Kentucky

UNIFORM APPLICATION
FY 2024/2025 Combined MHBGSUPTRS BG ApplicationBehavioral Health Assessment and Plan

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

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 06/11/2025 9.09.27 AM)

Center for Substance Abuse Prevention
Division of Primary Prevention

Center for Substance Abuse Treatment
Division of State and Community Systems (DSCS)

and

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

State Information

State Information

Plan Year

Start Year	2025
End Year	2026

State SUPTRS BG Unique Entity Identification

Unique Entity ID	LECJQDCLHVE5

I. State Agency to be the SUPTRS BG 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 SUPTRS BG Grantee of the Block Grant

First Name	Sarah
Last Name	Johnson
Agency Name	Cabinet for Health and Family Services
Mailing Address	275 East Main Street 4W-G
City	Frankfort
Zip Code	40621
Telephone	(502) 892-3269
Fax	(502) 564-4826
Email Address	Sarah.Johnson@ky.gov

State CMHS Unique Entity Identification

Unique Entity ID	LECJQDCLHVE5

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	Katie
Last Name	Marks
Agency Name	Department for Behavioral Health, Development, and Intellectual Disabilities
Mailing Address	275 East Main Street 4W-F
City	Frankfort
Zip Code	40621
Telephone	502-782-6106
Fax	502-564-5478
Email Address	katie.marks@ky.gov

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? Yes No

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	8/28/2024 12:27:15 PM
Revision Date	11/15/2024 6:35:25 PM

VI. Contact Person Responsible for Application Submission

First Name	Melissa
Last Name	Runyon
Telephone	502-782-6238
Fax	
Email Address	Melissa.Runyon@ky.gov

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

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

Fiscal Year 2025

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

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Section	**Title**	**Chapter**
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Section 1953	Continuation of Certain Programs	**42 USC § 300x-63**
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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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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 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 [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: Eric C. Friedlander

Signature of CEO or Designee[1]: _____

Title: Cabinet Secretary

Date Signed: _____

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

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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).

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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.).
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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 [sam.gov]**
   b. Collecting a certification statement similar to paragraph (a)
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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 Designee[1]: Eric C. Friedlander

Title: Cabinet Secretary

Date Signed: 7/8/2024

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

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,

Andy Beshear
Governor

State Information

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

Fiscal Year 2025

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
Tile 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**
Section 1920	Crisis Services	**42 USC § 300x-9**
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	**Title**	**Chapter**
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**
Section 1956	Services for Individuals with Co-Occurring Disorders	**42 USC § 300x-66**

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.
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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
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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.)
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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.

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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:

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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 C. Friedlander

Signature of CEO or Designee[1]: _____

Title: Cabinet Secretary

Date Signed: _____

mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

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

Fiscal Year 2025

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
Tile 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**
Section 1920	Crisis Services	**42 USC § 300x-9**
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	**Title**	**Chapter**
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**
Section 1956	Services for Individuals with Co-Occurring Disorders	**42 USC § 300x-66**

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 Costal 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 [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.

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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 Designee[1]: Eric C. Friedlander

Title: Cabinet Secretary

Date Signed: 7/8/2024

mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

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OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

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

Kentucky BSCA Funding Plan 2024

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.

In December 2021 and July 2022, 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 Kentucky Emergency Management (KYEM) and supported by the Kentucky Department for Public Health (DPH). 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. The Kentucky Community Crisis Response Team was officially moved by legislation to the Department for Behavioral Health, Developmental & Intellectual Disabilities in July 2023, providing accountability, sustainability, and ongoing emergency preparedness funding from DPH to DBHDID.

Concurrently, the Kentucky Department for Behavioral Health, Developmental & Intellectual Disabilities (DBHDID) reorganized the Division of Behavioral Health into two separate divisions, the Division of Mental Health (DMH) and the 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 is led by a program manager with experience in community crisis response. The branch includes staff members who lead Kentucky's Community Crisis Response Team (KCCRT), which supports 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, intervention, and postvention. The staff also supports mental health promotion and the implementation of 988, allowing and encouraging efforts to leverage the different components to support and engage those with SMI and SED in crisis and disaster services.

Before 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) after the Department absorbed community crisis and disaster response responsibilities. Management of the Western Kentucky RSP continued throughout the life of that grant, ending in March 2023, with more than 23,000 people served. The Eastern Kentucky RSP, and Eastern and Western Kentucky DCMP are

under way. More than 40,000 people have been served by the Eastern Kentucky RSP since it began a little over a year ago. There are currently nearly 900 open and closed cases through the Disaster Case Management grants.

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 a 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 allotment 1 funds were utilized to engage a facilitator who supported a statewide behavioral health landscape analysis and solicited feedback for updating the state's behavioral health emergency preparedness and response plan, which was last renewed in 2016. This process is nearly finalized. When complete, the plan will emphasize continued services for those with SMI/SED/SUD during a crisis or disaster. An initial convening brought 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 supported 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 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, including substance use disorders, 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 the behavioral health needs of those with SMI and SED in the Commonwealth in future disaster responses.

As many of these entities have been active, engaged, and collaborative during the two major disasters in Kentucky since December 2021, they have recent experiences that will be insightful in crafting 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 time needed to build relationships and gain trust to begin this process.

As this process is in place with funds from Allotment #1 that are sufficient for completion and dissemination of the plan, **no additional funds were or are being requested from Allotment 2 or Allotment 3 for area 1.**

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 has 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 the tornado and flooding responses during the first 90 days of each disaster, demonstrating state leadership's commitment to disaster response and recovery for individuals with SMI and SED. 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 is working with Kentucky Emergency Management to provide the Incident Command System/Emergency Operations Center training to key staff at the state level and within the Community Mental Health Center system. This training is free, and no funds from the BSCA will be utilized for this initiative.

Three staff members are tasked with supporting emergency planning. Additionally, the Department has recruited internal staff members who are part of a response team to coordinate KCCRT responses and provide support during a crisis or disaster. All staff with relevant jobs have community crisis and disaster response support as a task included in their job descriptions. No funds were utilized for these components in Allotment 1, as emergency preparedness funds and other Block Grant funds were leveraged to ensure that those with SMI and SED are served because of these services. Approved funds of $100,000 from Allotment 2 were used to hire a Program Coordinator to support these efforts as responses and disasters quickly exceed the current capacity of the newly developed system. This individual serves in a programmatic function, supporting the coordination of disaster and KCCRT responses. This position was filled in state fiscal year 24.

Funds in the amount of $100,000 from Allotment 3 are requested to continue this position as we work to identify additional funding opportunities for sustainability.

As capacity is being enhanced through staffing, the Division of Mental Health is actively seeking learning opportunities and relationship-building events to connect with emergency managers at the community level. The Division of Mental Health Director 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). As an invited presenter, the Director also presented on Kentucky's Behavioral Health response during the Nov. 2024 conference in Long Beach, CA. Those conferences

provided a forum to discuss opportunities for utilization of the KCCRT, as well as plans to begin one-on-one and regional meetings with EMs. The Director also discussed the importance of Community Mental Health Centers being visible within any crisis or disaster response. The Director highlighted the importance of the CMHCs being involved in any community training exercise. Staff members hold 1:1 meetings with EMs to build relationships and make connections between EMs and the local CMHC, which provides services to their community.

Staff have reviewed, been trained in, and offered training in different evidence-based programs and practices utilizing $10,000 from Allotment 2 to increase the capacity of DBHDID and CMHC staff and community-level volunteers.

We are requesting $10,000 from Allotment 3 to work with a University of Kentucky researcher focused on trauma and first responders to create a Kentucky-based training process that will support the debriefing process for First Responders after a crisis or disaster. This training will be focused on the Psychological First Aid model with a specific slant toward supporting individuals with SMI, SED, and SUD during and after a community disaster event.

Staff continue to provide technical assistance to the CMHCs as they update their emergency operations plan (EOP) and 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 2022, 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 when 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 2022 to provide assurances that residents of the region had access to immediate 988 responses. These strategies will be operationalized in the CMHC 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, and American Rescue Plan Act allocations. No Allotment 1 or 2 funds were utilized for this component.

In area 2, Kentucky is requesting a total of $110,000 to continue a Program Coordinator position and training development for Allotment 3.

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 and 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 specifically trained to identify those with SMI, SED, and SUD needs and ensure they are connected to appropriate resources.

As noted in Response 1, the DBHDID reorganization and the August 2022 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, developed during the department's reorganization in July 2022. The MOU assigns the responsibilities of recruitment, retention, training, and response of the KCCRT to DBHDID.

However, the team diminished in strength and capacity because of a lack of capacity to support the KCCRT during COVID-19. 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 a sufficient team member commitment to adequately respond to all situations. Additionally, the number of response requests has increased as awareness of the resource has grown, and emergency management and first responders have realized that the service is available in the state. However, the volunteers who respond to requests for assistance are often the same three to five individuals.

As a result of the low number of respondents for these crisis responses and the fact that credentials had lapsed for many of the members, DBHDID has undertaken extensive recruitment, training, and credentialing. Funds from the BSCA monies in Allotment 1 and 2 have been 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 Allotment 1 and 2 funds were utilized to provide access to multiple trainings to re-credential team members who wish to continue their efforts with KCCRT. DBHDID team members surveyed those on the roster to determine their interest in continuing involvement with KCCRT. BSCA funds also allowed recruiting behavioral health providers, especially those working 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 has been developed, and veteran volunteers have received refreshers. During FY24, additional training was offered to those who joined the team. Those 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 is developing a Psychological First Aid 201 specific to Kentucky disaster responses. Allotment 1 funds for training equaled $87,150. Allotment 2 added $60,000 to continue expanding the KCCRT roster. DBHDID requests an additional $62,411 from Allotment 3 to enhance capacity to support those with SMI, SED, and SUD who experience a community-**level disaster.**

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 affected by the tornadoes and the flooding. As a result, DBHDID is assembling 5 portable ATLAS (Accessing Telehealth through Local Area Stations) to be deployed to the Disaster Resource Centers (DRCs) during a community disaster. DRCs are considered a one-stop shop for accessing multiple services that disaster survivors need (food, clothing, replacement driver's licenses, 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. **These ATLAS stations were covered by Allotment 1. No additional funds are requested for this purpose in Allotment 2 or Allotment 3.**

The portable ATLAS Stations are equipped with a laptop with a camera, a hotspot that can be activated at the time of deployment, a privacy desk screen, an extension cord reel, a tuff box for storage/transport, a zoom license, a folding table, and chairs 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 setting up the DRCs to ensure 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 existed for 21 years in Jefferson County, Kentucky (urban). The team model used in Louisville features targeted case managers, peer support specialists, and other behavioral health professionals. The model will be translated for additional areas (suburban, rural) and will be mobilized to return disaster survivors to their homes quicker, providing non-recurring resources to support housing and utility deposits. These outstanding debts prevent the individual from accessing housing, pest treatments, and essential home goods (beds, cookware, etc.). The resources will be available non-recurring up to a maximum allotment of $2,000 per household. They will follow the state's PATH grant Policies and Procedures requirements. All other funding sources for these types of payments will be accessed before utilizing the BSCA funds. Several CMHCs have already established outreach teams working 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 and effectiveness in times of crisis or natural disaster. Allotment 1 included $32,242 in funds for this purpose. An additional $25,000 was

designated in Allotment 2. SMI and SED program administrators will work in concert with disaster case managers to identify the needs of individuals identified as SMI/SED and determine if resources can be provided to those impacted by the floods and tornadoes. **No funds are being requested in this area for Allotment 3**

A total of $124,632 was approved for this section in Allotment 1. A total of $85,000 was approved from Allotment 2 for training and housing assistance. **For Allotment 3, the state is asking for $62,411 to cover costs for enhanced training for mobile crisis responders.**

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 12 state agency representatives, a transition-age youth (TAY) with or at risk of a behavioral health need (SED/SUD), a parent of a child with a behavioral health need (SED/SUD), a member of a non-profit family organization, and the chair of the Subcommittee for Equity and Justice for All Youth of the Juvenile Justice Advisory Board. 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 community-based, youth- and family-driven, and culturally and linguistically responsive. 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 support 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. Schools 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 received disaster preparedness funds and worked closely with the KCCRT. 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 schools in developing MOUs with providers to create care pathways for students if they will be needed in the future.

