

**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

**Robbie Fletcher**  
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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

**Taryn Bell**  
Parent Representative

**Alexis Clark**  
Youth Representative

**Lisa Lee**  
Commissioner  
Department for Medicaid  
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**Randy White**  
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**Steven Stack**  
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Department for Public  
Health

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

**Tami Blevins**  
Family Organization  
Executive Director  
KY Partnership for Families  
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**Cora McNabb**  
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Office of Vocational  
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**Winston Miller**  
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**Aaron Thompson**  
President  
Council on Postsecondary  
Education



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 4, 2024

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

Dear Governor Beshear:

The State Interagency Council (SIAC) for Services and Supports to Children and Transition-Age Youth acts as a platform for state agencies and partners to collaboratively design and implement a comprehensive set of strategies for improving the system of care for children, transition-age youth, and their families. As Kentucky continues to confront the ongoing mental health and substance use crisis among its youth, it is paramount that actions be taken at both the policy and practice levels. In light of this, the SIAC respectfully submits the attached policy recommendations for your consideration and urges you to take action to strengthen Kentucky's efforts to achieve the best possible outcomes for our children, transition-age youth, and their families.

SIAC 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, and culturally- and linguistically-responsive.

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 black ink that reads "Melissa Goins".

Melissa Goins, SIAC Chair

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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, 2024

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

Dear Director Hartz:

The State Interagency Council (SIAC) for Services and Supports to Children and Transition-Age Youth acts as a platform for state agencies and partners to collaboratively design and implement a comprehensive set of strategies for improving the system of care for children, transition-age youth, and their families. As Kentucky continues to confront the ongoing mental health and substance use crisis among its youth, it is paramount that actions be taken at both the policy and practice levels. In light of this, the SIAC respectfully submits the attached policy recommendations for your consideration and urges you to take action to strengthen Kentucky's efforts to achieve the best possible outcomes for our children, transition-age youth, and their families.

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Melissa Goins, SIAC Chair



## 2024 ANNUAL RECOMMENDATIONS

to the Governor and Legislative Research Commission

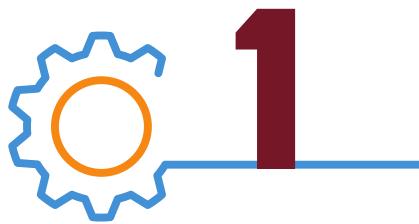
State Interagency Council (SIAC)  
for Services and Supports to Children and Transition-Age Youth

### 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 crisis in child, adolescent, and young adult mental health by supporting the implementation of the state's children's behavioral health plan and funding 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. Address the behavioral health crisis for children, adolescents, young adults, and their families by allocating necessary funds and competitively reimbursing to ensure a comprehensive array of high-quality behavioral health services and supports.
3. Recognize the chronic healthcare workforce shortage and require all health care licensing authorities to collect standard data elements necessary to the comprehensive assessment of workforce needs and the design of targeted workforce development strategies from individuals applying for initial licenses and renewals. Further, licensing entities should be required to share these standard data elements with statewide data authorities on an annual basis.
4. 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, and require state agencies to evaluate the racial and equity impact of recent and future legislation.
5. Collect demographic fields regarding "disabilities" when the commonwealth utilizes data systems and health records, as defined by the "Americans Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 as amended," to ensure agencies are collecting the data and to meet each person's unique disability and needs.
6. 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 students' mental health and suicidality, use of substances, interpersonal conflict, perceptions of school safety, and risk and protective factors.
7. 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.



## RECOMMENDATION:

That the commonwealth address the crisis in child, adolescent, and young adult mental health by supporting the implementation of the state's children's behavioral health plan and funding 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

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### 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.

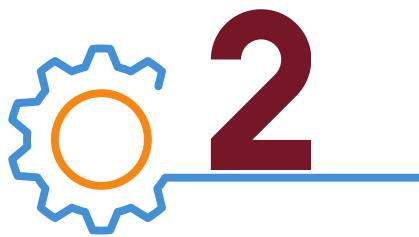
### Need for a Comprehensive Plan

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.

