Welcome & Opening Remarks

Chief Justice John D. Minton, Jr., Kentucky Supreme Court

Hon. Laurence VanMeter, Chief Justice Elect

Commission Member Introductions

Justice Debra Hembree Lambert, Kentucky Supreme Court

- If this is your first commission meeting, please briefly introduce yourself.

KENTUCKY JUDICIAL COMMISSION ON
MENTAL HEALTH

KJCMH Updates

Justice Debra Hembree Lambert,
Kentucky Supreme Court

- Membership
- Committees
- Legislative Recommendations
- Upcoming Events
  - Mental Health Summit

Sequential Intercept/Leading Change Mapping

Kentucky

December 13, 2022

NCSC
National Center for State Courts

Welcome

Michelle O'Brien, JD
Principle Court Management Consultant
National Center for State Courts
mobrien@ncsc.org

Nora Sydow, JD
Managing Director
National Center for State Courts
nsydow@ncsc.org
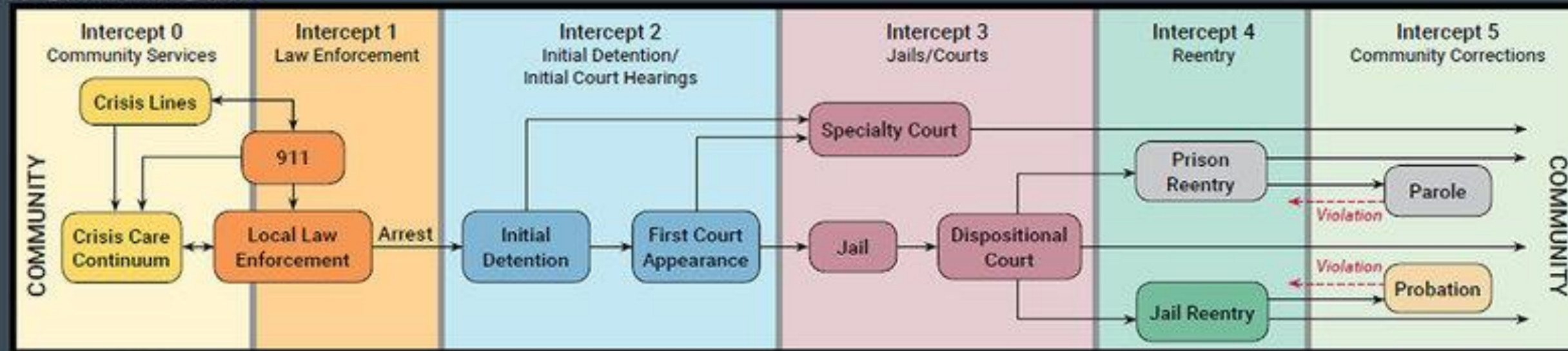
Goals of Sequential Intercept Model (SIM)

- Detail how individuals with mental health and substance use disorders come into contact with and move through the criminal justice system

- Identify resources and practices, identify system and resource gaps, establish priority protocols, and create a strategic and sustainable action plan

- Improve the court and community response to persons with behavioral health disorders through multidisciplinary community collaborations implemented with appropriate resources