RPCs have also received information on the "Handle With Care" program and have started promoting it in their 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 have been expanded 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 and subsequent disaster events. The goal is to reduce the impact of these events on all children, especially those 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 care system 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 are expanding their efforts to ensure more inclusive representation of the youth they serve; continue 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 in Allotment 1 were 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 crises and natural disasters. Youth are reimbursed for attendance at each meeting. They also receive resources for travel costs to support attendance, as many communities are in rural areas and do not have mass transit. Funds are for 1 youth for each RIAC for 12 monthly meetings. TAY Program Administrators would provide technical assistance to the teams to ensure that the youth voice is utilized effectively and meaningfully and that they are not just tokenized members of the RIACs. **These funds were doubled in Allotment 2 to increase the number of youths who can participate in these efforts. Allotment 1 totaled $11,760, and Allotment 2 totaled $24,000. Kentucky requests approval for $24,000 from Allotment 3 to continue this initiative.**

- A FAIR Team pilot has been developed in two high-need sites where there is a disproportionate number of youths involved in the juvenile justice system. The FAIR teams were created by SB 200, which went into effect in July 2015, intending 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 has or 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 services plan for the children and their families. When these types of services address youth and/or family needs, 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 have hired 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 has been 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).

The approved Allotment 1 and Allotment 2 amount for this initiative was $210,000 for each Allotment. Kentucky is requesting the same amount from Allotment 3 to continue this initiative.

- 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 six years and more than 200 schools across the state have implemented.

  TGFV is structured similarly, making it easier for schools to embed it 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 at least 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. **This project continues through Allotment 1. No additional funds are requested from Allotment 2 or Allotment 3.**

- Additionally, three pilot sites were identified and family Peer Support Specialists have been made available to support parents whose children have become involved in the child welfare system in accessing services in the community. These services include Nurturing Parents, Kentucky Strengthening Ties and Empowering Parents (KSTEP), Self-Management and Recovery (SMART), Parent Cafes, and other parent-focused programs and resources. **Approved funds for**

Allotment 1 were $80,000 and $90,000 for Allotment 2. Kentucky is requesting $90,000 to continue this effort with Allotment 3.

- 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**. This initiative will continue utilizing the $10,000 approved in Allotment 1. No additional funds were requested from Allotment 2, and none are requested in Allotment 3.**

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 who 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 rapidly deploying a team of specialized child and adolescent-trained staff that can provide interventions based 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 young people under the age of 21 who are experiencing escalating emotional symptoms, behaviors, or traumatic circumstances that have impacted their ability to function within their family, living situation, school, or community. Once fully implemented, MRSS will be available to youth and families (birth, kinship, foster, guardianship, and adoptive).

BSCA funds will be utilized to support the initial installation of MRSS, to include:

- conducting an environmental scan to include relevant state policy, procedure, and scope of work/contracts documentation review;
- conducting 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 a 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
- identifying recommendations for implementation.

The environmental scan, gap assessment, and system readiness have been completed, but are being adjusted due to a lack of funding for full implementation by the Kentucky State General Assembly. Implementation is expected to be slower than originally anticipated but will move forward. DBHDID is also leveraging 988 Supplemental funds with BSCA funds for this initiative. **Allotment 1 included the approval of $50,000 for this initiative. For Allotment 2, Kentucky was approved for $123,991 to**

continue this effort. DBHDID requests $125,000 to continue the implementation of MRSS in Kentucky. This request meets the required 5% crisis set aside for crisis (minimum $42,071).

DBHDID has developed a strong relationship with the Kentucky Administrative Office of the Courts and their Mental Health Judicial Commission. Through the commission, communities across the state are developing collaboratives to improve the systematic handling of individuals with SMI and SED who become involved with the judicial process. A statewide summit was held in May 2023 where action planning at the community level began. Town hall listening sessions are being held over the next month to complete a landscape analysis of needs across the state. Finally, each community convened a local collaborative to develop its own action plan. The action plan included the delivery of Mental Health First Aid and Youth Mental Health First Aid to justice-involved partners to increase awareness of Serious Mental Illness, Severe Emotional Disabilities, Substance Use Disorders, and other behavioral health conditions that may make individuals vulnerable to increased involvement in the judicial system. **Kentucky was approved for a $50,000 from Allotment 2 to organize and hold training of trainings in MHFA/YMHFA to increase the capacity of DBHDID to ensure that each community can train key stakeholders in the evidence-based program. No funds are being requested for MHFA/YMHFA from Allotment 3 as the work is continuing with the Allotment 2 funds.**

DBHDID supports the implementation of behavioral health services for children and youth served by the state child welfare agency and is seeking to implement a statewide clinical and functional assessment and treatment planning process for children with child welfare involvement. **In Allotment 3, DBHDID plans to utilize $110,000 in BSCA funding to contract with the University of Louisville** to:

1) Provide consultation and technical assistance to child welfare and behavioral health staff regarding the implementation of screening, assessment, evidence-based treatment, case planning, and progress monitoring.
2) Coordinate and conduct training on implementing evidence-based screening, assessment, treatment, case planning, and monitoring, as well as monitor clinician CANS certification.
3) Work with internal and external entities to plan and implement strategies to improve assessment of behavioral health needs and service delivery to children in out-of-home care.
4) Input and analyze data to monitor compliance of provider agencies in the use of the CANS and associated interventions and project outcomes, and use results in training, consultation, and interagency planning and implementation activities.
5) Write reports for federal and state partners and reference materials related to project goals, implementation, and progress.

The clinical consult will support the Department for Community Based Services regional and field staff, Community Mental Health Center providers, and the private childcare community with implementing the statewide clinical and functional assessment and treatment planning, developing and delivering training on the data collection tool, selection and provision of evidence-based treatment, and development of assessment-driven case planning and progress monitoring. The consultant will also collaborate with external systems to analyze project data, develop plans to enhance the responsiveness and service delivery within the existing system of care for children and youth served by the child welfare system, and draft reports to support related initiatives.

Total approved Allotment 1 funds for this section were $411,760. Kentucky was approved$497,991 from Allotment 2 to continue and expand the RIAC, FAIR Team, Child Welfare and MRSS initiatives,

and to add the MHFA/YMHFA TOT for justice involved stakeholders. Allotment 3 will continue the RIAC, FAIR Team, Child Welfare and MRSS initiatives, and add the collaboration with the University of Louisville to support the implementation of the functional needs assessment for a total request of $559,000 in this area.

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 continue to leverage other funding sources to address traumatic stress in schools and communities. DBHDID works with Ginny Sprang, 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 training 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 quarterly 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 completed a toolkit to help disaster survivors deal with anniversaries and has disseminated broadly to the communities through print materials and virtual webinars. Supporting Behavioral Health Wellness (Western Kentucky Natural Disaster Anniversary Kit for Schools) was released in November 2022 before the one-year anniversary of the Dec. 10 and 11 tornadoes that ripped through Western Kentucky. And a similar toolkit for Eastern Kentucky was released in May 2023. As part of a school preparedness initiative with the Department for Public Health, the anniversary kits were digitally and physically distributed, and 12 virtual synchronous trainings were held to disseminate the information included. Additionally, personalized technical assistance is available to schools to review current policies and procedures related to preparedness to reduce trauma-related impacts of traumatic situations.

Additionally, DBHDID was awarded a Garrett Lee Smith (GLS) Suicide Prevention grant in August 2022. 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. 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 and middle and high school staff are receiving the intervention, which focuses on identifying specific people and activities that can support a person in crisis. Local educational cooperatives and other community partners are also being trained and have been disseminating the intervention in other school districts.

Additionally, with the 988 Supplemental funding provided by SAMHSA from Bipartisan Safer Communities funding, this initiative was 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. As part of a school preparedness effort with DPH, the DBHDID trained 50 trainers in CODE RED and provided key items for them to utilize when implementing the training (wristbands and journals). Mini-grants for 30 communities support the delivery of CODE RED training among youth-serving agencies. By spreading CODE RED across the state, more individuals can be prepared for their worst days, which can span a multitude of disasters impacting the community.

Also, DBHDID administered the Crisis Counseling Program grants (ISP and RSP) for Western and Eastern Kentucky and the Disaster Case Management Program grant in both areas. Crisis Counseling Program efforts ran for two years after the incident and have now concluded.

DBHDID also served on the Department for Medicaid's Mobile Crisis Planning grant, providing insight and subject matter expertise around implementing a new mobile crisis response system model 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. The 14th center is in the process of becoming accredited). While many callers can resolve their crises during the phone call, CMHCs serve as providers of mobile crisis services in the state.

The Division of Mental Health developed 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 crises 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.

Additionally, DBHDID is working with DPH to implement a series of efforts focused on increased preparedness among school systems across the state. One of those efforts includes the establishment of a School Response Team in coordination with the educational co-operatives across the state and utilizing the KCCRT protocol. The team would deploy to a school system when that system experienced a disaster or the death of a student or staff member. The team would comprise educational and behavioral health professionals, who would be partnered with first responders as needed. The team would be available to support schools during traumatic events and deaths of students and staff with grief counseling, postvention (after a suicide) support, peer support, etc.

A second initiative focuses on training DBHDID staff and key state agency partners to implement the PREPaRE School Crisis Prevention and Intervention Training model to address school safety and crisis preparedness. As trainers, these team members can support schools not only as they experience a crisis but also in preparing for future situations that may put the perception of school safety at risk.

No funds for this section were requested from Allotment 1 or 2, and none are being requested from Allotment 3 as DBHID is leveraging other funding sources for these initiatives.

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 has implemented 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 disseminate 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 and state priorities and/or funding opportunities. With funding from Allocation 1 of the BSCA, the project was expanded to create and disseminate marketing materials focusing 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. **Allocation 1 included approval of $50,000 for the Bootcamp Translation Project focused on the SMI and SED in rural areas of Kentucky. No additional funding is requested in Allocation 2 or Allocation 3.**

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 is informed of those services through linguistically appropriate marketing. **Allocation 2 included $30,000 in funds to support access to training and services for individuals with SED/SMI who identify as deaf and hard of hearing. DBHDID is requesting $25,000 from Allocation 3 to continue these services.**

The state is also working with providers across the Commonwealth to support increased capacity to culturally meet the needs of the diverse Kentucky residents. DBHDID has been working to implement an environmental scan to identify the diverse resources in the state, creating a map of resources to increase access. We will focus on LBGTQ+ therapists, clinicians fluent in Spanish and ASL, and materials available in various languages as indicated by a region's needs. 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, DBHDID created a resource directory that reflects the cultural and linguistic characteristics of identified people groups (BIPOC, LGBTQ, 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 of Kentucky's 120 counties. The resource

directory is linked to the FindHelpNowKy.gov site, which has been in existence for several years and focuses on resources for those experiencing substance use disorders. The co-branding with this site will allow increased exposure and 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 culturally 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 to understand the nuances needed to serve the individual populations.

