,605.00	\$12,207,166.00	\$15,976,780.00	\$10,834,605.00	\$2,416,076.00
2 . Primary Substance Use Disorder Prevention	\$4,315,629.00	\$4,011,170.00	\$3,464,193.00	\$4,471,932.00	\$3,011,170.00	\$698,193.00
3 . Tuberculosis Services				\$0.00	\$0.00	\$0.00
4 . Early Intervention Services for HIV ⁶				\$0.00	\$0.00	\$0.00
5 . Administration (SSA Level Only)	\$821,600.00	\$955,040.00	\$824,800.00	\$846,200.00	\$825,040.00	\$392,404.00
6. Total	\$20,550,614.00	\$19,100,815.00	\$16,496,159.00	\$21,294,912.00	\$14,670,815.00	\$3,506,673.00

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental

expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁴The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022- September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵Prevention other than Primary Prevention

⁶For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant (SABG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

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Footnotes:

The FFY 23 SABG award for primary prevention of 4,315,629 from Table 4 (Column 5, Line 2), includes 3,569,308 noted in Tables 5a and 5b plus the Primary Prevention total for Table 6 (Column 8, Line 8) of 746,321. (3,569,308 + 746,321 = 4,315,629)

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Strategy	A	B			B		
	IOM Target	FFY 2022			FFY 2023		
		SA Block Grant Award	COVID-19 Award ¹	ARP Award ²	SA Block Grant Award	COVID-19 Award ⁴	ARP Award ⁵
1. Information Dissemination	Universal	\$1,081,239	\$1,191,719	\$1,029,212	\$1,106,879	\$894,619	\$207,434
	Selected	\$72,786	\$80,223	\$69,284	\$74,512	\$60,223	\$13,964
	Indicated	\$36,393	\$40,112	\$34,642	\$37,256	\$30,112	\$6,982
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$1,190,418	\$1,312,054	\$1,133,138	\$1,218,647	\$984,954	\$228,380
2. Education	Universal	\$33,038	\$36,414	\$31,449	\$33,822	\$27,336	\$6,338
	Selected	\$36,393	\$40,112	\$34,642	\$37,256	\$30,112	\$6,982
	Indicated	\$1,588	\$1,751	\$1,512	\$1,626	\$1,314	\$305
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$71,019	\$78,277	\$67,603	\$72,704	\$58,762	\$13,625
3. Alternatives	Universal	\$9,098	\$10,028	\$8,660	\$9,314	\$7,528	\$1,745
	Selected	\$0	\$0	\$0	\$0	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$9,098	\$10,028	\$8,660	\$9,314	\$7,528	\$1,745
4. Problem Identification and Referral	Universal	\$39,616	\$43,663	\$37,709	\$40,555	\$32,778	\$7,600
	Selected	\$181,965	\$200,559	\$173,210	\$186,281	\$150,558	\$34,910
	Indicated	\$218,358	\$240,670	\$207,852	\$223,537	\$180,670	\$41,891
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$439,939	\$484,892	\$418,771	\$450,373	\$364,006	\$84,401
	Universal	\$1,455,724	\$1,604,467	\$1,385,676	\$1,490,244	\$1,204,468	\$279,277

5. Community-Based Processes	Selected	\$72,786	\$80,223	\$69,284	\$74,512	\$60,223	\$13,964
	Indicated	\$36,393	\$40,112	\$34,642	\$37,256	\$30,112	\$6,982
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$1,564,903	\$1,724,802	\$1,489,602	\$1,602,012	\$1,294,803	\$300,223
6. Environmental	Universal	\$363,931	\$401,117	\$346,419	\$372,561	\$301,117	\$69,819
	Selected	\$0	\$0	\$0	\$0	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$363,931	\$401,117	\$346,419	\$372,561	\$301,117	\$69,819
7. Section 1926 Tobacco	Universal	\$0	\$0	\$0	\$0	\$0	\$0
	Selected	\$0	\$0	\$0	\$0	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$0	\$0	\$0	\$0	\$0	\$0
8. Other	Universal	\$0	\$0	\$0	\$0	\$0	\$0
	Selected	\$0	\$0	\$0	\$0	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$0	\$0	\$0	\$0	\$0	\$0
Total Prevention Expenditures		\$3,639,308	\$4,011,170	\$3,464,193	\$3,725,611	\$3,011,170	\$698,193
Total SABG Award³		\$20,550,614	\$19,100,815	\$16,496,159	\$21,294,912	\$14,670,815	\$3,506,673
Planned Primary Prevention Percentage		17.71 %	21.00 %	21.00 %	17.50 %	20.52 %	19.91 %

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³Total SABG Award is populated from Table 4 - SABG Planned Expenditures

⁴The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Footnotes:

The FFY 23 SABG award for primary prevention of 4,315,629 from Table 4 (Column 5, Line 2), includes 3,569,308 noted in Tables 5a and 5b plus the Primary Prevention total for Table 6 (Column 8, Line 8) of 746,321. (3,569,308 + 746,321 = 4,315,629)

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Activity	FFY 2022 SA Block Grant Award	FFY 2022 COVID-19 Award ¹	FFY 2022 ARP Award ²	FFY 2023 SA Block Grant Award	FFY 2023 COVID-19 Award ³	FFY 2023 ARP Award ⁴
Universal Direct	\$809,614	\$892,340	\$770,657	\$1,704,068	\$669,876	\$155,323
Universal Indirect	\$2,173,030	\$2,395,069	\$2,068,470	\$2,008,139	\$1,797,969	\$416,891
Selected	\$363,931	\$401,117	\$346,419	\$3,489	\$301,117	\$69,819
Indicated	\$292,733	\$322,644	\$278,647	\$9,915	\$242,208	\$56,160
Column Total	\$3,639,308	\$4,011,170	\$3,464,193	\$3,725,611	\$3,011,170	\$698,193
Total SABG Award⁵	\$20,550,614	\$19,100,815	\$16,496,159	\$21,294,912	\$14,670,815	\$3,506,673
Planned Primary Prevention Percentage	17.71 %	21.00 %	21.00 %	17.50 %	20.52 %	19.91 %

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President’s FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁴The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President’s FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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Footnotes:

The FFY 23 SABG award for primary prevention of 4,315,629 from Table 4 (Column 5, Line 2), includes 3,569,308 noted in Tables 5a and 5b plus the Primary Prevention total for Table 6 (Column 8, Line 8) of 746,321. (3,569,308 + 746,321 = 4,315,629)

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities - Required

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2022 and FFY 2023 SABG awards.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

	SABG Award	COVID-19 Award ¹	ARP Award ²
Targeted Substances			
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Targeted Populations			
Students in College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Footnotes:

Planning Tables

Table 6 Non-Direct-Services/System Development [SA]

Please enter the total amount of the SABG, COVID-19, or ARP funds expended for each activity.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022					FFY 2023				
	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated ¹	D. COVID-19 ²	E. ARP ³	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated ¹	D. COVID-19 ⁴	E. ARP ⁵
1. Information Systems	\$250,000.00	\$120,000.00		\$60,000.00		\$310,000.00	\$120,000.00	\$0.00	\$120,000.00	\$20,000.00
2. Infrastructure Support	\$33,333.00					\$166,619.00	\$0.00	\$0.00	\$250,000.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$812,500.00	\$196,321.00				\$160,246.00	\$196,321.00	\$0.00	\$315,158.00	\$135,000.00
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$250,000.00	\$100,000.00		\$91,840.00		\$250,000.00	\$100,000.00	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$114,571.00	\$200,000.00		\$100,000.00		\$114,571.00	\$200,000.00	\$0.00	\$0.00	\$0.00
7. Training and Education	\$480,300.00	\$60,000.00		\$50,000.00	\$35,000.00	\$430,300.00	\$130,000.00	\$0.00	\$0.00	\$108,193.00
8. Total	\$1,940,704.00	\$676,321.00	\$0.00	\$301,840.00	\$35,000.00	\$1,431,736.00	\$746,321.00	\$0.00	\$685,158.00	\$263,193.00

¹Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

²The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

⁴The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

For the FINAL FFY 23 revision request, Table 6 has no edits.

Planning Tables

Table 6 Non-Direct-Services/System Development [MH]

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA funds expended for each activity.

