

**Melissa Goins**  
SIAC Chair  
Director  
Family Resource and  
Youth Services Centers  
**Ivanora Alexander**  
Executive Director  
Office for Children with  
Special Health Care  
Needs

**Lesia Dennis**  
Commissioner  
Department for  
Community Based  
Services

**Robin Kinney**  
Interim Commissioner  
Department of Education

**Ashley Clark**  
Executive Officer  
Family and Juvenile  
Services  
Administrative Office of  
the Courts

**Katherine Marks**  
Commissioner  
Department for Behavioral  
Health, Developmental &  
Intellectual Disabilities

**Tamarsha Beckem**  
Parent Representative

**Lexi Clark**  
Youth Representative

**Lisa Lee**  
Commissioner  
Department for Medicaid  
Services

**Vicki Reed**  
Commissioner  
Department of Juvenile  
Justice

**Steven Stack**  
Commissioner  
Department for Public  
Health

**Deonte Hollowell**  
Chair  
Subcommittee for Equity  
and Justice for All Youth

**Rhonda Logsdon**  
Family Organization  
Executive Director  
KY-SPIN, Inc.

**Cora McNabb**  
Executive Director  
Office of Vocational  
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**Winston Miller**  
Executive Director  
Kentucky Housing  
Corporation

**Aaron Thompson**  
President  
Council on Postsecondary  
Education



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

Promoting healthy children and transition-age youth across Kentucky: Building a collaborative System of Care to promote children's and transition-age youth's social, emotional, and behavioral well-being where they live, learn, work, and play.

December 5, 2023

Governor Andy Beshear  
Commonwealth of Kentucky  
700 Capitol Avenue, Suite 100  
Frankfort, Kentucky 40601

Dear Governor Beshear:

The United States continues to experience a behavioral health (mental health and substance use) crisis among people of all ages and from every background. The State Interagency Council (SIAC) for Services and Supports to Children and Transition-Age Youth is serving as the venue through which state agencies and other partners are developing a collaborative response to the crisis among children, youth, young adults, and their families. To that end, the SIAC respectfully submits the attached recommendations for your consideration to support a Kentucky's response that ensures the best possible outcomes for our children, transition-age youth, and their families.

The State Interagency Council (SIAC) for Services and Supports to Children and Transition-Age Youth is a body established in 1990 by legislation with the goal of coordinated policy development, comprehensive planning, and collaborative budgeting for developing services and supports for children and transition-age youth with or at risk of developing behavioral health needs and their families. The intent is to build on existing resources and to design and implement a system of care that is community-based, family- and youth-driven, culturally- and linguistically-responsive, and trauma-informed.

Per KRS 200.505, the SIAC is required to make recommendations annually to the Governor and the Legislative Research Commission regarding the system of care for children and transition-age youth with or at risk of behavioral health needs.

The State Interagency Council appreciates your time and attention to the attached recommendations.

Sincerely,

A handwritten signature in cursive script that reads "Melissa Goins".

Melissa Goins, SIAC Chair

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December 5, 2023

Jay Hartz, Director  
Kentucky Legislative Research Commission  
700 Capitol Avenue, Suite 183  
Frankfort, Kentucky 40601

Dear Director Hartz:

The United States continues to experience a behavioral health (mental health and substance use) crisis among people of all ages and from every background. The State Interagency Council (SIAC) for Services and Supports to Children and Transition-Age Youth is serving as the venue through which state agencies and other partners are developing a collaborative response to the crisis among children, youth, young adults, and their families. To that end, the SIAC respectfully submits the attached recommendations for your consideration to support a Kentucky's response that ensures the best possible outcomes for our children, transition-age youth, and their families.

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Sincerely,

*Melissa Goins*

Melissa Goins, SIAC Chair

# 2023 ANNUAL RECOMMENDATIONS to the Governor and Legislative Research Commission

State Interagency Council (SIAC)  
for Services and Supports to Children and Transition-Age Youth

## RECOMMENDATIONS SUMMARY

The SIAC seeks, in all recommended actions, to create, promote, and provide an environment of diversity, equity and inclusion for all children, youth, families, and service providers regardless of race, age, color, ethnicity, gender, gender identity, sexual orientation, disability, and socioeconomic background.