Allocation 1 included approval of $50,000 for the Bootcamp Translation Project focused on those identified as SMI/SED in rural Kentucky. Allocation 2 included $30,000 to increase access to those with SMI/SED who are deaf and hard of hearing. Total requested from Allocation 3 for this area is $25,000 to support increased access for those with SMI/SED who are deaf and hard of hearing.

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 partnered 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 nine FEP teams across the state. The focus of this learning series was to enhance the services these FEP teams provide and 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 in doing just that.

The learning series focused on global topics and provided skill-building opportunities. The Early Assessment and Support Alliance (EASA), who are the national consultants for Kentucky's first episode psychosis (FEP) program, were 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 were utilized in developing this learning series. Global topics did not have a participant limit and were

targeted statewide to providers who serve youth and young adults. Some sessions focused on the implementation process to ensure more effective early implementation of these services. CMHC clinical staff serving this population were encouraged to attend as DBHDID currently supports FEP sites and is building capacity to support additional sites with other funding sources. MHA-KY coordinated and hosted the trainings and supported marketing and registration efforts. Some of the learning series involved individuals with relevant lived experience, including some Peer Support Specialists. They were compensated for their time and effort in creating/providing the training sessions if doing so was not included in their current employment. Allocation 1 included approval of $113,000 for the learning series, as noted above.

From Allocation 2, Kentucky requested and was approved to use $110,000 to support the enhancement of the fidelity review process for the nine Coordinated Specialty Care (CSC) teams that exist in the state. Kentucky's state program staff have provided initial fidelity reviews for CSC teams, but the programming has grown, and additional implementation assistance is needed to adequately review, train and coach CSC teams across the state. The fidelity review process will ensure that FEP services follow the Coordinated Specialty Care evidence-based program, a recovery-oriented treatment program designed for individuals with first-episode psychosis. The fidelity review process will support behavioral health providers in ensuring their service delivery meets the high standards that help ensure the best outcomes for these individuals and provide adequate coaching and training based on the needs identified in the review process.

For Allocation 3, Kentucky is requesting $85,000 (which meets the 10% set aside for ESMI/FEP – minimum - $84,141) to create a community education and outreach plan targeted toward key crisis providers (colleges, universities, police, fire, EMS, judicial system, etc.) to increase community awareness surrounding engagement and treatment for individuals experiencing early psychosis symptoms. Funds will also be utilized to provide training and technical assistance to crisis providers as they initially interact with individuals experiencing their first episode of psychosis, as well as to fully develop key referral processes and formalized care pathways between crisis and CSC/FEP providers. These efforts are intended to improve and enhance initial and ongoing care for those experiencing FEP.

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, suicide screening is included. No BSCA funds will be utilized for this effort.

Additionally, EPSDT is an existing resource related to Medicaid that allows children to get medically necessary services not covered by other state Medicaid benefits. In the state's Medicaid plan, EPSDT services may be preventive, diagnostic/treatment, or rehabilitative and include a medical history, physical exam, screenings, immunizations, and health education. All services are available through the last day of the month when 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 to pay these types of services for youth. No BSCA funds will be used for this effort.

DBHDID has also developed a strategic plan to 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 began with a mapping of care pathways for families. As noted above, it included an environmental scan related to the systems policies, practices, and programs related to mobile crisis response. 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 initially provided feedback 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. Funds for this work were included and approved in Allocation 1. No additional funds from Allocation 2 are requested.

Total approved for this section in Allocation 1 was $196,599. The total approved for Allocation 2 is $110,000 for the fidelity review process enhancement. The total for Allocation 3 is $85,000 for the crisis outreach and education plan and related development of training, technical assistance, a referral process, and identified and formalized care pathways for key stakeholders.

The overall Allocation 4 request is $841,411 the BSCA allocation for Kentucky. See the budget below for a complete overview of these costs. The requests for Allocation 3 include 10% to meet the ESMI/FEP set-aside requirements and 5% to meet the crisis set-aside requirements.

2024-2026 Budget/Allocation 3 for Kentucky BSCA Funding Plan

*No BSCA funds were expended in FY22

		BSCA Allocation 1	BSCA Allocation 2	BSCA Allocation 3
		$832,991	$832,991	$841,411
Question #	Project	Approved Funding Allocation 1	Approved Funding Allocation 2	Requested Funding Allocation 3
#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	$0	$0

		Total Question 1 – FY 23 Approved - $50,000	Total Question 1 – FY 24- Approved - $0	Total Question 1 – FY25 – Requested - $0
#2 - Develop/enhance a state behavioral health team	Development of a branch to include preparedness; including crisis/disaster language in job descriptions, professional development/learning opportunities (crisis conference), relationship opportunities, hiring new staff member (program coordinator). Program Coordinator hired in Year 2. Allocation 3 will cover ongoing salary.	**$0** **(costs leveraged from other funding streams)**	**$110,000**	**$110,000**
		Total Question 2- FY23 – Approved- $0	**Total Question 2 – FY 24 – Approved - $110,000**	**Total Question 2 FY 25 -Requested - $110,000**
#3 – Plans to develop/enhance multidisciplinary mobile crisis team that can be deployed 24/7, anywhere in the state.	Recruitment, credentialing, training of Kentucky Community Crisis Response Team for responses during community crisis and natural disasters related to behavioral health needs/trainings to support crisis intervention/de-escalation	**$87,150**	**$60,000**	**$62,411**
	Establish 5 portable Atlas Stations for use in DRC	**$5,240**	**$0**	**$0**
	Housing assistance for those who are unhoused	**$32,242**	**$25,000**	**$0**
		Total Question 3 Approved – FY 23 - $124,632	**Total Question 3 Approved - FY24- $85,000**	**Total Question 3 Requested - FY 25 - $62,411**
#4 - Develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their	Youth engagement in RIACS	**$11,760**	**$24,000**	**$24,000**
	FAIR Team Pilot Project	**$210,000**	**$210,000**	**$210,000**
	Too Good for Violence TOT and curriculum	**$50,000**	**0**	**0**

families, including those with justice involvement and having SED/SMI	Child Welfare Pilot Project	**$80,000**	**$90,000**	**$90,000**
	Jefferson County Youth Gun and Violence Prevention Strategic Plan	**$10,000**	**0**	**0**
	MRSS – **5% recommended set aside for crisis**	**$50,000**	**$123,991**	**$125,000**
	YMHFA/MHFA Trainings to justice involved staff (in concert with community action plan development) to support clients who are SMI/SED	**$0**	**$50,000**	**$0**
	Partner with University of Louisville for a clinical consultant position and .10 FTE for data analysis; Implementation of statewide clinical and functional assessment and treatment planning for children with child welfare involvement.	**0**	**0**	**$110,000**
		Total Question 4 – FY23 - Approved - $411,760	**Total Question 4 – FY24 - Approved - $497,991**	**Total Question 4 – FY25 - Requested - $559,000**
#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**	**$0**	**$0**
		Total Question 5 – FY23 - Approved – $0	**Total Question 5 – FY24 Approved- $0**	**Total Question 5 – FY25 Requested- $0**

	Utilize Bootcamp Translation Process to develop and implement culturally and linguistically appropriate messages for those with SMI/SED in rural areas.	**$50,000**	**$0**	**$0**
#6 - Develop/enhance culturally and linguistically tailored messaging	Increasing access to services for those with SMI/SED 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	**$0**	**$30,000**	**$25,000**
		Total Question 6 – FY23 - Approved - $50,000	**Total Question 6 - FY24 - Approved- $30,000**	**Total Question 6 FY25 - Requested- $25,000**

#7 – Other mental health emergency/crisis behavioral health practices or activities that the state plans to develop or enhance.	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**	**$0**	**$0**
	Evaluation of FAIR Team Pilots, Child Welfare Pilots, training delivery	**$83,299**	**$0**	**$0**
	ESMI/FEP Learning Series- **10% set aside for FEP/ESMI**	**$113,300**	**$0**	**$0**
	Implement more robust Fidelity Review for Current Funded First Episode Psychosis Teams **(10% set Aside for FEP/ESMI)**	**$0**	**$110,000**	**$0**
	Community education/outreach plan for key crisis providers to enhance community engagement and awareness of FEP and to streamline referral processes between crisis programming and CSC. **10% set aside for FEP/ESMI**	**$0**	**$0**	**$85,000**
		Total Question 7 Approved- FY23 - $196,599	**Total Question 7 FY24 - Approved- $110,000**	**Total Question 7 FY25 - Requested- $85,000**

	Total Approved Allocation 1- FY23 $832,991	Total Approved Allocation 2 – FY24 $832,991	Total Requested Allocation 3 – FY25 $841,411

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

Not Applicable

Title

KY Cabinet For Health and Family Services

Organization

Behavioral Health, Developmental and Intellectual Disabilities

Signature: Date:

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Activity (See instructions for using Row 1.)	Source of Funds										
	A. SUPTRS BG	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-19 Relief Funds (SUPTRS)[a]	J. ARP Funds (MHBG)[b]	K. BSCA Funds (MHBG)[c]
1. Substance Use Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. Recovery Support Services											
c. All Other											
2. Primary Prevention											
a. Substance Use Primary Prevention											
b. Mental Health Prevention[dd]											
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)[ee]		$1,253,379.00								$650,272.00	$95,752.00
4. Other Psychiatric Inpatient Care											
5. Tuberculosis Services											
6. Early Intervention Services for HIV											
7. State Hospital			$51,993,791.00	$32,081,275.00	$75,854,320.00		$1,106,250.00				
8. Other 24-Hour Care			$22,125,017.00	$3,285,565.00	$13,178,039.00		$33,188.00				
9. Ambulatory/Community Non-24 Hour Care		$10,027,028.00	$900,000.00	$8,241,156.00	$30,717,578.00			$319,377.00		$9,259,280.00	$728,772.00
10. Crisis Services (5 percent set-aside)[fg]		$626,689.00		$2,339,323.00	$16,648,883.00					$200,000.00	$42,869.00
11. Administration (excluding program/provider level) MHBG and SUPTRS BG must be reported separately[gf]		$626,689.00	$252,327.00	$1,522,681.00	$10,914,992.00					$208,156.00	
12. Total	**$0.00**	**$12,533,785.00**	**$75,271,135.00**	**$47,470,000.00**	**$147,313,812.00**	**$0.00**	**$1,139,438.00**	**$319,377.00**	**$0.00**	**$10,317,708.00**	**$867,393.00**

[a]The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[b]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[c]The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[d]While the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

[e]Column 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

[f]Row 10 should include Behavioral Health Crisis Services (BHCS) programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

[g]Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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Footnotes:

Unlike last year, there is no row labeled “Other Psychiatric Inpatient Care” on Table 2 in the mini application. Kentucky put those planned expenditures in the “Other 24-Hour Care” row on this Table 2. IF we had both rows as last year, the correct planned expenditures for “Other Psychiatric Inpatient Care” under the “State Funds” column only would be $9,385,594. That would leave $3,792,445 for “Other 24-Hour Care” under the “State Funds” column only.