MHBG Planning Period Start Date:

MHBG Planning Period End Date:

Activity	FFY 2022 Block Grant	FFY 2022 ¹ COVID Funds	FFY 2022 ² ARP Funds	FFY 2023 Block Grant	FFY 2023 ¹ COVID Funds	FFY 2023 ² ARP Funds	FFY 2023 ³ BSCA Funds
1. Information Systems	\$200,000.00			\$200,000.00	\$608,251.00	\$20,000.00	
2. Infrastructure Support	\$465,977.00			\$520,798.00	\$0.00	\$500,000.00	\$55,240.00
3. Partnerships, community outreach, and needs assessment	\$450,190.00	\$386,800.00		\$450,190.00	\$135,000.00	\$225,346.00	\$110,000.00
4. Planning Council Activities (MHBG required, SABG optional)	\$6,850.00			\$6,850.00	\$0.00	\$0.00	
5. Quality Assurance and Improvement	\$175,000.00	\$100,000.00		\$56,643.00	\$0.00	\$0.00	\$83,299.00
6. Research and Evaluation				\$0.00	\$0.00	\$0.00	
7. Training and Education	\$383,000.00	\$162,500.00	\$20,000.00	\$433,000.00	\$125,000.00	\$0.00	\$250,450.00
8. Total	\$1,681,017.00	\$649,300.00	\$20,000.00	\$1,667,481.00	\$868,251.00	\$745,346.00	\$498,989.00

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

³ The expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Revision Request for FINAL 23 Allotment.: Added Planning Period Start and End Dates, as these appear to have been missing. No other changes to this table with regard to FINAL 23 Allotment.

Environmental Factors and Plan

15. Crisis Services - Required MHBG, Requested SABG

Narrative Question

SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the MHBG allocation for each state to support evidence-based crisis systems. The appropriation bill includes the following budget language that outlines the new 5 percent set-aside:

Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources.

SAMHSA recently developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with SMI or children with SED. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

Please refer to the <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf> [samhsa.gov] for additional information.

1. Briefly narrate your state's crisis system. Include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.
Crisis Narrative as an attachment.
 2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.
 - a) *The Exploration stage: is the stage when states identify their communities's needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
 - b) *The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.*
 - c) *Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.*
 - d) *Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
 - e) *Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*
1. *Someone to talk to: Crisis Call Capacity*
 - a. *Number of locally based crisis call Centers in state*
 - i. *In the Suicide lifeline network*
 - ii. *Not in the suicide lifeline network*
 - b. *Number of Crisis Call Centers with follow up protocols in place*
 - c. *Percent of 911 calls that are coded as MH related*
 2. *Someone to respond: Number of communities that have mobile behavioral health crisis capacity*
 - a. *Independent of first responder structures (police, paramedic, fire)*
 - b. *Integrated with first responder structures (police, paramedic, fire)*
 - c. *Number that employ peers*

3. Place to go

a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavior health component

c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Available to less than 25% of people in state	Middle Implementation Available to about 50% of people in state	Majority Implementation Available to at least 75% of people in state	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place to go	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

1. Someone to Talk to: Majority Implementation Stage. Thirteen of fourteen CMHCs are members of the National Suicide Prevention Lifeline. All Kentucky counties have 24/7 in-state primary coverage, and 106 counties have in-state backup coverage. Seventy-five percent of calls originating in Kentucky are answered in the state as of July 2022. The CMHCs have 103 FTEs of call takers. 2. Someone to Respond: Early Implementation Stage. All fourteen CMHCs provide 24/7 mobile crisis services – covering all 120 counties; however, the CMHCs rely heavily on on-call providers and respond primarily to community locations other than homes. Some of the mobile crisis teams use tablets and telehealth to increase access to services. 3. Place to Go: Early Implementation Stage. Kentucky has 10 residential crisis stabilization units (CSUs) with 100 beds for adults and seven CSUs with 65 beds for children. There is one 23-hour crisis receiving and stabilization program in southeastern Kentucky that serves adults and children. During the next year, Kentucky will explore options for expanding 23-hour services. Vibrant Emotional Health has provided Follow-up Guidance to National Suicide Prevention Lifeline (NSPL) call centers for 988 implementation (July 16, 2022) and all current centers in the suicide lifeline network are in the process of implementing the follow-up protocol. All are at different stages, depending on when they have onboarded to the network. The guidance includes the following preliminary follow-up requirements: The Lifeline views follow-up programs as an integral part of crisis centers' service delivery. While there are a variety of models in operation across the network, a review of center practice has highlighted certain elements as essential to a successful follow-up program. Historically, the Lifeline has strongly recommended that centers initiate and maintain follow-up programs in the service of persons in crisis and their communities. Under 988, the Lifeline anticipates that follow-up services for those experiencing current suicidal thoughts (within the past 24 hours) will be a requirement for network centers. These preliminary requirements are grouped under the corresponding recommendations and best practices listed below. Recommendation 1: Creating Clear Program Enrollment Criteria guidelines for all crisis counselors when speaking with callers is important to assess whether enrollment of the caller in the follow-up program would be appropriate. Center practices in this area vary: some centers ask callers with any degree of safety concerns present to enroll in the follow-up program while others limit this program to those who present with current and significant barriers to maintaining safety. Other centers follow up with those recently discharged from an emergency department or inpatient setting. Each center may decide to create separate follow-up programs based on a caller's risk level. For example, lower levels of risk may require only one follow-up call within a 48-hour period, whereas higher risk callers may require greater frequency. Whatever criteria the center chooses, it is important to ensure that the enrollment criteria are not based solely on the caller's level of suicidality, but also on the center's resources, staff time and capacity to properly follow up with individuals. Centers are encouraged to start small and expand the program once staff are comfortable with the procedures and enrollment criteria. Preliminary requirement for 988: All callers/chat visitors/texters that confirm current suicidal ideation (at the time of the call or within the past 24 hours) during their interaction with the Lifeline will be asked for consent to follow-up services. Recommendation 2: Create Clear Program Protocols that can be used by staff doing follow-up. The protocol should include: 1. Creation of a safety plan (further described in Recommendation 4) 2. Identify minimum number of follow-up contacts made to each participant. 3. Identify maximum number of attempts to reach an individual before it is assumed they no longer wish to participate in the program. 4. Identify maximum duration (in days or weeks) of program involvement 5. Provide general guidelines on content of follow-up calls 6. Provide general goals for follow-up care. 7. Invite the caller to stay in touch and call the Lifeline as needed. While a center's protocol does not have to be rigid (i.e., individualized call schedules can be developed based on a caller's needs) it does need structure to ensure consistent and effective service provision. While details of a caller's follow-up plan may vary depending on risk level and the goal of follow-up (i.e., follow-up until relinked to treatment – or follow-up until a specific stressor has passed) the overall approach should remain the same. In general, follow-up calls should assess for continuing risk and review the safety plan for any changes that may need to be made. All calls should be brief and focused. Staff should ensure that the caller understands when their participation in the follow-up program will end. Lastly, as in all Lifeline calls, staff should invite the caller to stay in touch and call the Lifeline whenever they feel the need to talk to someone or if they are in crisis. Preliminary requirements for 988: • First contact should typically occur within 24 - 72 hours after the original contact with the Lifeline. Contacts needed sooner than 24 hours are often done as part of a safety check outreach call and are particularly helpful for those who need additional support and do not want/need to go to an ER. People who receive safety check calls can also be asked for consent to participate in a follow-up program once the period of immediate safety is no longer a concern. • Individuals who have consented to follow-up should receive a minimum of 2 follow-up contacts. • At least three attempts should be made to make contact with the individual if the individual is not reached for a scheduled conversation. • At a minimum in each follow-up contact: Assess the individual's current well-being and suicide risk, review and update safety plan as needed, coordinate care with other providers, and increase connection to needed services. Recommendation 3: Openly Describe the Program to Participants and Gain Consent