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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 1, 2024.
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6. Kentucky Kids Count – Kentucky Youth Advocates. Available at <https://kyyouth.org/kentucky-kids-count/>. Accessed October 1, 2024.



## SUPPORTING FACTS

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### RECOMMENDATION:

That the commonwealth address the behavioral health crisis for children, adolescents, young adults, and their families by allocating necessary funds and competitively reimbursing to ensure a comprehensive array of high-quality behavioral health services and supports.

#### **Kentucky Ranks in Lower Third in Youth Mental Health**

Kentucky ranks 36th on youth indicators in the *State of Mental Health in America*<sup>1</sup> report published by Mental Health America. The youth ranking is based on seven measures of prevalence of mental illness and access to care.

#### **Increasing Access to High Quality Behavioral Health Care**

Medicaid and other third-party payor rates must be competitive and aligned with other states to guarantee access to high quality behavioral health care for all Kentucky youth. A multi-state rate study presented to the Kentucky Behavioral Health Technical Advisory Committee is underway.<sup>2</sup> A biennial assessment of the adequacy of funding and resources for reimbursement rates for services to children and families would allow for informed decision-making.

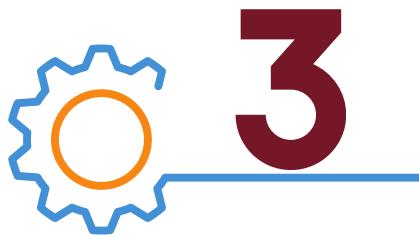
#### **Addressing Behavioral Health Workforce Shortages**

Kentucky, like most states, is facing dire shortages in its behavioral health workforce, including in children's services.<sup>3</sup> Increased funding and reimbursement will allow Kentucky to attract and retain high-quality providers with more competitive salaries, comparable reimbursement rates, and additional recruitment and retention incentives.

### REFERENCES

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1. Mental Health America (2024). The State of Mental Health in America. Available at [The State of Mental Health in America | Mental Health America \(mhanational.org\)](https://mhanational.org). Accessed October 1, 2024.
2. Multi-State Rate Study (2024, May 11). Presented to the Kentucky Behavioral Health Technical Advisory Committee. Available at [CHFSDMSMUltStateRateStudy.pdf \(ky.gov\)](https://CHFSDMSMUltStateRateStudy.pdf). Accessed October 1, 2024.
3. Health Resources and Services Administration. Health Professional Shortage Area. Available at [HPSA Find \(hrsa.gov\)](https://hrsa.gov). Accessed October 1, 2024.



## SUPPORTING FACTS

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### RECOMMENDATION:

Recognize the chronic healthcare workforce shortage and require all health care licensing authorities to collect standard data elements necessary to the comprehensive assessment of workforce needs and the design of targeted workforce development strategies from individuals applying for initial licenses and renewals. Further, licensing entities should be required to share these standard data elements with statewide data authorities on an annual basis.

#### **Limited Understanding of Healthcare Workforce Supply to Meet Growing Demand**

Recent Kentucky healthcare workforce reports<sup>1,2,3</sup> note the lack of sufficient data to provide an accurate understanding of healthcare workforce supply. The demographic environment (i.e., an aging population with increased healthcare needs and an immediate and substantial decrease in 18-year-olds who typically supply the early stage of the talent chain) and a reduction in stigma corresponding with a post-pandemic increase in behavioral health needs together drive unprecedented demand for healthcare services. Kentucky's understanding of healthcare workforce supply remains limited by insufficient and uneven data.

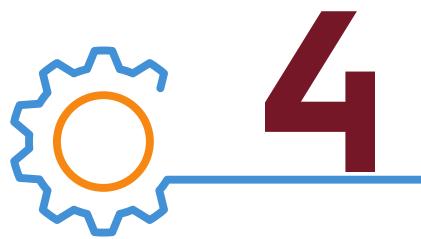
#### **Data-Driven Design, Implementation, and Monitoring of Healthcare Workforce Strategies**