That the commonwealth:

1. Address the worsening crisis in child, adolescent, and young adult mental health by supporting the design, implementation, and monitoring of a state children's behavioral health plan to build and fund comprehensive and coordinated evidence-based, evidence-informed, and culturally-responsive behavioral health services, programs, and supports for the children, adolescents, and young adults and their families of Kentucky.
2. Support legislative efforts to identify and eliminate disproportionality and disparities among all agencies and to prioritize equitable service delivery to children and transition-age youth and their families. The commonwealth to require state agencies to evaluate the racial and equity impact of recent and future legislation.
3. Require all public school districts to participate in the statewide administration, at least biennially, of a student-completed population-based surveillance survey designed to anonymously gauge middle and high school student mental health and suicidality, use of substances, interpersonal conflict, perceptions of school safety, and risk and protective factors.
4. Modify Kentucky administrative regulations regarding leave requirements for classified employees (101 KAR 2:102) to allow: (1) the use of sick time to address behavioral health needs and for those responsible for the care for or transport of a member of the employee's immediate family for behavioral health care and (2) the use of sick leave for these purposes to be at the discretion of the employee.
5. Collect demographic fields regarding "disabilities" when the commonwealth utilizes data systems and health records, as preferred by the "Americans Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 as amended," to ensure agencies meet each person's unique disability and needs.



**RECOMMENDATION:** *That the commonwealth address the worsening crisis in child, adolescent, and young adult mental health by supporting the design, implementation, and monitoring of a state children’s behavioral health plan to build and fund comprehensive and coordinated evidence-based, evidence-informed, and culturally-responsive behavioral health services, programs, and supports for the children, adolescents, and young adults and their families of Kentucky.*

### SUPPORTING FACTS

#### Children’s Behavioral Health Crisis

Several federal calls to action<sup>1,2,3</sup> as well as Kentucky-specific data point to a children’s behavioral health crisis<sup>4,5,6</sup>. For Kentucky’s youth, the impact of the COVID pandemic, the opioid epidemic, racial strife, and natural disasters have contributed to increased trauma and stressors for our children, adolescents, young adults, and their families. As such, there is an anticipated increase in demand for behavioral health services and supports.

#### Equitable Access to and Availability of a Comprehensive Continuum of Care

While Kentucky has made strides in increasing service availability and access, service gaps remain. There is no single point of entry making it challenging for families to determine how best to access care.

#### Need for a Comprehensive Plan

Kentucky would benefit from undertaking a systematic, comprehensive, interdisciplinary process to create recommendations, goals, and strategies to ensure positive behavioral health outcomes for our children, adolescents, young adults, and their families. Taking an integrated and collaborative approach to planning across state and partner agencies will support the state’s behavioral health system and its services in promoting well-being and meeting the mental, emotional, and behavioral health needs for all children in our state.

### References

1. AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health (10/19/2021). Available at <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>. Accessed October 17, 2023.
2. Surgeon-general-youth-mental-health-advisory.pdf (hhs.gov). Available at <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>. Accessed October 17, 2023.
3. HHS Secretary Xavier Becerra, Education Secretary Miguel A. Cardona Announce a Joint Effort to Develop and Share Resources to Ensure Children Have Access to School-based Health Services | HHS.gov. Available at <https://www.hhs.gov/about/news/2022/03/24/hhs-secretary-xavier-becerra-education-secretary-miguel-a-cardona-announce-joint-effort-develop-share-resources-ensure-children-have-access-school-based-health-services.html>. Accessed October 17, 2023.
4. KIP SURVEY. Available at <https://www.kipsurvey.com/>. Accessed October 17, 2023.
5. Youth Risk Behavior Survey (YRBS) - Kentucky Department of Education. Available at [https://education.ky.gov/curriculum/WSCC/data/Pages/Youth-Risk-Behavior-Survey-\(YRBS\).aspx](https://education.ky.gov/curriculum/WSCC/data/Pages/Youth-Risk-Behavior-Survey-(YRBS).aspx). Accessed October 17, 2023.
6. Kentucky Kids Count – Kentucky Youth Advocates. Available at <https://kyyouth.org/kentucky-kids-count/>. Accessed October 17, 2023.