ensures that the caller clearly understands how the follow-up program operates – including the service that will be provided and what will NOT be provided. For example, the caller should be made aware that follow-up is designed to be time limited and not designed to replace short-term treatment. The sample consent form provided in the appendix highlights much of the information for review with the caller as you obtain consent to call them back. To increase caller consent, hotline staff can say, “Before we end the call, I want you to know that I am concerned about you and that we want to help you stay safe. Is it OK if we call you back to see how you are doing?” Preliminary requirements for 988: • Callers/chat visitors/texters must consent to follow-up services. • The Lifeline has a recommended consent form, centers can adapt their own, but it should include all elements on the recommended form. Recommendation 4: Establish a Safety Plan and Use it to Structure Follow-up Calls in order to identify ways in which an individual can keep themselves safe. The safety plan intervention is a collaborative problem-solving approach for suicidal individuals that can be developed during a crisis call once it is established that immediate emergency intervention is not required. The plan is meant to be flexible and can change as an individual's level of distress changes. Follow-up calls should be structured around the plan by reviewing and modifying it during the calls, assessing with the caller how useful the safety plan has been. If the caller has not used the plan despite feeling suicidal, the counselor can review barriers to implementation and alternative strategies. A sample safety plan has been provided to providers. Preliminary requirements for 988: • At a minimum in each follow-up contact: o Assess the individual’s current well-being and suicide risk o Review and update safety plan as needed o Coordinate care with other providers o Increase connection to needed services. Recommendation 5: Fully Integrate the Follow-up Program into your Center’s Objectives to ensure that the follow-up program is folded into all staff and volunteer trainings to promote full integration of the service and enhance sustainability of the program. In addition, train as many staff and volunteers as possible to be able to provide follow-up. Even if a center decides to have dedicated staff provide the majority of the follow-up services, having all staff trained will allow and adjustment in enrollment numbers and staff time as the call volume fluctuates. Recommendation 6: Consider a Range of Follow-Up Methods such as the use of text, chat and email services that could help engage more individuals in the follow-up program, especially if the person first contacted your center by these means. While there is a scarcity of research on the topic, crisis centers have found that in using alternative methods of communication they can engage a wider demographic, particularly youth. Most often, staff will schedule a date and time to follow up with the individual by text or chat, just as they would with a phone call. Based on the needs of the individual and the safety plan, the staff will check in to ensure safety and risk level. Some centers ask the individual if they can switch to a phone call if the risk level has elevated since the previous chat or text. Recommendation 7: Track and Evaluate Key Outcomes systematically to track and evaluate a center's follow-up program. Clean data and easy reporting tools allow staff to closely examine program effectiveness and refine approaches to address specific needs. Data can make the difference in whether a center can apply for funding opportunities. Suggestions for data elements to gather include: • Number of people screened for follow-up • Number enrolled • Demographic information • Average number of contacts made per individual • Total number of contacts for the follow-up program • During the time the individual was a participant in the program (a) were they admitted to the hospital or an inpatient setting, and/or (b) did they attempt suicide? • Self-reporting on whether the individual accessed referral services or other services • Satisfaction of the program on a 1-5 scale metrics and indicators help funders, major donors, and government agencies see the impact your programs have on your community. Indicators that show cost savings to an overburdened mental and behavioral health system are of particular importance. • Track Emergency Department diversion rates or referrals to outpatient services to show these impacts. Recommendation 8: Establish a Policy to Work with Familiar/Frequent Callers to address the needs of frequent/familiar callers while keeping the scope of services to these callers within the short-term nature of the follow-up program. Ensure a consistent approach and plan for familiar callers and maintain a list or database with the names and description of these callers so all staff can access the information any time. Remember to reiterate the purpose of the follow-up program, which is to provide short-term, limited check-in calls based on a prepared safety plan. Familiar callers may need to be reminded of the limits set with them. Be direct and de-escalate a situation if the caller becomes abusive. Abusive callers should not be enrolled in the follow-up program. Centers may want to debrief the call with a supervisor or co-worker to build skills in working with familiar callers. Tip sheets for working with familiar callers and addressing the behavior of abusive/harassing callers can be found on the Network Resource Center by all centers in the Lifeline network. Recommendation 9: Establish a Policy to Work with Local Law Enforcement and develop a working relationship. Having a working relationship with your local police and 911 centers helps promote proper care for follow-up participants at imminent risk. Given that staff will have more contact with follow-up program participants, it is possible that centers will be asked to provide information to local law enforcement or other government agencies about particular participants. To deal with these information requests, the agency should develop an internal policy. Within that policy, the Lifeline recommends that the center ensures that law enforcement obtain a court ordered subpoena before accessing any requested information about specific individuals who use your services.

3. Based on SAMHSA’s National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

DBHDID is collaborating with many partners to expand crisis services in Kentucky. The Kentucky 988 Coalition began meeting monthly in 2021 and includes partners from CMHCs, 911 services, law enforcement, individuals with lived experience, managed care providers, advocacy organizations, social services (adult and child protective services, domestic violence providers, rape crisis providers), Kentucky Hospital Association, and state-level agencies. The Coalition has multiple sub-committees that meet monthly to ensure smooth transitions between 911/988, the voices of individuals with lived experience and providers are included, and quality services are delivered. Kentucky Department for Medicaid Services was awarded a one-year mobile crisis planning grant from CMS in 2021. Their team has been assessing the state’s current landscape (current provider capacity, reimbursement, etc.). A needs assessment has been completed and recommendations are being developed. State and provider leaders are currently developing a statewide mobile crisis triage protocol so that 988 callers experience a similar mobile crisis response across the provider network.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

Kentucky providers are utilizing the 5 percent set aside to expand workforce and technology capacity for 988 calls and mobile response, as described in detail under the crisis narrative in #1.

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Footnotes:

The Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) is working to ensure that all Kentuckians will have access to timely, person-centered behavioral health crisis services in their home and community. Kentucky's fourteen (14) community mental health centers (CMHCs) serve as the backbone and behavioral health safety net for residents experiencing a mental health, substance use, or IDD crisis. CMHCs operate a variety of crisis services including 24/7 crisis lines, walk-in crisis services at county clinics, residential crisis stabilization in a crisis stabilization unit (CSU), and mobile crisis services in all 120 counties.

Community Mental Health Centers: Kentucky's Behavioral Health Safety Net

CMHCs provide behavioral health crisis services and supports to all individuals who seek services when in a self-defined behavioral health emergency. Crisis services are provided in a variety of settings and over the telephone. CMHCs ensure that individuals experiencing a behavioral health crisis have access to a team of professionals, such as a prescriber, crisis clinician, nurse, peer support specialist, I/DD staff trained in risk assessment and management, or other behavioral health providers. Crisis services are provided for an individual immediately, regardless of payor source or ability to pay provided that within five (5) days from the date of service, a financial screening and eligibility process is completed. CMHC crisis providers develop a service plan and safety plan for each client.

CMHCs provides the following the behavioral health crisis services twenty-four (24) hours per day, seven (7) days per week, 365 days a year:

1. Information and referral services to connect individuals and families with community resources.
2. Screening to identify intent to harm self, others and/or suicidality risk.
3. Behavioral health crisis assessments, including involuntary hospitalization evaluations per KRS 202A and KRS 645.
4. Assessment using ASAM criteria and coordination of appropriate level of care for SUD.
5. Counseling, observation, and intervention to stabilize the situation (e.g., mobile crisis, residential crisis stabilization, crisis intervention, crisis respite, peer support).
6. Psychiatric consultation (e.g., prescriber on call/on site for consultation and medication management).
7. Safety planning for self-harm or suicide risk, risk for harm to others.
8. Coordination of transportation services for individuals needing an involuntary hospitalization, to and from the hospital.
9. Post-crisis care coordination and follow-up within 48 hours to ensure stabilization; and
10. Community/School suicide and crisis prevention and postvention services: Therapeutic, supportive and postvention services to prevent, reduce, or eliminate a crisis situation and support delivery of community response services after a suicide attempt or death including postvention services.

Medicaid Billable Services

The following three (3) crisis services are approved for Medicaid payment:

- Crisis Intervention: clinic-based crisis services
- Mobile Crisis: face-to-face crisis stabilization provided in the community

- Residential Crisis Stabilization: residential crisis stabilization in a crisis stabilization unit

SFY 2023 Kentucky Community Mental Health Center Adult and Children’s Crisis Services Array

The following is a list of crisis services and service components provided by Kentucky’s fourteen (14) community mental health centers and the number of agencies that provide the service to individuals in their catchment areas:

Crisis Service or Component	Adults’ Crisis Services	Children’s Crisis Services
Number of counties in which the CMHC has an outpatient office, CSU, or other office space to provide crisis services (KY has 20 counties)	111	111
23-Hour Crisis Observation	2	1
Adult Peer Support	13	*
Criminal Justice Drop-Off Sites	5	6
Crisis Assessment via Telehealth	14	14
Crisis Case Management	13	12
Crisis Intervention Team (CIT) Advisory Board	13	13
Crisis Respite	3	4
Crisis Transportation	8	7
Family Peer Support	11	11
IDD Crisis Prevention, Consultation, and Intervention	14	14
Intensive In-Home Services	*	7
Intensive Outpatient Crisis Counseling	9	7
Involuntary Commitment Evaluations	14	14
Mobile Crisis	14	14
Partial Hospitalization	2	0

Crisis Service or Component	Adults' Crisis Services	Children's Crisis Services
Psychiatric Eval. and/or Medication Management within 24 Hours or Next Business Day	14	13
Quick Response Teams	8	6
Ready Access to a Physical Health Consultation	9	7
Ready Access to a Psychiatric Consultation	14	14
Ready Access to a Qualified Mental Health Professional	14	14
Residential Crisis Stabilization Unit	9	7
Safety Planning for Suicide Risk	14	14
Virtual Crisis Support - Chat	3	2
Virtual Crisis Support - Text	4	5
Walk-in Crisis Intervention After Business Hours	12	10
Walk-In Crisis Intervention During Business Hours	14	14
Warm Line	8	8
Withdrawal Management	8	1
Youth Peer Support	10	11
24/7 Crisis Hotline	14	14