Planning Tables

Table 4 - SUPTRS BG Planned Expenditures

States must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2025 SUPTRS BG funding. The totals for each Fiscal Year should match the President's Budget Final Enacted Allotment for the state.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	FFY 2024			FFY 2025		
Expenditure Category	**FFY 2024 SUPTRS BG Award**	**COVID-19 Award[1]**	**ARP Award[2]**	**FFY 2025 SUPTRS BG Award**	**COVID-19 Award[1]**	**ARP Award[2]**
1 . Substance Use Disorder Prevention and Treatment[5]	$15,855,972.00	$10,764,904.00	$2,594,939.00	$15,855,972.00		$7,303,221.00
2 . Substance Use Primary Prevention	$4,471,932.00	$3,080,871.00	$736,401.00	$4,471,932.00		$2,319,246.00
3 . Tuberculosis Services						
4 . Early Intervention Services for HIV[6]						
5 . Recovery Support Services[7]	$116,397.00			$116,397.00		
6 . Administration (SSA Level Only)	$846,200.00	$825,040.00	$175,333.00	$846,200.00		
7. Total	**$21,290,501.00**	**$14,670,815.00**	**$3,506,673.00**	**$21,290,501.00**	**$0.00**	**$9,622,467.00**

[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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[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 FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the period of October 1, 2023 - September 30, 2024 should be entered here in the first ARP column, and the SUPTRS BG ARP planned expenditures for the period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[3]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[4]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 FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[5]Prevention other than Primary Prevention

[6]For 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 use disorder Prevention and Treatment Block Grant (SUPTRS BG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the AtlasPlus HIV data report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most recent AtlasPlus HIV data 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 SUPTRS BG 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 SUPTRS BG funds with the flexibility to obligate and expend SUPTRS BG 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 SUPTRS BG 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 will be allowed to obligate and expend SUPTRS BG funds for EIS/HIV if they chose to do so and may elect to do so by providing written notification to the CSAT SPO as a part of the SUPTRS BG Application.

[7]This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023

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Footnotes:

The total for primary prevention on Table 4, Row 2 ($4,471,932) is equal to the sum of the SUPTRS primary prevention amount on Table 5a ($3,727,306) and the total non-direct SUPTRS planned expenditures for primary prevention on Table 6 ($744,626) which equals 21% of the total SUPTRS BG allocation. Kentucky allocates more than the required 20% for primary prevention.

Planning Tables

Table 5a SUPTRS BG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

A		B			B		
Strategy	IOM Target	FFY 2024			FFY 2025		
		SUPTRS BG Award	COVID-19 Award[1]	ARP Award[2]	SUPTRS BG Award	COVID-19 Award[4]	ARP Award[5]
1. Information Dissemination	Universal	$347,002	$251,648	$55,036	$372,731		$193,532
	Selected	$382	$277	$61	$745		$387
	Indicated	$1,911	$1,386	$303	$1,118		$581
	Unspecified	$0	$0	$0			
	Total	**$349,295**	**$253,311**	**$55,400**	**$374,594**	**$0**	**$194,500**
2. Education	Universal	$72,228	$52,380	$11,456	$74,546		$38,706
	Selected	$382	$277	$61	$4,100		$2,129
	Indicated	$1,529	$1,109	$242	$22,856		$11,805
	Unspecified	$0	$0	$0			
	Total	**$74,139**	**$53,766**	**$11,759**	**$101,502**	**$0**	**$52,640**
3. Alternatives	Universal	$4,204	$3,049	$667	$2,609		$1,355
	Selected	$0	$0	$0			
	Indicated	$0	$0	$0			
	Unspecified	$0	$0	$0			
	Total	**$4,204**	**$3,049**	**$667**	**$2,609**	**$0**	**$1,355**
4. Problem Identification and Referral	Universal	$21,783	$15,798	$3,455	$29,450		$15,289
	Selected	$0	$0	$0			
	Indicated	$3,822	$2,771	$606	$5,960		$3,097
	Unspecified	$0	$0	$0			
	Total	**$25,605**	**$18,569**	**$4,061**	**$35,410**	**$0**	**$18,386**

5. Community-Based Processes	Universal	$3,346,203	$2,426,688	$530,723	$3,112,181		$1,615,990
	Selected	$3,057	$2,217	$485	$1,491		$774
	Indicated	$3,439	$2,494	$546	$4,473		$2,322
	Unspecified	$0	$0	$0			
	Total	**$3,352,699**	**$2,431,399**	**$531,754**	**$3,118,145**	**$0**	**$1,619,086**
6. Environmental	Universal	$15,669	$11,363	$2,485	$95,046		$49,350
	Selected	$0	$0	$0			
	Indicated	$0	$0	$0			
	Unspecified	$0	$0	$0			
	Total	**$15,669**	**$11,363**	**$2,485**	**$95,046**	**$0**	**$49,350**
7. Section 1926 (Synar) -Tobacco	Universal	$0	$0	$0			
	Selected	$0	$0	$0			
	Indicated	$0	$0	$0			
	Unspecified	$0	$0	$0			
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
8. Other	Universal	$0	$0	$0			
	Selected	$0	$0	$0			
	Indicated	$0	$0	$0			
	Unspecified	$0	$0	$0			
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Prevention Expenditures		**$3,821,611**	**$2,771,457**	**$606,126**	**$3,727,306**	**$0**	**$1,935,317**
Total SUPTRS BG Award[3]		**$21,290,501**	**$14,670,815**	**$3,506,673**	**$21,290,501**	**$0**	**$9,622,467**
Planned Primary Prevention Percentage		**17.95%**	**18.89%**	**17.28%**	**17.51%**		**20.11%**

[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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned

expenditure period of October 1, 2023 – September 30, 2025.

[3]Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

[4]The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[5]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

The total for the SUPTRS column on Table 5a ($3,727,306) + the total for non-direct SUPTRS planned primary prevention expenditures on Table 6 ($744,626) = the total for Primary Prevention on Table 4, Row 2 ($4,471,932), which equals 21% of the total SUPTRS BG allocation. Kentucky allocates more than the required 20% for primary prevention.

Planning Tables

Table 5b SUPTRS BG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID-19 Award[1]	FFY 2024 ARP Award[2]	FFY 2025 SUPTRS BG Award	FFY 2025 COVID-19 Award[3]	FFY 2025 ARP Award[4]
Universal Direct	$1,771,317	$1,284,571	$280,940	$1,662,636		$863,364
Universal Indirect	$2,035,771	$1,476,355	$322,883	$2,023,927		$1,050,858
Selected	$3,822	$2,771	$606	$6,336		$3,290
Indicated	$10,701	$7,760	$1,697	$34,407		$17,805
Column Total	**$3,821,611**	**$2,771,457**	**$606,126**	**$3,727,306**	**$0**	**$1,935,317**
Total SUPTRS BG Award[5]	**$21,290,501**	**$14,670,815**	**$3,506,673**	**$21,290,501**	**$0**	**$9,622,467**
Planned Primary Prevention Percentage	**17.95%**	**18.89%**	**17.28%**	**17.51%**		**20.11%**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG 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.

[2]The 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 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG 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.

[3]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[4]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[5]Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

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Footnotes:

The total for the SUPTRS column on Table 5b ($3,727,306) + the total for non-direct SUPTRS planned primary prevention expenditures on Table 6 ($744,626) = the total for Primary Prevention on Table 4, Row 2 ($4,471,932), which equals 21% of the total SUPTRS BG allocation. Kentucky allocates more than the required 20% for primary prevention.

Planning Tables

Table 5c SUPTRS BG 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 2024 and FFY 2025 SUPTRS BG awards.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	SUPTRS BG Award	COVID-19 Award[1]	ARP Award[2]
Prioritized Substances			
Alcohol	☑	☐	☑
Tobacco	☑	☐	☑
Marijuana	☑	☐	☑
Prescription Drugs	☑	☐	☑
Cocaine	☑	☐	☑
Heroin	☑	☐	☑
Inhalants	☐	☐	☐
Methamphetamine	☑	☐	☑
Fentanyl	☑	☐	☑
Prioritized Populations			
Students in College	☑	☐	☑
Military Families	☑	☐	☑
LGBTQI+	☑	☐	☑
American Indians/Alaska Natives	☐	☐	☐
African American	☑	☐	☑
Hispanic	☑	☐	☑
Persons Experiencing Homelessness	☐	☐	☐
Native Hawaiian/Other Pacific Islanders	☐	☐	☐
Asian	☑	☐	☑
Rural	☑	☐	☑

Underserved Racial and Ethnic Minorities	☑	☐	☑

[1]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.The SUPTRS BG ARP planned expenditures for the FFY 2024 period of **October 1, 2023 - September 30, 2024** should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

Planning Tables

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

Please enter the total amount of the SUPTRS BG, COVID-19, or ARP funds expended for each activity. Only complete this table if the state plans to fund subrecipient agency expenditures for non-direct services/system development with SUBG or SUPTRS BG, COVID-19, and/or ARP supplemental dollars. Grantees should not include on Table 6 the SSA expenditures of up to 5% that is allowed for the SSA cost of administering the grant. Non-direct services/system development activities exclude expenditures through funding mechanisms for subrecipients providing treatment "direct service" or primary prevention efforts themselves, that are listed on Table 7. Instead, these Table 6 subrecipient agency expenditures provide support to those activities.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	FFY 2024					FFY 2025				
Expenditure Category	**A. SUPTRS BG Treatment**	**B. SUPTRS BG Prevention**	**C. SUPTRS BG Integrated[1]**	**D. COVID-19 [2]**	**E. ARP [3]**	**A. SUPTRS BG Treatment**	**B. SUPTRS BG Prevention**	**C. SUPTRS BG Integrated[1]**	**D. COVID-19 [4]**	**E. ARP [5]**
1. Information Systems		$245,200.00		$83,164.00	$7,050.00		$245,200.00			$125,429.00
2. Infrastructure Support										
3. Partnerships, community outreach, and needs assessment		$25,000.00		$32,750.00	$9,250.00		$25,000.00			$43,000.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)										
5. Quality Assurance and Improvement		$35,000.00					$63,000.00			
6. Research and Evaluation		$255,121.00					$255,121.00			
7. Training and Education		$90,000.00		$193,500.00	$113,975.00		$156,305.00			$215,500.00
8. Total	**$0.00**	**$650,321.00**	**$0.00**	**$309,414.00**	**$130,275.00**	**$0.00**	**$744,626.00**	**$0.00**	**$0.00**	**$383,929.00**

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

[2]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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[3]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" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

[4]The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[5]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" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

The total amount for non-direct planned expenditures for SUPTRS Primary Prevention on Table 6 ($744,626) + the total amount for SUPTRS

Primary Prevention planned expenditures on Table 5a ($3,727,306) = the total for Primary Prevention on Table 4, Row 2. ($4,471,932), which equals 21% of the total SUPTRS BG allocation. Kentucky allocates more than the required 20% for primary prevention.

The non-direct ARP planned expenditures on Table 6 are for primary prevention only. ($383,929)

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: 07/01/2024 MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024[1] COVID Funds	FY 2024[2] ARP Funds	FY 2024[3] BSCA Funds	FY 2025 Block Grant	FY 2025[1] COVID Funds	FY 2025[2] ARP Funds	FY 2025[3] BSCA Funds
1. Information Systems	$233,466.00	$0.00	$0.00	$0.00	$155,672.00			
2. Infrastructure Support	$472,668.00	$434,948.00	$514,100.00	$0.00	$719,539.00		$294,577.00	$123,991.00
3. Partnerships, community outreach, and needs assessment	$593,190.00	$40,700.00	$237,500.00	$51,700.00	$638,190.00		$282,500.00	$90,000.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	$6,850.00	$0.00	$0.00	$0.00	$6,850.00			
5. Quality Assurance and Improvement	$174,007.00	$0.00	$0.00	$0.00	$174,007.00			
6. Research and Evaluation	$0.00	$0.00	$0.00	$0.00			$88,336.00	
7. Training and Education	$433,000.00	$226,250.00	$18,750.00	$57,150.00	$546,968.00		$205,000.00	$40,000.00
8. Total	$1,913,181.00	$701,898.00	$770,350.00	$108,850.00	$2,241,226.00	$0.00	$870,413.00	$253,991.00

[1] The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[3] The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 – September 29, 2026** (3rd increment).For most states the planned expenditure period for FY2025 will be **July 1, 2024**, through **June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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Footnotes:

Environmental Factors and Plan

15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

> *....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.*
>
> *CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:*
>
> - *Crisis call centers*
> - *24/7 mobile crisis services*
> - *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*
>
> *STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.*

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, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed **Crisis Services: Meeting Needs, Saving Lives**, which includes "**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**" as well as an **Advisory: Peer Support Services in Crisis Care** and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "**National Guidelines for Child and Youth Behavioral Health Crisis Care**" which offers best practicies, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. 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 serious mental illness or children with serious emotional disturbances. 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.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crsis receiving and stabilization centers.