- Ensure an inclusive list of stakeholders participate in the mapping workshop

- Use data to define the issues

Sequential Intercept Model/Leading Change

Sequential Intercept Model

Sequential Intercept Model

Figure 1
The Sequential Intercept Model viewed as a series of filters
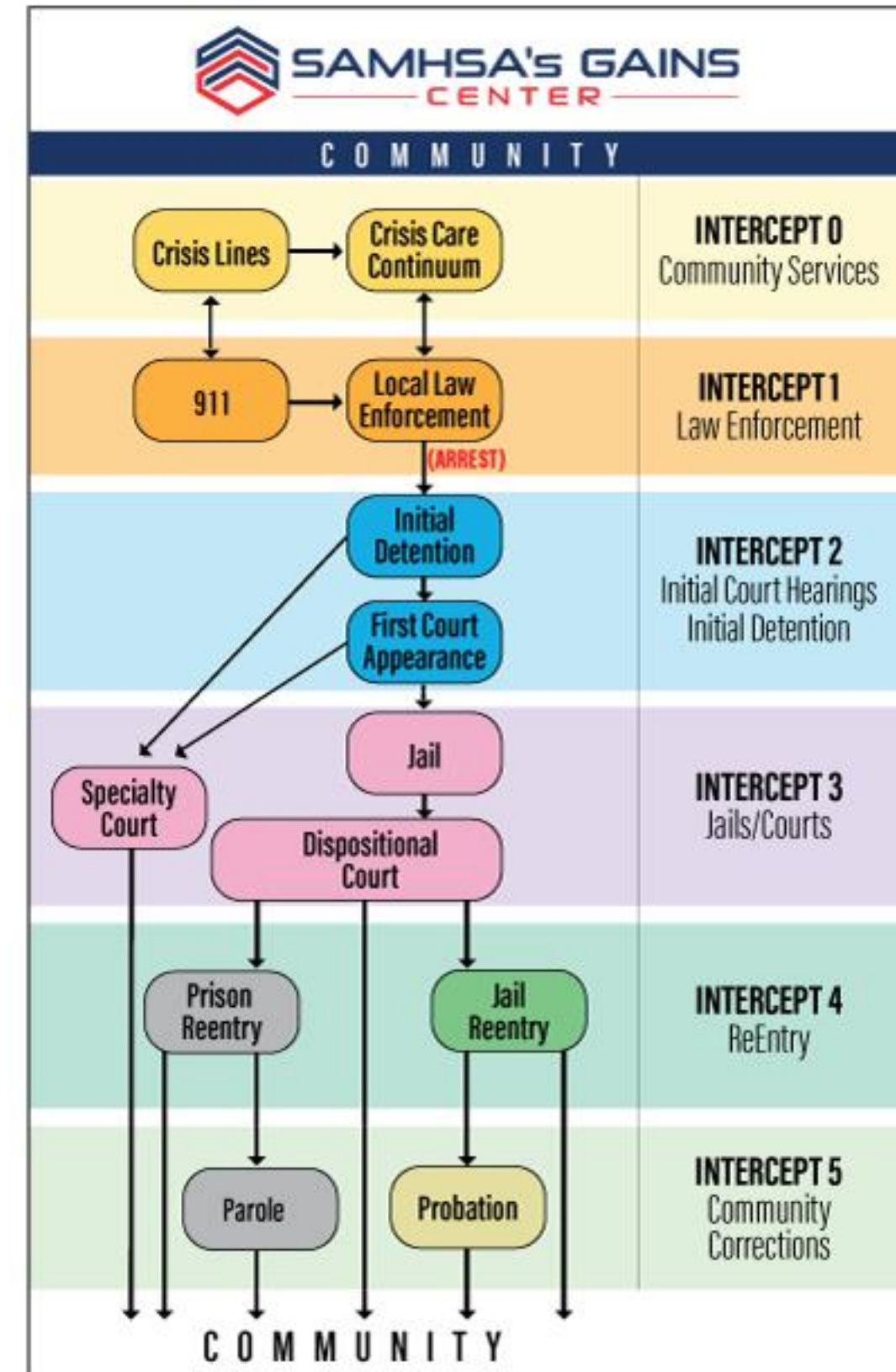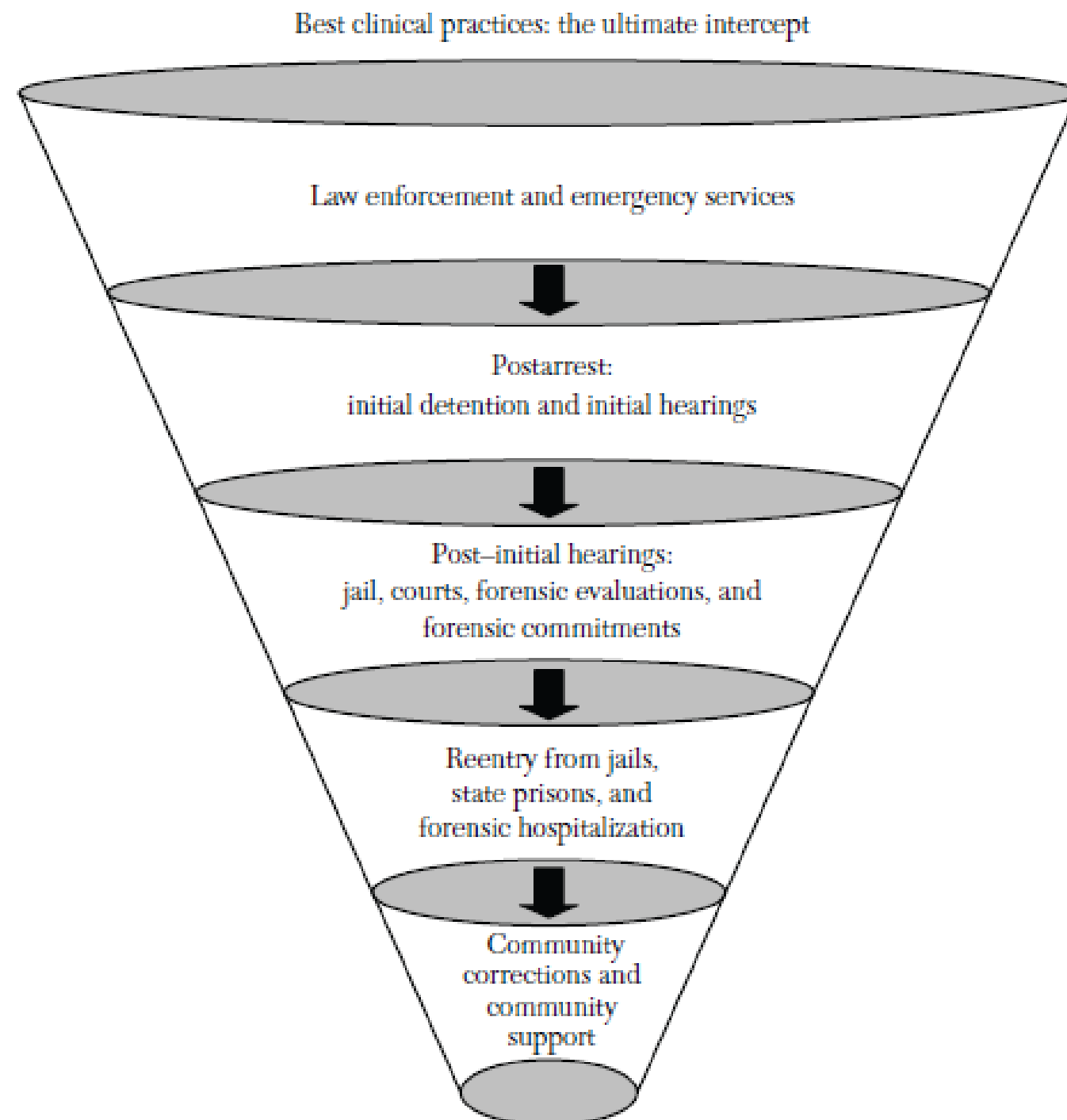
Leading Change: Improving the Court and Community's Response to Mental Health and Co-Occurring Disorders