**RECOMMENDATION:** *That the commonwealth support legislative efforts to identify and eliminate disproportionality and disparities among all agencies and to prioritize equitable service delivery to children and transition-age youth and their families. The commonwealth to require state agencies to evaluate the racial and equity impact of recent and future legislation.*

### SUPPORTING FACTS

#### Health Indicators

Disparities for racial and ethnic minorities continue to persist in numerous health indicators, including “life expectancy, infant mortality, a variety of risk factors, health insurance coverage, access to care, and use of health care services.”<sup>1</sup>

#### Overrepresentation

There is an overrepresentation of racial and ethnic minorities in the child welfare system and in the juvenile justice system.<sup>2,3</sup>

#### School Discipline

Minority youth disproportionately experience harsher school discipline, particularly those who receive special education services. This in turn exacerbates the overrepresentation of minority youth in the juvenile justice system.<sup>4</sup>

#### Racial Equity Toolkits

Use data to identify current racial disparities and those most impacted to ensure that government actions and decisions are crafted to achieve truly equitable outcomes. Racial equity toolkits aim to support data sharing and integration for the benefit of the public good.<sup>5</sup>

### References

1. National Center for Health Statistics. “NCHS Data on Racial and Ethnic Disparities.” Centers for Disease Control and Prevention. March 2020. Available at [https://www.cdc.gov/nchs/about/factsheets/factsheet\\_disparities.htm](https://www.cdc.gov/nchs/about/factsheets/factsheet_disparities.htm). Accessed October 17, 2023.
2. Child Welfare Information Gateway. (2021). Child welfare practice to address racial disproportionality and disparity. U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. Available at <https://www.childwelfare.gov/news-events/adoptiontriad/editions/apr2022/>. Accessed October 17, 2023.
3. Office of Juvenile Justice and Delinquency Prevention. “Racial and Ethnic Disparities.” October 2019. Available at <https://ojjdp.ojp.gov/programs/racial-and-ethnic-disparities>. Accessed October 17, 2023.
4. American Civil Liberties Union. “School-to-Prison Pipeline.” Available at <https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline>. Accessed October 17, 2023.
5. A Toolkit for Centering Racial Equity within Data Integration. Actionable Intelligence for Social Policy. June 18, 2020. Available <https://www.aecf.org/resources/a-toolkit-for-centering-racial-equity-within-data-integration>. Accessed October 17, 2023.



**RECOMMENDATION:** *That the commonwealth require all public school districts to participate in the statewide administration, at least biennially, of a student-completed population-based surveillance survey designed to anonymously gauge middle and high school student mental health and suicidality, use of substances, interpersonal conflict, perceptions of school safety, and risk and protective factors.*

### SUPPORTING FACTS

#### Data-Driven Planning

Having access to youth surveillance data from all school districts in the state will assist school, community, and state-level planners in making data-based decisions to promote the social and emotional health and well-being of our youth.<sup>1</sup>

#### Population-Based Data

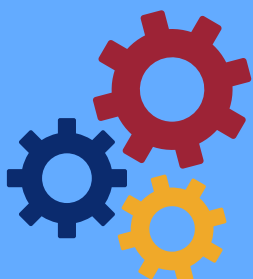
Having data from all school districts lends credence to the representativeness and value of the results to provide a population-level snapshot of youth social and emotional health and well-being.<sup>2</sup>

#### Available Resource

Kentucky has, at its disposal, access to a youth behavioral health surveillance survey that is free for use by all school districts in the commonwealth. Survey data are available extending back to 2000, allowing for an examination of trends over time. These data, however, do not represent all school districts in the state.<sup>3</sup>

### References

1. Jason, L. A., Curie, C. J., Townsend, S. M., Pokorny, S. B., Katz, R. B., & Sherk, J. L. (2002). Health promotion interventions. *Child & Family Behavior Therapy*, 24(1-2), 67-82. Available at [https://www.tandfonline.com/doi/abs/10.1300/J019v24n01\\_05](https://www.tandfonline.com/doi/abs/10.1300/J019v24n01_05). Accessed October 17, 2023.
2. Kentucky Incentives for Prevention Survey: Technical overview. Available at <https://www.kipsurvey.com/technical-overview>. Accessed October 17, 2023.
3. Kentucky Incentives for Prevention Survey. Available at <https://www.kipsurvey.com/>. October 17, 2023.



## System of Care Core Values

- Youth- and Family-driven
- Community-based
- Culturally- and Linguistically-responsive
- Trauma-informed



**RECOMMENDATION:** *That the commonwealth modify Kentucky administrative regulations regarding leave requirements for classified employees (101 KAR 2:102) to allow: (1) the use of sick time to address behavioral health needs and for those responsible for the care for or transport of a member of the employee's immediate family for behavioral health care and (2) the use of sick leave for these purposes to be at the discretion of the employee.*

### SUPPORTING FACTS

#### Expand Healthcare

There is no health without behavioral health. An effective and comprehensive approach to health dictates that mind and body be inextricably linked. Without good behavioral health, one cannot have good health and wellbeing.<sup>1,2</sup>

Thus, allowing staff to address both their physical and behavioral health needs as well as that of their loved ones affords them the opportunity to fulfill their duties and responsibilities more effectively and creates a better work environment.