Kentucky CMHCs provide a statewide safety net of crisis services in their designated regions using state general funds, Block Grant funds (MHBG and SUPTRS-BG), and discretionary grant funds. Three crisis services are Medicaid billable (mobile crisis, crisis intervention, and residential crisis stabilization). The following shows the number of CMHCs that provide each crisis service for adults and children:

Adult Peer Support: 14 for adults; not collected for children
Law Enforcement Drop-Off Sites: six for adults; four for children
Crisis Assessment via Telehealth: 14 for adults; fourteen for children
Crisis Case Management: 14 for adults; thirteen for children
Behavioral Health Crisis Respite: three for adults; three for children
Behavioral Health Crisis Transportation Services: nine for adults; nine for children
Family Peer Support: 12 for adults; twelve for children
Intensive In-Home Services: not collected for adults; eight for children

Intensive Outpatient Crisis Counseling: 11 for adults; eight for children
Mobile Crisis: 14 for adults; 14 for children
Psych Eval. and/or Med Mgmt. within 24 Hours/Next Business Day: 13 for adults; 13 for children
Quick Response Teams: 11 for adults; seven for children
Ready Access to a Physical Health Consultation: 11 for adults, 10 for children
Ready Access to a Psychiatric Consultation: 14 for adults; 14 for children
Ready Access to a Qualified Mental Health Professional: 14 for adults; 13 for children
Residential Crisis Stabilization Unit: 10 for adults; six for children
Safety Planning for Suicide Risk: 14 for adults; 14 for children
Virtual Crisis Support – Chat: two for adults; four for children
Virtual Crisis Support – Text: five for adults; seven for children
Walk-in Crisis Intervention After Business Hours: nine for adults; nine for children
Walk-In Crisis Intervention During Business Hours: 14 for adults; 14 for children
Warm Line: seven for adults; five for children
Withdrawal Management: 10 for adults; five for children
Youth Peer Support: nine for transition aged youth; 11 for children
23-Hour Crisis Observation/Living Room: one for adults (one operational; three in planning phase); two for children
24/7 Crisis Hotline: 14 for adults; 14 for children

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' 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 implemented 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.*

Other program implementation data that characterizes crisis services system development.
1. Someone to talk to: Crisis Call Capacity
- *a. Number of locally based crisis call Centers in state*
  - *i. In the 988 Suicide and Crisis 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 BH related*

2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the toal number of communities)
- *a. Independent of first responder structures (police, paramedic, fire)*
- *b. Integrated with first responder structures (police, paramedic, fire)*
- *c. Number that employs peers*

3. Safe place to go or to be:
- *a. Number of Emergency Departments*
- *b. Number of Emergency Departments that operate a specialized behavioral 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 Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	☐	☐	☐	☐	☑	☐
Someone to respond	☐	☐	☐	☑	☐	☐
Safe place to go or to be	☐	☐	☐	☑	☐	☐

b. Briefly explain your stages of implementation selections here.

Someone to Talk to
Majority Implementation: Kentucky has fourteen (14) CMHCs that operate 24/7 regional crisis call centers; those centers responded to 152,852

incoming calls/chats/texts and 37,734 follow-up contacts in SFY 2023. Five CMHCs provide warmline services for children, and seven provide warmline services for adults. NAMI Lexington's Participation Station, a local mental health advocacy organization, provides peer-operated warmline services seven days a week, and a second statewide advocacy organization is developing the service.

Kentucky has 14 locally based Crisis Call Centers in the state, 13 of those are in the 988 Suicide and Crisis Lifeline network. The 14th center is going through the 988 accreditation process and plans to launch in October of 2024. Since the launch of 988 in July 2022, Kentucky's centers have answered more than 50,000 calls. The June 2024 in-state answer rate was 86%. The national goal for states is 90%.

One 988 call center, Pennyroyal Center, responds to 988 chats and texts three-hours per day on weekdays. In 2023, they responded to 681 texts and 443 chats.

Kentucky has 13 Crisis Call Centers with follow-up protocols for 100% of our 988 Crisis Call Centers. The 14th center is building in follow-up protocol as they are coming online with 988. The Kentucky 911 Services Board does not collect the percentage of 911 calls coded out as behavioral health-related statewide. There are 117 certified 911 call centers in Kentucky that use different methods to capture this data. The Kentucky Board of Emergency Medical Services (KBEMS) does have a statewide data system for all Emergency Medical Services agencies. Data obtained from KBEMS for 2022 provides an estimate of 283 behavioral health-related incidents, not involving a death.

Someone to Respond
Partial Implementation: Kentucky's regional mobile crisis services are at varying levels of implementation, and programs are exploring ways to revitalize the service after the pandemic and with workforce shortages. CMHC staff report that recruitment and retention are especially difficult for mobile crisis services due to safety concerns and evening/weekend work hours.

In SFY 2023, CMHCs provided mobile crisis services to 5,426 adults (2,149 with serious mental illness) and 1,070 youth (672 with serious emotional disturbance).

Kentucky's 14 CMHCs report providing mobile crisis services for children and adolescents in 120/120 counties with varying access. They also provide mobile crisis services for adults in 120/120 counties with varying access. The following first responder organizations have embedded behavioral health crisis services into their work: Lexington Fire Department (paramedic team); Louisville Metro Police Department West Division (behavioral health staff embedded in dispatch plus social worker deflection teams); Perry County Community Paramedicine Program (paramedic team in unmarked vehicle); Boyle County Emergency Medical Services (paramedic team); City of Alexandria (social worker embedded in police department); City of Erlanger (social worker embedded in police department); Bowling Green Police Department/LifeSkills Co-Response Program; Mt. Sterling Police Department/Pathways Co-Response Program; Rowan County/Pathways; Kentucky River Community Care Co-Response Program; and the City of Frankfort Police Department (Community Policing Advocate/social worker).

DBHDID is not aware of any first responder structures that employ behavioral health peer specialists. However, CMHCs report the following number of Peer Support Specialist Full-Time Equivalents (FTEs), some of whom are designated for crisis services: 13 of 14 CMHCs employ 102 FTE Adult Peer Support Specialists; seven of 14 CMHCs employ 13 FTE Youth Peer Support Specialists; and two of 14 CMHCs employ two FTE Family Peer Support Specialists.

Safe Place to Go or To Be
Partial Implementation: Kentucky CMHCs operate 12 adult crisis stabilization units (100 beds) and six children's crisis stabilization units (54 beds) across the state. In SFY 2023, CMHCs provided residential crisis stabilization to 1,824 adults (1,002 with serious mental illness) and 1,141 youth (759 with serious emotional disturbance).

Kentucky has one emergency department that operates with a specialized behavioral health component, Emergency Psychiatric Services in Louisville, which was created through a partnership between the University of Louisville Hospital and the CMHC in that area, Seven Counties Services.

On July 30, 2024, the University of Kentucky (UK) Healthcare opened Kentucky's first EmPATH (Emergency Psychiatric Assessment, Treatment, and Healing) psychiatric emergency unit. This unit sits on the campus of one of the state psychiatric hospitals in Lexington, Kentucky, and offers a carefully designed physical environment that allows individuals experiencing an acute mental health issue to receive immediate support. Units are designed to have open spaces and comfortable seating and provide up to 23-hour care from a variety of supportive health providers, including psychiatrists, nurses, social workers, and peer support specialists.

Additionally, three Kentucky CMHCs operate 23-hour adult short-term crisis units: Pathways, Cumberland River, and Kentucky River Community Care. Two additional CMHC regions are in the planning stages to open 23-hour adult short-term crisis units (NorthKey and Comprehend). There are no children's 23-hour short-term crisis units at present. Two CMHC regions are in the planning stages to open 23-hour children's short-term crisis units (NorthKey and Comprehend).

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

988 Projects
Kentucky's 988 program has a designated 988 Program Administrator at DBHDID and an active coalition that meets monthly to direct implementation. It has five committees (Marketing, Quality Assurance, Policy and Advocacy, Core Team, and Emergency Services) that meet regularly. Kentucky's 988 program is working on the following projects:

• 988 Workforce Development: The 988 Program Administrator and partners are working to standardize and expand 988 workforce capacity to achieve a 90% answer and increase chat/text services.
• Marketing: Kentucky's 988 Marketing Committee has developed a marketing plan and has provided various materials to the 988 centers and partners. A Boot Camp Translation project, consisting of two community workgroups, was conducted over the past year to develop messaging for marketing campaigns to reach LGBTQ+ and Black communities in Kentucky. Social media posts have been created and shared to promote 988 awareness among farm families, military, youth, and young adults. Print materials have been created to promote 988 for deaf and hard-of-hearing individuals and individuals with eating disorders. Policy Standardization: The Quality Assurance Committee has developed a state triage framework and data collection protocols for Kentucky's 988 centers. The committee continues to work on follow-up procedures and data collection standards
• In-State Response: Kentucky's 988 call centers continue improving their answer rates while reducing the number of calls going to a national backup center. Work continues to build capacity for increased chat/text centers. The state is reviewing options for a state-developed 988 platform that will improve data collection and identify gaps in service.
• Community Collaboration: In partnership with the Kentucky 911 Services Board, work continues to raise awareness and encourage collaboration between Kentucky's thirteen 988 centers and the 117 Public Safety Answering Points (PSAPs). Four centers have successfully completed Memorandums Of Understanding in the last year with 11 PSAPs.

2023-2024: Evaluation of Mobile Response and Stabilization Services (MRSS)
DBHDID has partnered with the Innovations Institute at the University of Connecticut School of Social Work to assess readiness and determine the necessary actions to implement Mobile Response and Stabilization Services (MRSS). The Innovations Institute has completed a System Level Payor Environmental Scan and a Practice Level Provider Environmental Scan and drafted a report that will be shared soon. The report defines the current scope and reach of crisis services for youth and young adults and how the services align with the best practice MRSS model. The report's findings and recommendations will inform stakeholders to prioritize action steps to move Kentucky's crisis services forward.

2023: Centers for Medicare and Medicaid Services approved Kentucky's State Plan Amendment (SPA) on July 20, 2023. The SPA allows Kentucky to develop two new crisis services (23-hour crisis observation stabilization services and behavioral health crisis transportation) and to redefine two current crisis services (mobile crisis services and residential crisis stabilization services).