Requiring the collection of standard data elements, such as employment status (i.e., whether the licensed occupation is currently being practiced), probationary status (i.e., whether the licensed professional is subject to any restrictions or additional oversight requirements), practice location, demographics, language capacity, practice specialties, education/training backgrounds, and utilization of telehealth services, allows a more accurate picture of Kentucky's licensed healthcare workforce, including behavioral healthcare. A list of suggested fields is supplied in the supplement to the 2023 Healthcare Workforce Capacity Report.<sup>2</sup> "These additional fields would enhance the ability to understand how workforce shortages among those who are licensed may be arising, where shortages exist, and how patients are experiencing care from their practitioners." While the healthcare workforce, including behavioral healthcare, is comprised of both licensed and unlicensed practitioners, requiring the collection of standard data elements from licensure boards affords Kentucky the opportunity to improve its understanding of healthcare workforce supply of licensed practitioners and enable data-driven design, implementation, and monitoring of innovative healthcare workforce designs and approaches.

### REFERENCES

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1. Deloitte, Kentucky Healthcare Workforce Capacity Report, 2013. Available at [WorkforceReport.pdf\(ky.gov\)](https://www.ky.gov/WorkforceReport.pdf). Accessed October 1, 2024.
2. Kentucky Department for Medicaid Services, 2023 Healthcare Workforce Capacity Report and Report Supplement." Available at [Workforce Report\\_Combined\\_0623v538.pdf\(ky.gov\)](https://www.ky.gov/WorkforceReport_Combined_0623v538.pdf). Accessed October 1, 2024.
3. Kentucky Hospital Association, KHA 2023 Workforce Survey Report. Available at <https://www.kyha.com/wp-content/uploads/2023/12/KHA2023WorkforceSurveyReport.pdf>. Accessed October 1, 2024.



## SUPPORTING FACTS

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### 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, and require state agencies to evaluate the racial and equity impact of recent and future legislation.

#### 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

Using data to identify current racial disparities and those most impacted will 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>5,6,7,8</sup>

### REFERENCES

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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 1, 2024.
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. <https://www.childwelfare.gov/resources/child-welfare-practice-address-racial-disproportionality-and-disparity/>. Accessed October 1, 2024.
3. Office of Juvenile Justice and Delinquency Prevention. "Racial and Ethnic Disparities." October 2019. Available at <https://ojdp.ojp.gov/programs/racial-and-ethnic-disparities>. Accessed October 1, 2024.
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## RECOMMENDATION:

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

## SUPPORTING FACTS

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### Need

Persons with disabilities represent one of the largest minority groups, yet are not represented consistently and throughout state systems’ demographic data collection and analysis. 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 the program participation of children and youth. It is imperative to acknowledge and consider any disability to provide access, services, and supports equitably and accurately. According to the Centers for Disease Control and Prevention (CDC), “programmatic 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>

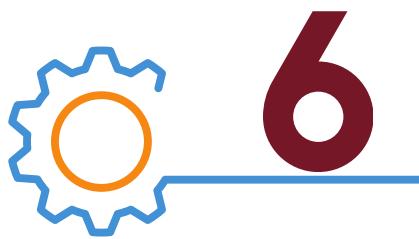
### Collect Data

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. Huge disparities exist within the limited data that is currently available throughout systems for children/youth with disabilities compared to their non-disabled peers. The attentiveness of an individual’s unique disability, based on 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 (e.g., *Do you have a disability? If yes, do you need 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 that require programs and activities be accessible to people with disabilities.”<sup>3</sup> Efficient collection and analysis of data can increase awareness and oversight.

## REFERENCES

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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 1, 2024.
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## SUPPORTING FACTS

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### 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.

#### 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>

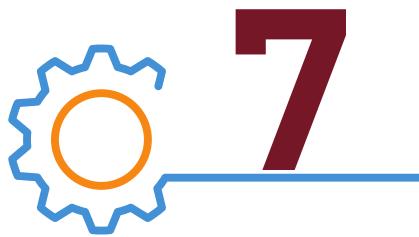
#### Available Resource

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

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3. Kentucky Incentives for Prevention Survey. Available at <https://www.kipsurvey.com/>. Accessed October 1, 2024.



## SUPPORTING FACTS

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### 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.

#### 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.

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