#### Operationalize Parity and Reduce Stigma

Ensuring parity of behavioral and physical health care goes a long way in legitimizing care for the total person and, most importantly, reducing stigma. A study of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) revealed a significant impact on average utilization of mental health and substance use disorder outpatient services.<sup>3</sup>

Thus, revising Kentucky's leave requirements for classified employees is a step to further operationalizing parity in practice.

#### Prevent Problem Exacerbation

With a 21% lifetime prevalence rate among US adults, the presence of behavioral health conditions can impact one's work performance. Organizations that foster employee behavioral health and wellbeing can increase likelihood of early detection and intervention and prevent exacerbation of behavioral health conditions and subsequent behavioral healthcare expenses as well as improve employee recruitment and retention.<sup>4</sup> Thus, revising Kentucky's leave requirements for classified employees can reduce healthcare costs and increase retention rates.

### References

1. Department of Health and Human Services (DHHS) Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. Available at <https://profiles.nlm.nih.gov/spotlight/nn/catalog/nlm:nlmuid-101584932X120-doc>. Accessed October 17, 2023.
2. Poor Mental Health Effects on Physical Health - Health Talk Online. Available at <https://myhealthtalk.net/mental-health-effects-on-physical-health/>. Accessed October 17, 2023.
3. Assessing the Impact of Parity in the Large Group Employer-Sponsored Insurance Market: Final Report| ASPE. Available at <https://aspe.hhs.gov/reports/assessing-impact-parity-large-group-employer-sponsored-insurance-market-final-report-0>. Accessed October 17, 2023.
4. Improve Employee Retention: How Workplace Wellness Programs Help. Available at <https://www.wellsteps.com/blog/2022/04/19/improve-employee-retention/>. Accessed October 17, 2023.



**RECOMMENDATION:** *That the commonwealth collect demographic fields regarding “disabilities”<sup>1</sup> when the commonwealth utilizes data systems and health records, as preferred by the “Americans Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 as amended,” to ensure agencies meet each person’s unique disability and needs.*<sup>2</sup>

### SUPPORTING FACTS

#### Need

Children and transition-age youth with disabilities are involved in many state agencies as a direct reflection of their disability. Disability can also adversely affect program participation of children and youth. It is imperative to acknowledge and consider any disability to equitably and accurately provide access, services, and supports. According to the Center for Disease Control and Prevention (CDC), “programmatically barriers limit the effective delivery of a public health or healthcare program for people with different types of impairments.”<sup>3</sup> Taking into consideration a child’s or transition-age youth’s disability and how it affects them can play a pivotal role in the success of their program participation.

#### Inclusion

"Inclusion involves:

- Getting fair treatment from others (nondiscrimination);
- Making products, communications, and the physical environment more usable by as many people as possible (universal design);
- Modifying items, procedures, or systems to enable a person with a disability to use them to the maximum extent possible (reasonable accommodations); and
- Eliminating the belief that people with disabilities are unhealthy or less capable of doing things (stigma, stereotypes)."<sup>4</sup>

#### Collect Data

State agencies and other entities collecting disability along with other demographic data will allow for individual needs and accommodations to be identified in addition to overarching system trends. Attentiveness of an individual’s unique disability, based upon data, will open the opportunity to create relevant access to programs and service delivery designed specifically for each individual. Implementing a formalized mechanism to include fields that clarify needed and preferred ADA/504 accommodations will foster equitable and inclusive service delivery. CDC reports, “Policy barriers are frequently related to a lack of awareness or enforcement of existing laws and regulations<sup>3</sup> that require programs and activities be accessible to people with disabilities.”<sup>3</sup>



## References

1. Disability is defined as a physical or mental impairment that substantially limits one major life activity. U.S. Department of Health & Human Services. 2022. Available at <https://www.hhs.gov/sites/default/files/knowyourrights504adafactsheet.pdf>. Accessed October 17, 2023.
2. U.S. Department of Health & Human Services. 2022. Disability Laws, Regulations, and Guidance. Available at <https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/laws/index.html>. Accessed October 17, 2023.
3. CDC. 2022. Common Barriers to Participation Experienced by People with Disabilities. Available at <http://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>. Accessed October 17, 2023.
4. CDC. 2022. Disability and Health Inclusion Strategies. Available at <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-strategies.html>. Accessed October 17, 2023.