← Court Leaders →

← Physical & Behavioral Health →

← Pre-Crisis Community Resources →

← Family & Public Outreach →

← Civil Justice →

← Data & Information Sharing →

← New Uses of Technology Across the Intercepts →

| **Intercept 0** Community Services | **Intercept 1** Law Enforcement | **Intercept 2** Initial Detention / Initial Court Hearings | **Intercept 3** Jails / Courts | **Intercept 4** Reentry | **Intercept 5** Community Corrections |

Phases to Effectively Use SIM
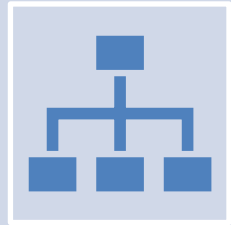
State Leadership Planning, Coordination, and Capacity Building

Training Facilitators to Conduct Local Mapping Workshops

Local Planning and Collaboration, Local Mapping Workshops, Action Planning, and Implementation

State Leadership Planning, Coordination, and Mapping

State Level

- Develop a vision for SIM at a state level with necessary stakeholders to support success through state planning

- Conduct a state mapping to educate state leaders about SIM, ensure all stakeholders are at the table, identify state level initiatives, identify state level resources and gaps, develop a state action plan

- Promote local level mapping and support communities to achieve their action plans

Training Facilitators to Conduct Local Mapping Workshops

What is the role of the facilitator?

A facilitator has a wide range of tasks to perform in order to "make things easier" for people who participate.