2021-2022: Medicaid Plan to Enhance Crisis Services
Kentucky's Department for Medicaid Services participated in a one-year CMS mobile crisis planning grant. They conducted a needs assessment and report with the following recommendations:
• All definitions of mobile crisis services in Kentucky regulations and the Medicaid SPA should align with national best practices regarding the core elements of a crisis system.
• Address crisis scenarios that may not qualify as a behavioral health crisis.
• Align policies and revise state-issued mobile crisis materials.
• Develop a Mobile Crisis Services Toolkit for CMHCs and Behavioral Health Services Organizations.
• Medicaid should review best practices and SAMHSA recommendations about the definition of services, the providers who can deliver services, and the coding to be used for services. Consider moving to billing using the more common code of H2011 and allow billing in 15-minute increments. If feasible, develop a code for mobile crisis follow-up services.
• The Department should develop a plan to reach out to community members, providers, schools, law enforcement, and other first responders to increase awareness of mobile crisis services funded by Medicaid.
• Establish a cross-system of agencies, provider entities, health plans, and community organizations that support an on-going governance committee.
• Standardized mobile crisis procedures.
• Evaluate available quality measure reporting.
• Develop a comprehensive list of process measures to assess the mobile crisis model.
• Select meaningful outcome measures to monitor mobile crisis services.
• Review and amend Kentucky's non-emergency transportation regulations.
• Clarify the Emergency Medical Services (EMS) role in providing transportation for clients of CMHCs and follow up with clear marketing material and training. At the same time, promote Human Service Transportation Delivery transportation services.
• Modify Kentucky's Medicaid SPA transportation-related provisions based upon Nevada's State Plan Amendment (NV-21-005), which defines three types of transportation services (emergency medical transportation, non-emergency secure behavioral health transport, and non-emergency medical transportation).
• Consider expanding the DMS Memorandum of Agreement with the Kentucky Transportation Cabinet to include transportation network companies, such as Lyft and Uber, for ridesharing.
• Implement the Living Room Model (23-hour Crisis Observation Units).
• Adoption of Peer-Operated Respite.
• Consider a co-response model in Kentucky's rural regions with limited behavioral health resources.
• Leverage community organizations and partnerships for new roles in the delivery of crisis care.
• CMHCs should increase their collaboration with housing organizations and shelters to address gaps in crisis response to the unhoused population.
• Develop a directory of crisis providers and special population supports.
• Ensure mobile crisis services address the needs of individuals with cultural and linguistic needs.
• Leverage community organizations and partnerships to deliver specialized crisis care to at-risk populations.
• Increase coordination with behavioral health providers from diverse backgrounds around Culturally and Linguistically Appropriate Services.
• Work to revise the current crisis intervention training curriculum statute to include considerations for autism spectrum disorder, neurodivergent

disorders (i.e., ADHD, Tourette's, OCD), sensory processing disorders, and expand upon current curriculum regarding I/DD, at-risk populations (i.e., LGBTQ+ youth), health disparities, and individuals with cultural and linguistic differences.
• Address mobile crisis service delivery and financing through a coordinated effort across payers, and funded through a braided funding approach, to include all payer sources and grants. Mobile crisis services would be available to anyone, regardless of payer coverage.
• Determine optimal staffing and staffing competency models and develop workforce strategies that implement those.
• Continue to invest in behavioral health workforce recruitment and retention strategies.
• Kentucky Department for Medicaid Services should consider developing a new rate methodology based on any revised definitions of units of service, billing codes, and other billing requirements.
• Evaluate potential implementation of co-location in communities with high volume of behavioral health-related 911 calls.
• Kentucky authorities should conduct a robust technology assessment of the current system.
• Kentucky authorities should create a technical and operational plan to address the needs identified in the technology assessment.
• Kentucky authorities may explore how to best leverage available federal funding for mobile crisis technology infrastructure needs.
• Kentucky authorities should assess the broader landscape of technology availability and data sharing across the behavioral and physical health continuum of care (namely the use of electronic health records and health information exchange) and identify potential use cases that leverage existing infrastructure to expand the mobile crisis system of care.
• Kentucky authorities should assess and evaluate current broadband availability in areas of greatest need, and work with the Kentucky Broadband Initiative to explore ways of accelerating broadband availability.

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

The 5% crisis set aside is allocated to the fourteen regional CMHCs to expand crisis services, including increasing training, technology, staff, and services to individuals with SMI/SED who do not have a payor. A portion of the 5% crisis has also assisted with 988 implementation. The CMHCs are engaged in the following initiatives to enhance crisis services in their region:
• Expansion of Services: CMHCs have been and are opening 23-hour crisis receiving facilities, co-occurring capable crisis stabilization units, behavioral health urgent care centers, expanding crisis stabilization bed capacity, expanding call center services such as 988 calls/texts/chats, and placing crisis staff at more community locations to meet clients where they are, such as in schools and drop-in centers.
• High Acuity Youth: Enhanced focus on meeting the needs of youth with high-acuity and complex needs who are boarding in hospitals and non-traditional placements. Some agencies have designated clinicians to focus on this population.
• Staff Capacity: Increased staff capacity by developing more crisis positions, hiring more staff at all levels, paying more competitive wages, advancing staff into leadership positions, and developing more consolidated crisis programs within their agencies.
• Transportation Services: Developing agency crisis transportation services.
• Intra-agency Collaboration: To improve coordination, communication, and client service planning, agencies host collaborative meetings and trainings for their agency staff who work with individuals in crisis.
• Best Practices: Developing more agency trainers of EBPs, training staff on EBPs, updating training curricula, policies, and procedures, and implementing trauma-informed responses to individuals in crisis/elimination of restraint.

Additional CMHC crisis initiatives that are not funded through the 5% set aside but are achieved through blended funding from SUPTRS-BG, other MHBG funds for SMI/SED, State General Funds, and discretionary grants include:

• Substance Use Crises: Enhanced focus on serving individuals experiencing a substance use disorder crisis through starting more Quick Response Teams (QRTs), collaborating more with QRTs/local providers/agency programs, and medication-assisted treatment same-day inductions.

• Community Partnerships: Building and strengthening partnerships with local law enforcement, schools, hospitals, child welfare, jail, judicial, and emergency medical services staff by hosting meetings, engaging in cross-systems crisis planning for familiar faces, developing memoranda of understanding, hiring a forensic liaison, and developing response protocols. Agencies report this has been especially important in their rural counties.

• Disaster Response: Training staff on Psychological First Aid, responding to flood victims, and coordinating ongoing essential needs.

• CCBHC Alignment: Enhancing services to align with CCBHC requirements.

• Telehealth: Enhancing telehealth capability by purchasing tablets for key stakeholders, designating staff to provide telehealth response, and developing response protocols with partners.

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

None noted at this time.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder 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 SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD 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, SUD 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.**[1]

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.

[1] **https://www.samhsa.gov/grants/block-grants/resources [samhsa.gov]**

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? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

The Kentucky Behavioral Health Planning and Advisory Council (Planning Council or Council) reviews the combined state plan during its August quarterly meeting and the reports during the November quarterly meeting. Department staff draft the plans and reports; Council members, stakeholders, and the public are encouraged to provide recommendations and feedback. Staff mail draft hardcopies and email a draft of the plan/report to individuals on the Planning Council listserv and place it on the Department's website for public review and comment. https://dbhdid.ky.gov/mh/bhpac-bg An archive of submitted and approved plans and reports is maintained on the Council's website at the same location. Various methods for providing comments are explained on the website Comments.pdf (ky.gov). Open Council meetings provide one opportunity for individuals to provide verbal and/or written feedback. Meetings have been virtual since 2020; membership and meeting participation are at an all-time high! All Council members with a term (which includes Adults, Young Adults, Family Members, and Parents with Lived Behavioral Health Experience) receive a stipend to support their attendance.

Approximately two weeks before meetings, paper handouts are mailed to members with a term and to others who request paper handouts. During the August and November Council meetings, staff include a copy of the plan/reports and an overview of the drafted plan/reports. Time is provided on the agenda for attendees to ask questions and provide recommendations. Council members provide verbal and written feedback during the meeting (via chat). The Council creates a letter confirming the Council's review and opportunity to provide feedback. At the meeting, staff encourages members and the public to continue to submit comments on any drafted, submitted, or approved plan/report. Information is provided on how to submit comments via the department website, telephone, email, or US Mail to the Block Grant State Planner. Comments and recommendations are reviewed and incorporated into the documents and system planning as applicable.

Council members have another formal opportunity annually to provide feedback to the department. The Council's Finance and Data Committee meets in April to review block grant allocations (MHBG and SUPTRS BG) for the upcoming fiscal year and to prioritize projects/funding. This has occurred for over 15 years to guide system planning. For the past few years, service needs/priorities for funding have been compiled during the April meeting, placed into a survey format, and the full Council has had an opportunity to electronically vote on priorities in May. The link to the survey is shared in the meeting notice, in the chat box during the meeting, and in a follow-up email after the meeting. Members are also able to add additional priorities to the list, and three members did so this year.

In May 2024, service priorities were compiled by members during the Finance and Data Committee meeting and 18 members completed the survey. The following are the top service needs identified in order of priority.

1. Housing services
2. Transitional and long-term care in community settings for individuals with serious mental illness (SMI)
3. Transportation to treatment and other basic needs, especially in rural areas

4. Enhanced access to services (e.g., incentives to encourage individuals to join the behavioral health workforce, burnout prevention and support for current workforce, more information so the public is aware of services and supports)
4. Behavioral health services and supports for individuals with justice involvement
5. Employment & other life skills services and supports
5. Peer support services for individuals with serious mental illness or co-occurring disorders, including by phone or statewide warmline
5. Providers competent in Eye Movement Desensitization and Reprocessing (EMDR)
6. Technology supports to assist individuals access services (cell phones and internet)
7. Youth substance use prevention services
This is another way the state receives valuable feedback that impacts the development of block grant plans. The results of the survey will be shared at the August 2024 Council meeting.

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

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. Since SFY 2023, local needs assessments are 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.
DBHDID supports the biannual implementation of the Kentucky Incentives for Prevention survey, a Kentucky-specific youth risk behavior survey that measures use, perception of harm, and related consequences for substance use. The survey was traditionally conducted in the odd years but was paused during COVID-19 for safety reasons and moved to even years. It was paused again in 2023 because of new state legislation that requires active consent versus passive consent for youth participation. DBHDID has worked with evaluators to identify active consent protocols as the survey reaches more than 100,000 6th, 8th, 10th, and 12th graders during each administration. It is being resumed in the fall of 2024. Results from the survey guide both substance use prevention and mental health promotion and prevention services across the state and data is included in the needs assessment for each community.
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 DBHDID liaison who attends CMHC Board Meetings to facilitate communication between the DBHDID and community partners.

Department staff solicits input on mental health treatment from the community mental health centers and other community partners on an ongoing basis. This consultation occurs at regular peer group meetings with CMHC and other partner program directors for statewide programs (such as children's services, community support program, crisis services, prevention services, targeted case management, IPS supported employment, housing services, peer support, assertive community treatment, suicide prevention services, early childhood mental health, quick response teams, pregnant and postpartum behavioral health, drop-in services, youth and young adult substance use services and more) as well as at commissioner-level Chief Executive Officer (CEO) meetings and other venues.

The Department of Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID) incorporated the Kentucky Treatment Outcome Study (KTOS) as a means of uniformly collecting and analyzing annual outcomes information from federal and state funded treatment programs. This study uses a pre-test/post-test design modeled after several large federally funded research projects examining treatment outcomes among individuals with substance use disorders and co-occurring disorders. Baseline data are collected by community mental health center staff as clients enter treatment (including outpatient, outpatient intensive, and inpatient). A selected sample of clients who agree to participate in the follow-up interview are contacted by the University of Kentucky Center on Drug and Alcohol Research (UK CDAR) staff 12-months later to complete a follow-up interview by telephone. Follow-up interviews are conducted by the UK CDAR Behavioral Health Outcome Studies (BHOS) research team and are independent of the treatment agency in order to confidentially examine client progress in treatment.