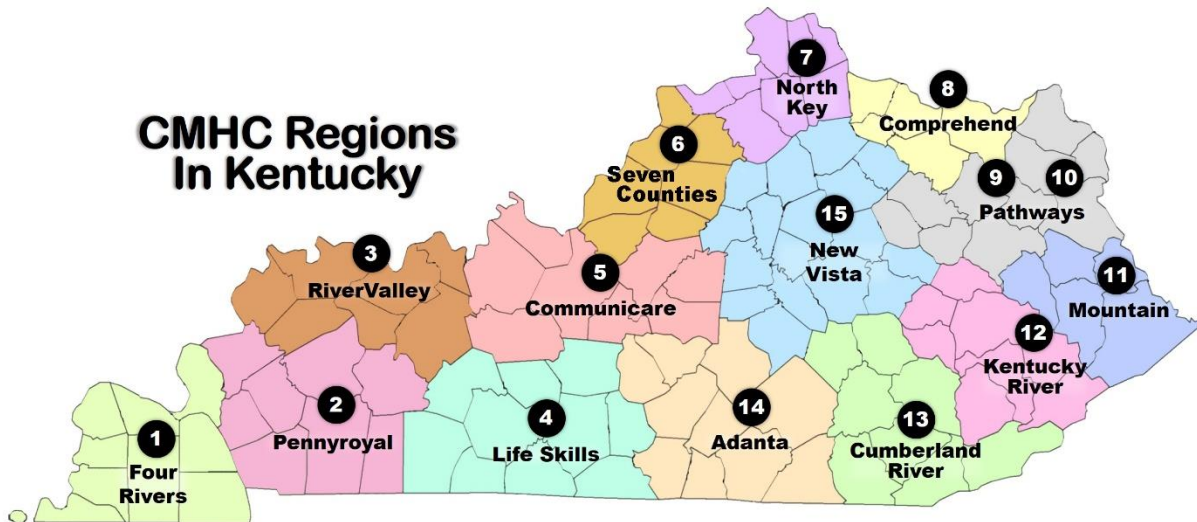
* Data is not collected for this service.

Data from SFY 2023 Form 132 Crisis Services Application

Kentucky's Adult and Child Crisis Stabilization Unit Sites that Receive State General Funds

Agency	Location of Adult CSUs	# Adult Beds	Location of Child CSUs	# Child Beds
Four Rivers Behavioral Health	Mayfield	10		
RiverValley Behavioral Health	Owensboro	8		
LifeSkills, Inc.	Bowling Green	8	Bowling Green	12
Communicare, Inc.	Elizabethtown	8	Elizabethtown	12
Seven Counties Services			Louisville	12
Comprehend, Inc.			Maysville	7
Pathways, Inc.	Ashland Mt. Sterling	16 16	Morehead	6
Mountain Comprehensive Care Center	Prestonsburg	8	Prestonsburg	6
Kentucky River Community Care	Hazard	8		
Cumberland River Behavioral Health	Corbin	8	Corbin	8
The Adanta Group	Jamestown	8		
Wellspring	Louisville	10		
Wellspring	Louisville	8		
Number of Adult CSUs		12	Number of Children's CSUs	7
Number of Adult Beds		100	Number of Children's Beds	65
Statewide Total Number of Beds		165		

Kentucky Behavioral Health Crisis Services
24-Hour Toll-Free Telephone Numbers



- ① **Four Rivers Behavioral Health** (800) 592-3980
Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Livingston, McCracken, Marshall
- ② **Pennyroyal Center** (877) 473-7766
Caldwell, Christian, Crittenden, Hopkins, Lyon, Muhlenberg, Todd, Trigg
- ③ **RiverValley Behavioral Health** (800) 433-7291
Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster
- ④ **LifeSkills, Inc.** (800) 223-8913
Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren
- ⑤ **Communicare** (800) 641-4673
Breckenridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, Washington
- ⑥ **Seven Counties Services** Adults (800) 221-0446
Children (800) 432-4510
Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble
- ⑦ **NorthKey Community Care** (877) 331-3292
Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, Pendleton
- ⑧ **Comprehend, Inc.** (877) 852-1523
Bracken, Fleming, Lewis, Mason, Robertson
- ⑩ **Pathways, Inc.** (800) 562-8909
Boyd, Carter, Elliott, Greenup, Lawrence, Bath, Menifee, Montgomery, Morgan, Rowan
- ⑪ **Mountain Comprehensive Care Center** (800) 422-1060
Floyd, Johnson, Magoffin, Martin, Pike
- ⑫ **Kentucky River Comprehensive Care** (800) 262-7491
Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, Wolfe
- ⑬ **Cumberland River Behavioral Health** (800) 273-8255
Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, Whitley
- ⑭ **The Adanta Group** (800) 633-5599
Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne
- ⑮ **New Vista** (800) 928-8000
Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, Woodford

Diversion from the Justice System

CMHC crisis programs provide a range of services and supports to divert individuals from the justice system and higher levels of care, such as the following:

- Provide involuntary hospitalization evaluations.
- Provide involuntary admission evaluations for individuals with developmental or intellectual disabilities.
- Provide and arrange non-secure transportation services and reimburse law enforcement for secure transport.
- Attend commitment hearings with clients.
- Collaborate with local crisis intervention teams to provide trainings and participate on local CIT advisory teams.
- Provide training and consultation to local jails; and
- Provide training and consultation to local juvenile detention centers.

Below is statewide data for SFY 2021. The statewide data reveals that CMHC staff provided 10,509 hospitalization evaluations for adults and 824 for children, with 5,452 crisis transports requiring reimbursement. Law enforcement, child welfare, non-emergency medical transportation services, ambulances, taxi companies, and CMHCs provide reimbursed and unreimbursed crisis transportation services.

There are 86 jails and many juvenile detention facilities and programs in Kentucky. In SFY 2020, CMHCs provided 21,077 consultation calls to these facilities, and 18 formally scheduled training events to 326 jail and juvenile detention center staff.

Diversion from the Justice System Objective – SFY 2021	Total
Number of involuntary psychiatric evaluations provided to adults.	10,509
Number of involuntary psychiatric evaluations provided to children.	824
Number of emergency transports provided to adults and children requiring reimbursement.	5,452
Number of calls for consultation provided to jails and juvenile detention centers.	21,077
Number of formally scheduled training events provided to jail and detention center staff.	18
Number of jail or detention center staff trained.	326

SFY 2021 Compilation of Plan and Budget Form 113D data.

DBHDID would like to highlight the following CMHC initiatives to enhance crisis system capacity:

- **Expansion of National Suicide Prevention Lifeline (NSPL) member call centers.** CMHCs prepared and participated in the launch of 988 on July 16. They continue to increase capacity to address the expected expansion of volume of calls and develop processes and protocols related to follow-care utilizing the recommendations from Vibrant. To support the 988 transition, Kentucky was awarded a 988 Capacity and Planning Grants and has seen NSPL in-state response rates increase significantly. In the last four (4) years, nine (9) additional CMHCs have become National Suicide Prevention Lifeline (NSPL) member call centers; a total of thirteen (13) CMHCs are members of the NSPL network. All fourteen (14) CMHCs are members of the Kentucky 988 Planning Coalition that meets monthly. As of June 2022 data, seventy-five percent of calls originating from Kentucky are answered in-state.
- **Expansion of Quick Response Teams.** Quick Response Teams (QRTs) provide compassionate, assertive outreach to adult and adolescent overdose survivors to facilitate treatment and harm reduction services. Teams may be composed of peer specialists, treatment providers and first responders. CMHCs currently provide QRT services in (30) counties.
- **Expansion of telehealth delivered crisis assessments and interventions.** The COVID-19 pandemic required rapid expansion of telehealth capacity. CMHCs purchased necessary technology such as software, iPads, and laptops, trained staff and collaborated with clients, families, and community partners. A law that took effect in 2019 allows patients to access telehealth from home (instead of a clinical setting) and with a greater diversity of providers, and state lawmakers are considering making permanent many of the emergency telehealth provisions allowed due to COVID. Crisis program directors report that local hospital emergency department and law enforcement staff like the faster access to behavioral health crisis services that telehealth access allows. Some CMHCs have provided community partners with iPads and laptops so that they can immediately engage crisis providers.
- **Integration and expansion of services for individuals experiencing substance use disorder crises.** CMHCs continue to increase crisis assessment and intervention for individuals with substance use and co-occurring mental health and substance use disorders. Three (3) CMHCs report working toward the American Society of Addiction Medicine (ASAM) certification of their crisis stabilization units. Others are increasing capacity by training staff in evidence-based practices, reconfiguring their crisis stabilization units to serve individuals with SUD or co-occurring disorders, including SUD specialists on ACT teams, training staff on the administration of Narcan, embedding ASAM into their electronic health records, and providing rapid engagement with SUD treatment services.
- **Enhanced organizational capacity to ensure client safety and provide suicide-specific care.** CMHCs are engaging in various activities to support a Zero Suicide culture. Such as: preparing for 988 implementation; maintaining Zero Suicide committees; conducting workforce surveys; providing training opportunities for staff and community partners; enhancing in-house training capacity; embedding prompts, alerts and safety planning into electronic health record platforms; utilizing evidence-based suicide screening, assessment and treatment practices; enhancing

organizational policies; providing follow-up calls, caring letters and outreach to clients at-risk and for clients who miss an appointment; and conducting safety audits of facilities.

- **Crisis services improvements.** Some CMHCs are utilizing Certified Community Behavioral Health Clinic (CCBHC) and other federal grants to enhance mobile crisis services and in-home services, expanding services to individuals who do not have stable housing, and expanding on-site crisis services during nights and weekends instead of utilizing on-call services.
- **Enhanced community partnerships and relationships.** CMHCs quickly increased telehealth crisis assessment and intervention services in response to the pandemic. Crisis directors report that most community partners have responded favorably to telehealth services because transportation and wait times decreased. CMHCs also engage in cross-system crisis plans for individuals who are high utilizers of community services and have enhanced regional Crisis Intervention Team advisory groups.

Outcomes

DBHDID conducts an annual program performance and compliance review of CMHC programs. Monitoring consists of an off-site review of data and documentation and may include an on-site review of operations and documentation. DBHDID provides a summary report to CMHCs within 60 days of the review and submission of a corrective action plan may be required.

The Department is continuing performance-based contracts for SFY 2023 and will include two (2) crisis performance indicators in the CMHC contract. The indicators measure the rate of continuing care for clients who received a crisis service. The incentive for achieving the targets is 2% of the CMHC's total crisis services funding.

The CMHCs may monitor their progress toward their targets by reviewing monthly reports for each indicator. These reports are available online and refresh monthly so that all regional and department staff can stay abreast of performance. For Incentive Bond Year (IBY) 2022, these measures indicated that approximately 68% of adults and 83% of children, engaged in a service at a CMHC within thirty (30) days of receiving a crisis service.

Summary

Staff within the Kentucky's Crisis Prevention and Response System have utilized the July 16, 2022, launch of 988 as a fulcrum to leverage change within the system, increase access to crisis care, and improve the quality of the services delivered. Kentucky's General Assembly allocated nearly \$20 million over the FY23 and FY24 biennium to support expanded capacity for 988 and mobile crisis services and those funds have been contracted to the crisis centers to support capacity. Additionally, the state applied for and received a \$1.16 million 988 capacity grant from SAMHSA to support increased capacity to meet the needs of those at risk of mental health and substance use in the Commonwealth. Programs, practices, and policies that increase access and improve quality are being implemented, expanded, and enhanced. These efforts

are collaborative with the state, regional and community-level partners and stakeholders, as well as those with lived-experience to ensure they are aligned with the needs of those most at risk of a behavioral health crisis. Crisis response staff are being trained to provide culturally responsive services to those identified as high risk (BIPOC, LGBTQ+, military-connected, farm families, and rural). DBHDID will continue to leverage opportunities connected to the 988 launch to expand and enhance the services delivered in response to behavioral health needs of Kentucky residents.

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application- Required for MHBG

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).⁶⁹

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

⁶⁹<https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.

a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

The Kentucky Behavioral Health Planning and Advisory Council (Planning Council or Council) reviews the annual Behavioral Health Assessment and Plan during quarterly meetings in August and Behavioral Health Reports during November meetings. Department staff draft the plans and reports; Council members, stakeholders and the public are encouraged to provide recommendations and feedback. Staff send a draft of the plan/report to individuals on the Planning Council listserv and place it as a "Hot Topic" on the Department's homepage. An archive of draft, submitted and approved plans and reports is maintained on the Council's website. Various methods for providing comments are outlined.

Council meetings provide one opportunity for individuals to provide verbal and/or written feedback. Meetings have been virtual since 2020 and membership and meeting participation are at an all-time high! All Council members with a term (which includes Individuals in Recovery, Family Members, Parents and Young Adults in Recovery) receive a stipend to support their attendance. Handouts are mailed to members with a term and to members who request paper handouts. During the August and November Council meetings, staff mail copies of the plan/report and a PowerPoint presentation of the drafted plan/report. Time is provided on the agenda for attendees to provide feedback and recommendations. Council members may provide verbal or written feedback (written feedback via chat) during the meeting. The Council creates a letter confirming the Council's participation and opportunity to review and provide feedback on the plan/report. At the meeting, staff encourage Council members and the public to continue to submit feedback/comments on any drafted, submitted or approved plan or report. Information is provided on how to submit comments after the meeting via the department website, telephone, email, or US Mail to the Block Grant State Planner (Missy Runyon). Comments and recommendations are reviewed and incorporated into the documents and system planning as applicable.

In addition, the Finance and Data Committee of the Planning Council meets once a year to review block grant allocations (MHBG and SABG) for the upcoming fiscal year. During this meeting, the Committee provides input on service needs they consider priorities for funding opportunities. This is another way the state receives valuable feedback that impacts the development of block grant plans.

Department staff utilize multiple mechanisms to identify, plan and implement prevention, treatment and recovery services: There are multiple data sources used to identify substance misuse trends and treatment outcomes that help to inform the planning and implementation process.

Program Administrators deliver technical assistance and training on assessing the needs of the communities in which the Regional Prevention Centers (RPC) provide technical assistance and training to coalition members and key stakeholders.

The needs assessment process is guided by contracted prevention providers but is completed in concert with coalition

members and key stakeholders at the community level. Community members are a vital component within the needs assessment process and their input guides the work of the RPC.

A statewide needs assessment is conducted using a standardized template to guide local assessments for consistency and accuracy, and to create a state level guide for work. Beginning in SFY 2023, local needs assessments will be done for one-third of Kentucky's counties each year rather than for the entire state bi-annually. This will allow for a more complete and accurate process at the local level. At the end of three years, there will be a comprehensive statewide assessment in place. Along with changes in the timeline, data related to incidence and prevalence will be provided through a dashboard that will guide county-level assessments. The dashboard and data will be utilized to examine alcohol, tobacco, marijuana, opioids, stimulants, and mental health issues while taking into consideration incidence, prevalence, morbidity, mortality, community contexts (poverty, lack of housing, discrimination) and health disparities. Once the analysis is done, RPC staff will share with community members to identify their agreement with the issues in the community and conduct key stakeholder and focus group qualitative data collection to further identify local contexts that contribute to substance use and mental health issues, creating a focused action plan for each Kentucky county. They will also assess the readiness and capacity of the community to implement the identified strategies and guide communities in selecting those that are aligned with the community's current readiness level. Additionally, an analysis of the activities delivered to each county will be conducted to determine if they have the strength and reach necessary to create change in that community (basically, is the dosage high enough to help change behavior?).

Prevention program administrators provide monitoring and technical assistance to DBHDID-funded prevention programs by meeting one-on-one with providers at least monthly as well as holding virtual peer group meetings twice a month (one formal, one a peer sharing call). Based on these calls, and coupled with the needs assessment, a training and technical assistance plan is developed for each region. Needs noted across the regions are used to identify trainings and other skill-building opportunities for the RPCs.

The Kentucky Prevention Network, in conjunction with DBHDID, holds an annual conference in the fall of each year and provides two (2) substance-specific trainings in the spring, guided by discussions with DBHDID program administrators and identified training needs from the funded programs.

DBHDID Program Administrators meet in a yearly strategic planning session to review available information from the regions, updated trend data on substances, and changes in readiness levels to develop an internal strategic plan that guides the work of the branch in supporting the delivery of training and technical assistance to communities based on local needs.

Department staff provide ongoing monitoring and technical assistance for DBHDID-funded substance use disorder treatment programs statewide. Program Administrators maintain a constant contact with CMHCs and other contracted agencies in administering their specific programs.

Department staff solicits input from the regional substance use treatment directors and other community partners on an ongoing basis. This consultation occurs at quarterly peer group meetings with SUD Directors, participation in local, regional and state community partner meetings and in regular in-person consultation with individual CMHCs. In addition, each CMHC has an identified department liaison who attends CMHC Board Meetings to facilitate communication between the Department and community partners.

The Planning Council's membership provides rich information about prevention, treatment and recovery supports needed for individuals in recovery, their parents and family members. The Council and its committees meet approximately eight (8) times per year.

Traditionally, the Department's annual alcohol and other drug prevention and treatment conference called the Kentucky School of Alcohol and Other Drug Studies (KY School) is a valuable opportunity for input on the system of care. Due to the pandemic, the conference was not held for the last few years, but the Department plans to recommence the conference in 2023.

The Council has integrated substance use and co-occurring mental health/substance use disorders into its membership and work as well as prevention activities. In addition, the Department has increased attendance at Council meetings of members from the Behavioral Health Prevention and Promotion Branch and the Adult Substance Abuse Treatment and Recovery Services Branch, as well as Kentucky's Opioid Response Effort (KORE).

b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? Yes No

2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? Yes No

3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

Diversity is important to the Kentucky Behavioral Health Planning and Advisory Council. When choosing new members, the Membership Committee pays attention to the ways each applicant will increase the diversity of voices and experiences on the Council. The Council's membership application includes the following diversity statement:

The Kentucky Behavioral Health Planning and Advisory Council has an ongoing commitment to advancing diversity within its membership. We acknowledge that diversity includes any aspect of an individual that makes him or her unique. Our Council values and actively promotes diverse and inclusive participation by its officers, members, and staff. We recognize that diversity is vital to all elements of our mission. At your option, you may state how you would contribute to the diversity of the Council.