The annual collection of baseline and follow-up data is essential to providing up-to-date regional and statewide data on substance use trends and treatment outcomes for Kentucky. Annual data collection is critical in providing rich insights into regional variations and overall treatment outcome trends. Further, key trends in substance use and policy needs fluctuate annually depending on economic and other state-specific sociopolitical issues, making the need for consistent annual data collection even more important. KTOS provides rigorous data that can highlight crucial insights about substance use and co-occurring treatment and validate anecdotal evidence of the need for treatment statewide.

The youth version of the Kentucky Substance Abuse Treatment Outcome Study (Adolescent KTOS) is a means of uniformly collecting and analyzing annual outcomes information from federal and state funded treatment programs for clients who are 12-17 years old. Using items adapted from the Teen Addiction Severity Index and the GAIN (Global Appraisal of Individual Needs), a survey developed for Kentucky adolescents (the Adolescent KTOS) was implemented statewide in 2004. This study uses a pre-test/post-test design modeled after several large federally funded research projects examining treatment outcomes among individuals with substance use and co-occurring disorders. Baseline data are collected by community mental health center staff as clients enter treatment (including outpatient, outpatient intensive, and inpatient). Clients who agree to participate in the follow-up interview are contacted by UK CDAR staff 12 months later to complete a follow-up interview by telephone. Collecting client-level data at baseline and follow-up allows for examination of change in substance use, mental health problems, academic performance, employment, justice system involvement, and recovery supports.

In 2006, the Department of Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID) asked the UK CDAR BHOS team to collaborate on the evaluation of Kentucky's opiate treatment programs (OTPs). Following in-depth consultation with OTP providers, DBHDID staff, and other experts, a structured interview was developed in 2007 and statewide use began as the Kentucky Opiate Replacement Treatment Outcome Study (KORTOS). The project has joint oversight of the Kentucky Division of Program Integrety and Narcotic Treatment Authority and currently includes all Kentucky licensed OTPs.

Follow-up interviews are conducted by the UK CDAR BHOS research team 6-months after the intake assessment and are independent of the treatment agency in order to confidentially examine client progress in treatment. Collection of baseline and follow-up data allow for examination of changes in substance use, employment, education, physical and mental health status, and involvement with the criminal justice systems. KORTOS requires unique procedures and challenges given the characteristics of this population and the needs of the various sites.

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

3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? (●) Yes ( ) No

4. 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

5. 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.

The following Council duties are included in the Bylaws and the work of the Council:

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

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

• Advise DBHDID on the use of Substance Abuse Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG) funds and Mental Health Block Grant (MHBG) funds and on the quality of statewide, recovery-oriented behavioral health services.

• Review the annual combined SUPTRS BG and MHBG Application and annual Behavioral Health Reports pursuant to Public Law 102-321, Section 1915 (a) and to submit recommendations to DBHDID, prior to the September 1 and December 1 due dates, respectively.

• Advocate for individuals in recovery from mental health disorders and/or substance use disorders, 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.
The Council has a total of 37 membership seats (with six seats currently vacant). Council members with lived experience serve as Council officers and Chairs for the following committees: Executive, Membership, Finance and Data, and Bylaws. Those officers are members of the Council's Planning Team; they meet monthly with Council staff to collaboratively plan meetings and steer the Council work, including Inclusion Plan work.
Council members advocate for individuals with SED, SMI, and SUD by learning about and critically reviewing current initiatives, sharing service gaps, and making funding recommendations to the department (discussed previously). Council members have a broad reach of contacts, and they share the experiences of those individuals during meetings. The Department values their individual and collective voices and considers their recommendations when allocating funds. During the April 2023 and 2024 Finance and Data Committee meetings, members were provided with lists of their priorities that were funded. This feedback is a vital part of the advocacy process.

2020 Census data reveals the following population breakdowns for Kentucky: 61.6% White; 12.4% Black; 18.7% Hispanic; 6% Asian; 1.1% American Indian/Alaskan Native; and 2% Native Hawaiian/Pacific Islander. The Planning Council consists of geographically diverse representation and currently consists of at least two members who identify as LGBTQ+, three members who identify as older adults, four members who report they are Service Members, Veterans, or Family Members, one who reports having experienced homelessness, three who report having had justice involvement, and five that report having other disabilities in addition to lived behavioral health experience. However, the ethnic and cultural diversity of the Council does not mirror the state's diversity as a whole. The following describes the composition of the Council and efforts to enhance diverse representation:

Kentucky's Planning Council consists of 37 members. Planning Council members bring their diverse experiences and the input of the following groups they represent:
• Six (6) adults with lived experience of behavioral health disorders;
• Six (6) parents, guardians, grandparents, guardians, or foster parents who are caring for a child (birth through age 20) with behavioral health challenges;
• Six (6) family members of an adult with lived experience of behavioral health disorders;
• Two (2) young adults with lived experience of behavioral health disorders (age 18-25);
• One (1) advocacy organization representing adults with lived experience of substance use disorders;
• One (1) advocacy organization representing adults with lived experience of behavioral health disorders;
• One (1) advocacy organization representing family members of adults with lived experience of behavioral health disorders;
• One (1) advocacy organization representing children, youth, and family members of youth with significant behavioral health challenges.
• One (1) Regional Prevention Center representative;
• One (1) Community Mental Health Center provider representative;
• Eleven (11) representatives of state agencies that provide services to people with behavioral health disorders.
The Council has developed a Diversity, Equity, Inclusion, and Accessibility Plan (Inclusion Plan) and the Council's Planning Team (Council officers, committee chairs, and Council staff) reviews progress during planning meetings.
The Inclusion Plan is a living document that currently has the following four overarching goals and includes strategies to achieve each goal.
1. Ensure language services are available for members and guests attending Council and committee meetings.
2. Ensure Council documents are accessible.
3. Increase diversity and inclusion on the Council.
4. Enhance the Council's communication strategy.
The following progress has been made on the Inclusion Plan:
• ASL interpreting and captioning services are available and being provided when needed. Tips for enhancing communication access are shared during meetings.
• The Planning Team has developed a relationship with the Department's Communication Specialist and has begun creating infographics and logos that members will be able to share on their social media pages.
• The membership application is being updated and will include more information about how applicants' information will be shared publicly, a tool to assist applicants with determining if the Council is right for them, and the steps of the application and appointment process.
• The Council conducted its second online demographic survey in May 2024. This survey confirmed that new recruitment strategies are needed to reach underrepresented community members. A list of outreach organizations is being developed.
• A member satisfaction survey is being developed.

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

None at this time.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Meeting Minutes are not approved until the following quarterly Council meeting, so the minutes from August 2024 are in DRAFT form.

Kentucky Behavioral Health Planning & Advisory Council

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

August 15, 2024

Odessa Crocker
Grants Management Officer
Division of Grants Management
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
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 combined abbreviated funding application for Kentucky's mental health and substance use prevention, treatment and recovery services block grants for FFY 2025. Time was allotted at today's meeting to discuss the abbreviated application and it is also posted for review on the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities website at https://dbhdid.ky.gov/mh/bhpac-bg. Department staff welcomes comments and recommendations prior to and after submission of the 2025 abbreviated application on September 3, 2024.

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

Sincerely,

Sharon Darnell

Sharon Darnell
Chair, Kentucky Behavioral Health Planning and Advisory Council

Cc: Melissa Runyon, Block Grant State Planner

Kentucky Behavioral Health Planning and Advisory Council
Finance and Data Committee Minutes

April 18, 2024 10:00am to 12:30pm

Members: Angeline Davis, Steve Lyons, Robin Osborne, Peggy Roark, Tara Hyde, Russ Williams, Christy Shuffett, Phyllis Millspaugh, Sherri Estes, Jackie Heitkemper, Bridgett Fulkerson, Steve Shannon, Deborah Sauber, Angela Sparrow

Council Staff: Missy Runyon, Diana Hobbs, Christie Penn

Guests: Amber Collins, Karen Howard, Courtney Welsh, Paula Brown, Margaret Corneilson, Brittney Allen, Angela Rowe, Nikki Milward, Melissa Hopkins, John Broadus, Maggie Schroeder

Topic	Discussion	Next Steps
Call Meeting to Order and Introductions	Peggy Roark, Chair, called to order at 10:02 am and welcomed attendees. Members, staff, and guests introduced themselves.	Archived meeting summaries
Overview of Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grants (including contracting process)	Missy Runyon presented information about the Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grants, including state allocation amounts, priority populations, the role of DBHDID, considerations and rules in allocating funds, and how funds must be spent. Missy also provided information about Coronavirus Response and Relief Supplemental Appropriations Act (CRRA), Bipartisan Safer Communities Act (BSCA), and American Rescue Plan Act of 2021 (ARPA), American Rescue Plan COVID Mitigation (ARPA Mitigation) funds. Missy shared Kentucky's allocation totals for each funding stream and how the funds must be spent. Missy discussed the many items the department considers as it prioritizes Block Grant funds and how the structure of the department's contracts ensures clear communication of services purchased, reporting requirements, and monitoring mechanisms.	
Summary of DBHDID Data Collection	Data was provided on the number of individuals served by CMHCs in 2023 who had a mental health or substance use disorder diagnosis and for those with a marker of serious mental illness (SMI) or severe emotional disturbance (SED). Missy discussed public reports that are available at DBHDID's website for CMHC and facility data; the links were shared. Missy showed participants DBHDID's SFY 2023 Year in Review and pointed out that it provides lots of program data.	

Facilitated Review and Discussion of Block Grant Drafted Allocations for SFY 2025.	Missy shared draft documents for each block grant source of funding (regular block grants, CRRA, ARPA, BSCA) and presented an overview of the documents including the majority of funding that goes directly to CMHCs as well as block grant funding that is contracted to other community agencies.	
Finance Committee Member Feedback and Priority Setting	Missy shared a list of the Council's past priorities and a list of projects that have been funded in the past three years. Members shared the following comments: • "Love seeing consumer operated services funded. Great stuff!" • "Love the peer specialist and peer support programs for consumers." • "Did we fund any more EMDR?" • "I know transportation has had some funding support, but my programs, especially in rural areas, report a shortage of available transportation for people to get to treatment, as well as other basic need transportation." • "SMI: There seems to be issues with people having access to long term care or transitional care. I've been told by numerous people who have been advocating for family to have a step down model for them when they are needing additional support for SMI." • "More education and prevention for youth!!!!" Committee members shared the following 2025 priorities for Block Grant funding: 1. Providers competent in Eye Movement Desensitization and Reprocessing (EMDR) 2. Transitional and long-term care in community settings for individuals with serious mental illness (SMI) 3. Employment & other life skills services and supports 4. Transportation to treatment and other basic needs, especially in rural areas 5. Technology supports to assist individuals access services (cell phones and internet) 6. Enhanced access to services (e.g., incentives to encourage individuals to join the behavioral health workforce, burnout prevention and support for current workforce, more information so the public is aware of services and supports) 7. Youth substance use prevention services 8. Behavioral health services and supports for individuals with justice involvement 9. Housing services 10. Peer support services for individuals with serious mental illness or co-occurring disorders, including by phone or statewide warmline	Members will complete a survey in May to identify top Block Grant priorities. Results will be reviewed during the August Council meeting and included in Kentucky's block grant application.
Adjourn	Phyllis Millspaugh made a motion to adjourn at 12:10 pm. Robin Osborne seconded. **Motion passed.**	

Kentucky Behavioral Health Planning and Advisory Council

Minutes

August 15, 2024 10:00am to 12:30pm

Council Members: Val Mudd, Kristen Shroyer, Jackie Heitkemper, Kelly Gunning, Clark Lester, Lynn Haney, Russ Williams, Christy Shuffett, Phyllis Millspaugh, Dave Gutierrez, Steve Lyons, Peggy Roark, Ron O'Hair, Angeline Davis, Robin Osborne, Steve Shannon, Marcie Timmerman, Deborah Sauber, Jessica Wayne