For the Membership Committee's most recent review of applications, most applicants chose to answer this question. Committee members report that the diversity responses shared by applicants are extremely valuable as they consider new members because

they learn where an applicant can fill a gap and provide a voice on the Council. The following are types of diversity reported by applicants reviewed by the Council:

"I am a grandmother, a veteran, a foster care mother, a certified peer support specialist and a certified English/Spanish interpreter raising a special needs grandson."

"I am an African American woman who has raised eight children. I am a grandmother who has full custody of my grandson."

"I am a single mother of three wonderful children, two of them in services. As a mother, I fight for what is best for my children."

"I was a foster parent for 18 years and I've cared for 105 children in that time. I also adopted five children, with four of those children having behavioral health disorders and learning disabilities."

"I am a family member and an active community member. I help children and adults with behavioral health issues every day. My interest continues to be housing for the homeless and the elderly with behavioral health issues."

"I am a 25-year-old working mother, wife, and master's student."

The Planning Council has experienced increased geographic diversity due to meetings being held virtually for the past two years; however, the Council continues to need applicants from southeastern, southcentral, and western portions of the state. The Council also has difficulty recruiting parent and young adult applicants. They report having the following barriers for Council participation: education responsibilities, employment responsibilities, and childcaring responsibilities.

Planning Council members also identified the following underrepresented populations to focus recruitment: Latinos/Hispanics, individuals who identify as LGBTQ+, Black, and other people of color. Members are sharing Council brochures and applications at identified organizations to increase awareness of the Council and recruit potential members. The Council shares its brochure at annual conferences to increase awareness and recruit applicants from underrepresented populations.

The Planning Council is comprised of the following individuals who bring their diverse experiences and the input of those they represent to the Council:

Six (6) adults in recovery from mental health disorders and/or substance use disorders;

Six (6) parents/grandparents/guardians/foster parents who have custody of a child (birth through age 20) with behavioral health challenges;

Six (6) family members of an adult in recovery from behavioral health disorders;

Two (2) young adults in recovery from behavioral health disorders (age 18-25);

One (1) organization for individuals in recovery from substance use disorders;

One (1) organization for individuals in recovery from mental health disorders and/or co-occurring substance use disorders;

One (1) organization for family members of adults in recovery from mental health disorders and/or substance use disorders; and

One (1) organization for youth and family members of youth with significant behavioral health challenges.

Representatives from many state agencies that provide services to people with behavioral health disorders in Kentucky. (e.g.

Department for Juvenile Justice, Department for Corrections, Department of Education, Department for Public Health, Kentucky Housing Corporation, Department for Aging and Independent Living, etc.)

The following is an excerpt from the Bylaws of the Council duties:

Report directly to the Commissioner of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID).

Assist BHDID in designing a comprehensive, recovery-oriented system of care.

Advise BHDID on the use of Substance Abuse Prevention and Treatment Block Grant (SABG) funds and Mental Health Block Grant (MHBG) funds and on the quality of statewide, recovery-oriented behavioral health services.

Review the biennial combined SABG and MHBG Application and annual Implementation Report pursuant to Public Law 102-321, Section 1915 (a) and to submit recommendations to BHDID, prior to the September 1 and December 1 due dates, respectively.

Advocate for individuals in recovery, children and youth with behavioral health challenges, and family members.

Monitor, review, and evaluate, not less than once a year, the allocation and quality of statewide, recovery-oriented behavioral health services.

Council members lead and serve as members to the following committees: Membership, Finance and Data, and Bylaws.

Each of the Planning Council's statewide behavioral health advocacy organizations share the information about the Council periodically. They are a valuable resource for sharing information across the state via email, social media, and newsletter.

During the past year, the Council has increased membership and meeting participation. In SFY 2019, an average of 28 stakeholders attended Council meetings; in comparison, in SFY 2022, there was an average of 42 participants per meeting. The Council currently has three (3) vacancies; one for Parents of Children with Behavioral Health Challenges, one for Young Adults in Recovery and one for Individual in Recovery. The Council has a total of 37 member seats.

Council staff and officers have increased collaborative meeting planning and decision making. In the last year, a planning team of Council officers and staff meet the first Thursday of the month for one hour to plan Council activities. At its January 2022 meeting, the Executive Committee recommended a stipend for planning meeting participation, and it was approved by Department leadership.

As the MHBG funds are restricted for use with individuals with SMI and/or SED, this Council continually reviews and provides input on many levels for services and advocacy issues for the SMI/SED population.

Please indicate areas of technical assistance needed related to this section.

None at this time.

Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.⁷⁰

⁷⁰There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of

Footnotes:

Kentucky's Planning Council meeting to review the FY 23 mini application is August 18, 2022. Because the minutes for that meeting will not formally be approved until the next quarterly Council meeting, minutes from the August 2021 meeting, where the Council reviewed the full 22/23 application are uploaded for your review, as well as a letter from the Council Chair from the current August 18, 2022 meeting, indicating that the Council did, indeed, review the FY 23 mini application.

Kentucky Behavioral Health Planning and Advisory Council

Meeting Summary

August 19, 2021

Virtual Meeting

10:00am to 12:30pm

Council Members: Robin Osborne, Sharon Darnell, Steve Shannon, Valerie Mudd, Sherry Sexton, Susan Abbott, Kathryn Tillet, Sherri Estes, Mike Barry, Peggy Roark, Stephanie Hager, Emily Eldridge, Lauren Reynolds, Lynn Haney, Phyllis Millsbaugh, Steve Lyons, Jeanette Rheeder, Ron O’Hair, Becky Clark, Rebecca Seavers, Matthew Smith, Jennifer Mingo, Sandy Weaver, Tracy Gross, Bill Heffron, Betty Sue Abshire

Staff: Paula Brown, Missy Runyon, Deb Davidson, Amy Potts, Brittany Barber, Melissa Hopkins, Isabel Phillips, Miranda Seals, Janice Johnston, Kate Overberg, Katie Marks, Michelle Kilgore, Jason Bagley, Diana Hobbs, Jane Oliver, Christie Penn, Cheryl Bogarty, Lea Taylor, Patti Clark, Hope Beatty, Tom Beatty, Lesa Vanderpool, Beth Jordan, Maggie Schroeder, Kelly Bradshaw

Guests: Marcie Timmerman

Topic	Discussion	Next Steps
Call Meeting to Order	Robin Osborne, Chair, called the meeting to order at 10:04 AM and welcomed members, guests and staff. Robin extended a special welcome to new member, Jennifer Mingo.	Planning Council’s homepage: http://dbhdid.ky.gov/dbh/kbhpac.aspx
Introductions and Member Updates	Members, guests and staff introduced themselves and provided the following updates: <ul style="list-style-type: none"> • Sherry Sexton shared that she has now been a therapist for one year and is continuing her work on her Master’s Degree. • Emily Eldridge shared that families in her area (Adanta/Somerset area) are doing well despite difficulties due to COVID isolation. • Dr. Heffron shared that the Department for Juvenile Justice has a new commissioner, Vicki Reed. • Jeanette Rheeder shared that the Kentucky Housing Corporation still has Healthy at Home Eviction Relief funds available. These funds are available for all parts of the state except for the Lexington and Louisville areas. • Susan Abbott shared that Kentucky Protection & Advocacy continues to provide advocacy services in facilities around the state, including juvenile justice and correctional facilities. • Ron O’Hair shared that Vocational Rehabilitation is in the process of expanding the number of IPS (Individual Placement and Support) providers across the state. • Sherri Estes reported that Regional Prevention Centers (RPCs) are busy providing various trainings to school staff (Too Good for Drugs, Sources of Strength, and Lifelines). She shared that most RPCs have trainers for Mental Health First Aid and QPR Suicide Prevention. 	Learn more about eviction relief funds at Kentucky Housing Corporation’s website .

Topic	Discussion	Next Steps
Approval of May 2021 Meeting Summary	Members reviewed the May meeting summary. Sharon Darnell made a motion to approve the minutes as written and Steve Shannon seconded. Minutes approved.	Approved meeting summaries are available online .
Council Updates	<ul style="list-style-type: none"> Staff shared that the Council currently has a vacancy for an individual in recovery from mental health and/or substance use disorders and a parent of a child with behavioral health challenges. Members are encouraged to share the membership application with individuals and organizations that may be interested. Staff requested nominations for a Membership Committee chair. Phyllis Millspaugh made a motion to approve Sharon Darnell as Membership Committee Chair. Mike Barry seconded. Motion approved. The Council approved the 2022 meeting schedule. 	
CARA and ARPA Funds	<p>Members were provided a copy of Kentucky’s application for Coronavirus Response and Relief Supplement Appropriations Act (CARA) funds and American Rescue Plan Act (ARPA) funds in advance of the meeting. Missy Runyon, Program Administrator for the Division of Behavioral Health and Kentucky’s Block Grant State Planner, provided an overview of the amount of the funds, the timeline for spending them, and Kentucky’s plans. Missy shared that the department must submit separate reports for these funds; they will be shared with the Council.</p> <p>Council members provided the following comments and questions:</p> <ul style="list-style-type: none"> “I’m excited about the money and I hope we (Kentucky) can use it wisely.” “Can you explain how funding allocations were made?” Missy shared that the funds must be spent in accordance with Block Grant guidelines, for example, at least 20% of the funds must be used for primary prevention and the focus of the funds must be children with serious emotional disability and adults with serious mental illness. Five percent of the funds must be spent on crisis services and 10% on early serious mental illness programming. “Is there a set-aside for recovery support?” Missy shared that there is currently not a set-aside for recovery support in the Block Grant, but there is a narrative section on the topic. SAMHSA has indicated they are considering a 10% set-aside for recovery support. 	To provide comments on Kentucky’s plans, please contact Amy Potts at Amy.Potts@ky.gov regarding CARA funds and Missy Runyon at Melissa.Runyon@ky.gov regarding ARPA funds.
2022-2023 Combined Block Grant Application	Missy Runyon provided information about Kentucky’s application for FY 2022-2023 Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block Grant (SABG) funds from the Substance Abuse and Mental Health Services Administration (SAMHSA). A draft of the application was shared with members prior to the meeting and is available on the department’s	An archive of submitted and approved versions of the Block Grant applications and reports is available at

Topic	Discussion	Next Steps
	<p>home page as a Hot Topic. Members were also provided with a handout that outlines ways the public may provide comment on draft, submitted, or approved versions of Kentucky’s Block Grant.</p> <p>Council members provided the following comments and questions:</p> <ul style="list-style-type: none"> • “It’s nice to have strong leaders in SAMHSA. Mr. Becerra was a major part of Mental Health America California affiliate improvements and Dr. Delphin-Rittmon overhauled peer support services in Connecticut.” • “I’m pretty excited that SAMHSA leaders are movers and shakers who speak the language of our political leaders.” • “Is the HIV and TB work for all people or only for people who use substance use disorder services?” Missy shared that the services are provided to individuals who are accessing substance use disorder services. • “Once a grant is reviewed, is there a group that reviews the work that was done?” Missy provided information about the Block Grant reporting process, state performance indicators, and ways the department monitors contracts. • “This has been a great meeting with lots of important information shared!” • “What are HDI funds used for?” The University of Kentucky Human Development Institute provides training, coaching, and fidelity monitoring for IPS supported employment services. • “All the more reason to get a Medicaid Waiver that allows for supported employment!” • “Only \$13.00 of every \$10,000 spent on Home and Community Based Waiver services are for adults with serious mental illness.” • “We should be up in arms! We should advocate for more waiver services for individuals with behavioral health disorders - services similar to those available for individuals with intellectual and developmental disabilities and traumatic brain injury.” 	<p>the department’s website.</p>
<p>Department Updates</p>	<p>Phyllis Millspaugh provided the following Department of Behavioral Health, Developmental and Intellectual Disabilities updates:</p> <ul style="list-style-type: none"> • SAMHSA conducted a Block Grant financial audit of the department’s and subrecipients’ financial processes in July; they will provide a report in December. They are also conducting a site visit for prevention services in September. • Personnel changes include Michele Blevins’ retirement in August and Koleen Slusher’s new position as Interim Director at the Kentucky Correctional Psychiatric Center. Brittney Allen is Interim Director of the Division of Behavioral Health. 	
<p>Adjournment of Meeting</p>	<p>Valerie Mudd made a motion to adjourn the meeting at 12:22pm. Mike Barry seconded. Motion approved.</p>	<p><u>Next Meeting:</u> Thursday, November 18, 2021 (Virtual)</p>

Kentucky Behavioral Health Planning & Advisory Council

275 East Main Street, 4W-G, Frankfort, KY 40601

August 19, 2022

Odessa Crocker, Chief
Formula Grants Branch
Division of Grants Management
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20857


Odessa Crocker:

I am writing on behalf of Kentucky's Behavioral Planning and Advisory Council to confirm that Council members met today and reviewed the mini application for funding for Kentucky's mental health and substance abuse prevention and treatment block grant funding for FY 2023. Time was allotted at today's meeting to discuss the application and it is also posted for review on the KY Department for Behavioral Health, Developmental and Intellectual Disabilities web site at <https://dbhdid.ky.gov/kdbhdid/default.aspx> . Department staff welcomes comments and recommendations prior to and after submission of the 2023 application on September 1, 2022.

The deadline to submit the Mini Block Grant Application deadline is September 1, 2022.

Thank you for the continued support of community-based services for adults and youth with behavioral health disorders. Our Council is honored to serve as advisors for planning in Kentucky.

Sincerely,



Sherry Sexton, Chair
Kentucky Behavioral Health Planning and Advisory Council

Cc: Melissa Runyon, Block Grant State Planner

Environmental Factors and Plan

Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States **MUST** identify the individuals who are representing these state agencies.

State Education Agency
 State Vocational Rehabilitation Agency
 State Criminal Justice Agency
 State Housing Agency
 State Social Services Agency
 State Health (MH) Agency.
 State Medicaid Agency

Start Year: 2023 End Year: 2024

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Betty Sue Abshire	Family Members of Individuals in Recovery (to include family members of adults with SMI)		2017 Ogden Ridge Road Mount Olivet KY, 41064 PH: 606-842-1041	babsudiva29@gmail.com
Michael Barry	Persons in recovery from or providing treatment for or advocating for SUD services		1425 Story Avenue Louisville KY, 40206 PH: 502-552-8573	mike@peopleadvocatingrecovery.org
Becky Clark	Family Members of Individuals in Recovery (to include family members of adults with SMI)		32 East Willow Dell Drive Ewing KY, 41039 PH: 606-267-4101	simplifylife321@gmail.com
Sharon Darnell	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		637 Deerlick Road Ewing KY, 41039 PH: 606-584-2716	sharon@namibuffalotrace.org
Emily Eldridge	Parents of children with SED/SUD		3725 Barnesburg Road Somerset KY, 42503 PH: 606-425-7692	eeldridge@adanta.org
Sherri Estes	Providers		130 Southern School Road Somerset KY, 42501 PH: 606-679-9425	sestes1@adanta.org
Tracy Gross	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2037 Lakeview Drive Ft Wright KY, 41017 PH: 859-415-6958	tracygross71@gmail.com
Kelly Gunning	Providers		869 Sparta Court Lexington KY, 40504 PH: 859-390-2856	kelly@namilex.org
David Gutierrez	State Employees		275 East Main Street 3E-B Frankfort KY, 40601 PH: 502-564-9433	david.gutierrez@ky.gov
Stephanie Hager	Parents of children with SED/SUD		2011 Meadows Edge Lane Louisville KY, 40245 PH: 502-262-4325	hanson4517@gmail.com

Lynn Haney	Family Members of Individuals in Recovery (to include family members of adults with SMI)		P.O. Box 54 Florence KY, 41022-0054 PH: 859-282-9166	haneyl@fuse.net
Bill Heffron	State Employees		1025 Capital Center Drive Building 3 Third Floor Frankfort KY, 40601 PH: 502-573-2738	billm.heffron@ky.gov
Steve Lyons	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		96--9th Street Shelbyville KY, 40065 PH: 502-321-1951	lyonssadsack@aol.com
Phyllis Millspaugh	State Employees		275 East Main Street 4WG Frankfort KY, 40601 PH: 502-564-4456	phyllis.millspaugh@ky.gov
Jennifer Mingo	Parents of children with SED/SUD		2508 Elder Drive Owensboro KY, 42301 PH: 270-577-4346	jenny.mingo31@gmail.com
Valerie Mudd	Family Members of Individuals in Recovery (to include family members of adults with SMI)		2206 Alexandria Drive Lexington KY, 40504 PH: 859-230-3978	val@namilex.org
Ron O'Hair	State Employees	State Vocational Rehabilitation Agency	354 Christy Creek Road Morehead KY, 40351 PH: 606-783-8615	ronniel.o'hair@ky.gov
Robin Osborne	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		215 Limestone Street Number 434 Maysville KY, 41056 PH: 513-972-7221	redbird_12001@yahoo.com
Rachel Petit	State Employees		5 Mill Creek Park Frankfort KY, 40601 PH: 502-564-7029	racheln.petit@ky.gov
Carmilla Ratliff	Youth/adolescent representative (or member from an organization serving young people)		600 Teton Trail Frankfort KY, 40601 PH: 502-875-1320	carmilla@kypartnership.org
Lauren Reynolds	Youth/adolescent representative (or member from an organization serving young people)		205 Prince Street Princeton KY, 42445 PH: 270-601-6707	youthrepiac@gmail.com
Jeanette Rheeder	State Employees		1231 Louisville Road Frankfort KY, 40601 PH: 502-564-7630	jrheeder@kyhousing.org
Peggy Roark	Family Members of Individuals in Recovery (to include family members of adults with SMI)		100 Leesway Court Nicholasville KY, 40356 PH: 859-396-1561	peggyroark8@gmail.com
Rebecca Seavers	Parents of children with SED/SUD		8211 Candleglow Lane Louisville KY, 40214 PH: 502-338-0102	Rbecky502@gmail.com
Sherry Sexton	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2328 Old Sand Road Owingsville KY, 40360 PH: 606-336-4106	sherry.l.sexton606@gmail.com