Council Staff: Diana Hobbs, Missy Runyon, Christie Penn

Guests: Jodi Allen, Jason Bagley, Virginia Marshall, Deb Davidson, Fantasia Tackett, Janice Johnston, Brittany Barber, David O'Daniel, Katie Stratton, Nicole Cropper, Karen Howard, Courtney Welsh

Topic	Discussion	Notes/Next Steps
Call Meeting to Order	Sharon Darnell, Chair, called the meeting to order at 10:01 AM and welcomed members, guests, and staff. Sharon congratulated the Council for its upcoming 35 year anniversary on September 12, 1989. Sharon shared a warm welcome to the Department for Medicaid Service's new representative, Kristen Shroyer, and thanked Angela Sparrow for her six years of service. She congratulated Bridgett Fulkerson for being recognized as a System of Care Champion Award Winner. Sharon told members that DBHDID has implemented a new policy to end meetings five minutes before the end of the hour or half-hour, so that people have transition time between meetings. Council meetings will follow this policy going forward. Sharon reviewed the Zoom communication access reminders.	Kentucky Behavioral Health Planning and Advisory Council
Introductions and Member Updates	Members, staff, and guests introduced themselves and provided updates.	
Quorum	Missy Runyon confirmed quorum.	
Approval of February and May 2024 Minutes	February's minutes were not reviewed in May due to lack of quorum. Members reviewed the minutes. Robin Osborne made a motion to approve the minutes as written and Steve Shannon seconded. **Minutes approved.**	Approved Meeting Summaries

Topic	Discussion	Notes/Next Steps
	Members reviewed the May minutes. Peggy Roark made a motion to approve the minutes as written and Ron O'Hair seconded. **Minutes approved.**	
2025 Meeting Calendar	Sharon shared the draft 2025 meeting calendar and staff noted two changes from 2024's calendar: a Bylaws Committee meeting has been added and the Finance and Data Committee meeting has been shortened by a half hour. Robin Osborne made a motion to approve the 2025 meeting calendar. Peggy Roark seconded the motion. **Calendar approved.**	Meeting Calendar
Committee Reports	<u>Finance and Data Committee</u> Peggy Roark asked members to review the Finance and Data Committee minutes from April 18, 2024. Robin Osborne made a motion to approve the minutes as written. Jackie Heitkemper seconded. **Minutes approved.** Peggy reviewed the results of the 2024 Funding Priorities Survey. Funding priorities were identified during the Committee meeting and members were surveyed in May. Eighteen members completed the survey. Members ranked the following initiatives as the top five funding priorities: • Housing services (11 votes) • Transitional and long-term care in community settings for individuals with serious mental illness (9 votes) • Transportation to treatment and other basic needs, especially in rural areas (6 votes) • Enhanced access to services (e.g., incentives to encourage individuals to join the behavioral health workforce, burnout prevention and support for current workforce, more information so the public is aware of services and supports) (5 votes) • Behavioral health services and supports for individuals with justice involvement (5 votes) <u>Membership Committee</u> Membership Committee Chair, Sharon Darnell, provided updates. She reminded members that a Member Orientation will be held September 19, 2024 @ 10-12:30. All members, staff, and guests were invited to attend. The results of the 2024 Demographic Survey were reviewed.	

Topic	Discussion	Notes/Next Steps
	The Council needs representatives for the following seats: • Family Member of an Adult with Lived BH Experience (2 seats) • Adult with Lived Experience of BH Disorders (2 seats) • Young Adult with Lived Experience of BH Disorders (2 seats) Sharon reminded the following members that their terms expire in March 2025: • Jennifer Mingo (Parent) • Sandy Weaver (Parent) • Rebecca Seavers (Parent) Sharon encouraged every Council member to be part of a Membership Drive – please share information about the Council and the membership application with at least one person, group, or social media network.	Fillable form membership application Applications will be reviewed during the January 16, 2025 Membership Committee meeting and are due Monday, January 13. Reach out to staff if you want paper applications.
KY Moms Maternal Assistance to Recovery (KY Moms MATR)	Katie Stratton, a Program Administrator in the Division of Substance Use Disorder, provided information about KY Moms Maternal Assistance Towards Recovery (KY Moms MATR), a prevention and case management service for pregnant and postpartum individuals.	Katie.Stratton@ky.gov KY Moms Maternal Assistance Towards Recovery (KY Moms MATR)
2025 Block Grant Mini Application	Missy Runyon provided information about Kentucky's Mini Application for SFY 2025 Community Mental Health Services Block Grant (MHBG) and Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS-BG) funds from the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as the Bipartisan Safer Communities Act (BSCA) application for the new award period. A draft of the application was shared with members prior to the meeting and is available on the department's home page with several methods for public comment. Missy reviewed the rules for each Block Grant and answered questions. Missy stated that comments received by August 23rd will be included in the Block Grant application; comments submitted after that date are also appreciated and utilized for system planning.	Archive of Block Grant Applications and Reports Ways to Provide Public Comments on Block Grant Applications and Reports Email comments to Missy Runyon at Melissa.Runyon@ky.gov

Topic	Discussion	Notes/Next Steps
	The following comments and questions were provided: • "Proud that SAMHSA saw the importance of lived experience in the 1980s." • "Great presentation. You always do a good job, and it is always so informative." • "Thank you for going over the Block Grant. It's a lot to absorb and a lot for you to share. You're doing great!" • "Can we share this application draft on social media?"	
Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) Updates	Phyllis Millspaugh, Assistant Director of the Division of Mental Health, provided updates on the following services, collaborations, and initiatives: • Americans with Disabilities Act Pride Month • Collaboration with the Department for Aging and Independent Living (DAIL) and the Eastern Kentucky Psychology Department for free Applied Suicide Intervention Skills Training (ASIST) training • Kentucky Community Crisis Response Team (KCCRT) responded to a mass shooting in Florence, Kentucky to provide mental/behavioral support at the city center. • Bridgehaven Center for Peer Excellence is sponsoring a peer support specialist supervisor training. Contact sturner@bridgehaven.org for more information. • Parents Against Vaping e Cigarettes (PAVe) is offering a train the trainer on core components to inform parents, caregivers, and trusted adults about the dangers of youth vaping. Contact tara.rueckert@ky.gov for more information. • Kentucky Association of People Supporting Employment First (APSE) conference is being held at the Campbell House in Lexington, Kentucky in September. Contact Elizabeth.kries@uky.edu for more information.	
Meeting Adjournment	Peggy Roark made a motion to adjourn the meeting at 12:23 PM**.** Robin Osborne seconded the motion. **Meeting adjourned.**	Next Meeting: Thursday, November 21, 2024 Meeting Calendar

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: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Sharon Darnell	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Angeline Davis	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Sherri Estes	Providers		130 Southern School Road Somerset KY, 42501 PH: 606-679-9425	Sestes1@adanta.org
Bridgett Fulkerson	Parents of children with SED			
Kelly Gunning	Others (Advocates who are not State employees or providers)			
David Gutierrez	State Employees		275 East Main Street, 3E-B Frankfort KY, 40601 PH: 502-564-9433	David.Guiterrez@ky.gov
Lynn Haney	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Jacklyn Heitkemper	Parents of children with SED			
Tara Hyde	Others (Advocates who are not State employees or providers)			
Fallon Kilgore	Parents of children with SED			
Clark Lester	State Employees		1025 Capital Center Drive Frankfort KY, 40601 PH: 502-892-3654	clark.lester@ky.gov
Steve Lyons	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
			275 East Main	

Phyllis Millspaugh	State Employees		Street, 4WG Frankfort KY, 40601 PH: 502-564-4456	phyllis.millspaugh@ky.gov
Jennifer Mingo	Parents of children with SED			
Valerie Mudd	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Ron O'Hair	State Employees			ronniel.o'hair@ky.gov
Robin Osborne	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Rachel Petit	State Employees		5 Mill Creek Park Frankfort KY, 40601 PH: 502-564-7029	racheln.petit@ky.gov
Peggy Roark	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Carmilla Salyers	Others (Advocates who are not State employees or providers)			
Deborah Sauber	State Employees		300 Sower Blvd Frankfort KY, 40601 PH: 502-564-4772	deborah.sauber@education.ky.gov
Rebecca Seavers	Parents of children with SED			
Steve Shannon	Providers		3459 Buckhorn Drive Lexington KY, 40515 PH: 859-272-6700	sshannon.karp@iglou.com
Kristen Shroyer	State Employees		275 East Main Street, 6W-D Frankfort KY, 40601 PH: 502-564-6890	kristen.shroyer@ky.gov
Christy Shuffett	State Employees		1353 West Main Street Lexington KY, 40508 PH: 859-245-2400	christy@nbbg.org
Matthew Smith	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Marcie Timmerman	Others (Advocates who are not State employees or providers)			
Jessica Wayne	State Employees		275 E. Main Street 3E-E Frankfort KY, 40601 PH: 502-564-2927	Jessica.Wayne@ky.gov
Sandy Weaver	Parents of children with SED			
Connie White	State Employees		275 East Main Street, HS1WA Frankfort KY, 40601 PH: 502-564-3970	connie.white@ky.gov
			2605 W Highway	

Russell Williams	State Employees		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.

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Footnotes:

Kentucky's State Social Services Agency is also the State Child Welfare Agency and is called the Department for Community Based Services (DCBS).

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	4	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	4	
Parents of children with SED	6	
Vacancies (individual & family members)	6	
Others (Advocates who are not State employees or providers)	4	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	**24**	**64.86%**
State Employees	11	
Providers	2	
Vacancies	0	
Total State Employees & Providers	**13**	**35.14%**
Individuals/Family Members from Diverse Racial and Ethnic Populations	2	
Individuals/Family Members from LGBTQI+ Populations	2	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	
Total Membership (Should count all members of the council)	**41**	

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Footnotes:

Kentucky's "individuals in recovery" include those with lived experience of mental illness, substance use, or both. For purposes of this form, individuals with lived experience of either mental illness, substance use, or co-occurring were ALL marked as "individuals in recovery". Disclosures of racial, ethnic or other diversity categories is voluntary for members. A voluntary demographic survey was provided to the Council for the 2nd consecutive year. This form shows the survey results regarding voluntary disclosures (22 respondents for 2024). In addition to categories on this form, the survey showed 3 Council members identified as older adults and 4 Council members identified as Veterans, Serve Members or Families. In addition, the survey showed 3 members have experienced justice involvement, 1 member has experienced homelessness, and 5 individuals identify as having other disabilities not related to behavioral health. (physical health, etc.) Approximately 11 Council members are either in recovery from or advocating for SUD. We could not show this under membership type due to the restriction of only picking one type.

It is expected there is more diversity than this form shows.

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/mh/bhpac-bg

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

https://dbhdid.ky.gov/mh/bhpac-bg

c) Other (e.g. public service announcements, print media) ( ) Yes (●) No

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

None noted at this time.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

23. Syringe Services Program (SSP) - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Narrative Question:

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) 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, 2018[3].

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 SUPTRS BG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 centers[4]. 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 SSPs[5]: 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** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy **https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-for-hiv-grants.pdf ,**

2. **Centers for Disease Control and Prevention (CDC)Program Guidance for Implementing Certain Components of Syringe ServicesPrograms,2016** 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 ,**

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.

End Notes

[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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Kentucky does not utilize SUBG funds for SSPs.

Environmental Factors and Plan

Syringe Services Program (SSP) Information – Table A - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Dollar Amount of SUBG Funds to be Expended for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone Provider (Yes or No)
No Data Available					

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Kentucky does not utilize SUBG funding for SSPs.