Steve Shannon	Providers		3459 Buckhorn Drive Lexington KY, 40515 PH: 859-272-6700	sshannon.karp@iglou.com
Matthew Smith	Family Members of Individuals in Recovery (to include family members of adults with SMI)		2980 Trailside Drive Lexington KY, 40511 PH: 859-233-1243	msmith@campbellandsmithlaw.com
Angela Sparrow	State Employees		275 East Main Street 6W-D Frankfort KY, 40601 PH: 502-564-6890	angela.sparrow@ky.gov
Kathryn Tillett	State Employees	State Education Authority	300 Sower Blvd Frankfort KY, 40601 PH: 502-564-4970	kathryn.tillett@education.ky.gov
Jessica Wayne	State Employees		275 East Main Street 3E-E Frankfort KY, 40601 PH: 502-564-2927	jessica.wayne@ky.gov
Sandy Weaver	Parents of children with SED/SUD		17732 Morehead Road Wallingford KY, 41093 PH: 606-207-6309	sandyweaver47@gmail.com
Connie White	State Employees		275 East Main Street HS1WA Frankfort KY, 40601 PH: 502-564-3970	connie.white@ky.gov
Russell Williams	State Employees		2605 West Highway 146 Lagrange KY, 40032 PH: 502-222-9441	russell.williams@ky.gov

*Council members should be listed only once by type of membership and Agency/organization represented.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Council currently has 3 vacancies: 1 for Individual in Recovery, 1 for Young Adult in Recovery, and 1 for Parent. Membership Committee has taken action to begin work on recruiting efforts including updating application and enhancing marketing.

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2023 End Year: 2024

Type of Membership	Number	Percentage
Total Membership	33	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	5	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	6	
Parents of children with SED/SUD*	5	
Vacancies (Individuals and Family Members)	3	
Others (Advocates who are not State employees or providers)	0	
Total Individuals in Recovery, Family Members & Others	19	57.58%
State Employees	11	
Providers	3	
Vacancies	0	
Total State Employees & Providers	14	42.42%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations	1	
Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	2	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	3	
Persons in recovery from or providing treatment for or advocating for SUD services	1	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	2	

* States are encouraged to select these representatives from state Family/Consumer organizations or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

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Footnotes:

One Member is in recovery from both SMI and SUD, but was marked as individual in recovery from SMI due to no choice available to show co-occurring disorders.

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

[Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. § 300x-51\)](#) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?
 - a) Public meetings or hearings? Yes No
 - b) Posting of the plan on the web for public comment? Yes No
If yes, provide URL:
<https://dbhdid.ky.gov/kdbhdid/documents/2023BGMMiniAppDraft.pdf>
If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:
 - c) Other (e.g. public service announcements, print media) Yes No

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Footnotes:

Department for Behavioral Health, Developmental and Intellectual Disabilities
275 East Main Street, 4W-G
Frankfort, KY 40621

Mental Health and Substance Abuse Prevention and Treatment Block Grants
Comments on Mini Application for SFY 2023

(1) A Behavioral Health Planning and Advisory Council meeting was held on August 18, 2022, in a virtual, zoom-based format, from 10:00am – 12:30pm Eastern Time. The Block Grant process and pending application were discussed at this meeting. Council Members had received hard copies of the draft block grant application to review prior to the meeting. Some comments were submitted during the meeting orally, or in writing through the available chat box. Individuals were instructed to submit additional comments to Melissa.Runyon@ky.gov. Individuals who did not receive hard copies, and members of the public in attendance, were instructed to go to the Department website at <https://dbhdid.ky.gov> and review available written portions of the application and submit comments to Melissa.Runyon@ky.gov by August 30, 2022. Individuals were also welcomed to provide comments to Melissa Runyon via a Public Comment form on the website as well as to call her at 502-782-6238. Instructions for providing public comments/accessing the website form is available on the Department website at: <https://dbhdid.ky.gov/dbh/documents/kbhpac/Comments.pdf?t=14325807152022>

(2) DBHDID received the following comments:

Comment: “Mental Health America, the National Alliance on Mental Illness and other advocacy groups are pushing for mental health prevention funding for block grants.”

Response: DBHDID is waiting to hear more information about possible federal funds related to mental health primary prevention.

Comment: “Following the 988 kick-off in July, my family and myself shared the 988 video on our Facebook accounts. Immediately afterwards someone responded negatively, telling people NOT to call 988. Has that happened other places?”

Response: Yes, there has been some fear about 988 and police intervention. It is important to remind people that this system is different than the old system and less than 2% of the calls received on 988 require police intervention.

Comment: “Mental health advocates worry about the tracking of calls by law enforcement because of the treatment they have received in the past. I am waiting to see the results in Kentucky. You need to sell it to me.”

Response: The 988 implementation is working with law enforcement to transfer all 911 calls that are non-medical and non-criminal to the 988 system to avoid some of the problems from the past. Past systemic trauma issues were recognized, and the Council was assured that Kentucky would share data and information as it is collected. In addition, it was noted that people with lived experience had been a part of the implementation from the beginning, and Council members were invited to attend 988 implementation planning calls.

Comment: “I have had experience with using the crisis lines and the people who staffed those calls helped me a lot.”

Response: Council member was thanked for sharing their personal story for the purposes of showing that the crisis response works.

Comment: “I want to know why the CMHC in my hometown is not one of the 988 call centers.”

Response: The service area for that one CMHC in Kentucky is very small, and the process for certification is very extensive. The decision to not become certified was a thoughtful local decision. The local crisis teams continue to respond to the calls that occur in their local areas, even if coverage is provided through a different CMHC in Kentucky.

Comment: “We need more services for transition age youth and young adults. We have some good programs, but they are not available statewide. There is a lot more room for growth for these services.”

Comment: “It’s important to focus on youth and to serve them early.”

Response: Acknowledged that Kentucky does have some early childhood programming, but that early intervention services are needed for all behavioral health across the state.

Comment: “We need more crisis services in general.”

Comment: “We need to serve people where they are. We have some good quick response teams, but we need more to be able to serve more people.”

Comment: “Our region is doing some really good work using technology such as tablets and iPads.”

Comment: “We need behavioral health urgent care centers because many parents are unable to take off work to take their children to their behavioral health appointments to get their medication.”

Response: It was noted that these programming issues were listed under funding priorities of the Council.

Comment: “There are many people in Eastern Kentucky who have lost their homes and everything because of flooding. They are going to need behavioral health services.”

Response: Information was given about crisis counseling teams that were created in response to the flooding disasters in Eastern Kentucky. Resources have been mobilized and local CMHCs are assisting in the effort.

Comment: “I’m concerned about an increasing trend of youth with severe mental health disorders being rejected by hospitals and put in detention instead. Youth cannot access care through community services. Many are ending up in emergency rooms too, where they are either discharged to home or go to detention. I’m worried about the potential for a bad outcome in the future.”

Comment: “Adolescent psychiatric hospitals are running low of staffing due to insufficient Medicaid rates. Aggressive kids take the most staff time, plus hospitals are concerned about staff being hurt, so kids are ending up in court instead.”

Comment: “We’re having some good results with our pilot Juvenile Court. The Alternatives to Detention Program is having good results. Kids respond well to it.”

Comment: “More training in DBT skills would help young people with emotional regulation.”

Response: These four comments led to a very robust discussion among Council members, including the state representatives from the Department for Juvenile Justice and the Department for Community Based Services, as well as several advocacy groups. The nationwide staffing shortages and recruitment challenges have made it difficult to staff services consistently. Even though the Department does not fund psychiatric hospitals for children, many program efforts and community-based resources, many mentioned during this discussion, have been funded through block grants.

Environmental Factors and Plan

23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction^{1,2} on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act](#), 2018 (P.L. 115-141) signed by President Trump on March 23, 2018³.

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers⁴. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs⁵: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>,

1. [Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016](https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf) from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>,
2. [Centers for Disease Control and Prevention \(CDC\) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016](http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf) The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention <http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf>,
3. [The Substance Abuse and Mental Health Services Administration \(SAMHSA\)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs](http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf) <http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf>,

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
 - Include proposed protocols, timeline for implementation, and overall budget
 - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

¹ Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds **only** and is consistent with guidance issued by SAMHSA.

² Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-31(a)(1)(F)) and 45 CFR § 96.135(a) (6) explicitly prohibits the use of SABG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the [Federal Register](#) (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

³ Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

⁴ Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set- aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

⁵ ***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a [description of the elements of an SSP](#) that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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Footnotes:

Kentucky does not utilize SABG funds for SSP.

Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table A

Syringe Services Program SSP Agency Name	Main Address of SSP	Planned Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

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Footnotes:

Kentucky does not utilize SABG for SSP.