CONDUCTOR

CATALYST   COACH
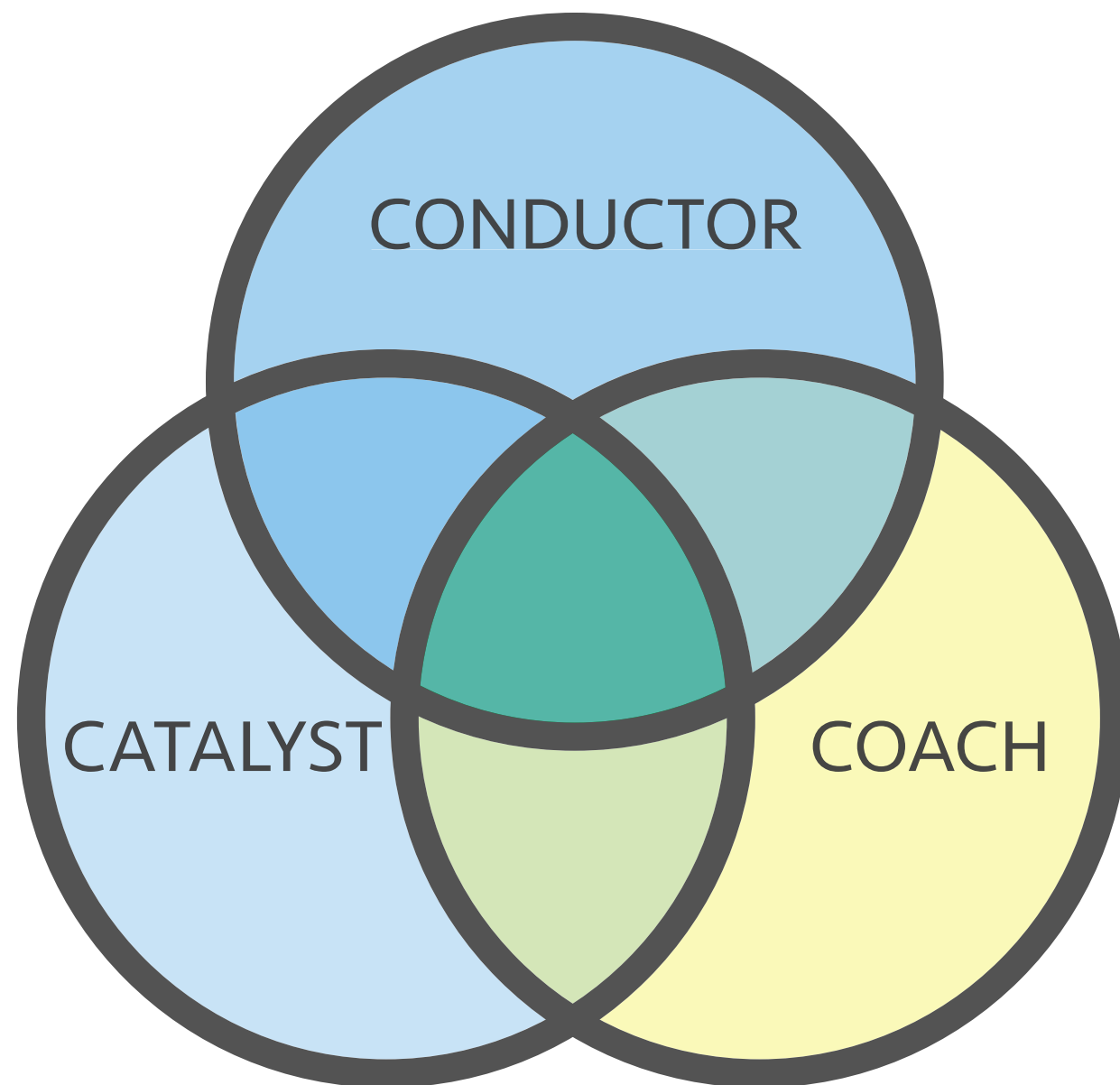
- Support individuals within a group in understanding their common objectives

- Help people collectively move through the process

- Structure conversations and apply appropriate group facilitation techniques to keep discussions effective

- Foster participation and get people to come up with ideas, thoughts, and perspectives that add value

- Get all individuals in the room to feel like they are in a group with a shared interest

What does a facilitator do?

A facilitator is a person who essentially sets all the right coordinates for a meeting or workshop to take place and produce results.

- Design and plan
- Run the process and facilitate the workshop
    - Set the ground rules
    - Encourage participation
    - Facilitate discussions
    - Hold the time and space
    - Keep an eye on the efficiency of the group and adjust the process, if necessary
    - Record results

Facilitator Resources

- Sequential Intercept Model
- Leading Change: Improving the Court and Community's Response to Mental Health and Co-Occurring Disorders
- Leading Change for State Leaders
- Sequential Intercept Model Video
- Guide for Planning and Facilitating Local Mapping Workshops
- Agenda
- Biographies
- List of Participants
- Train the Trainer PowerPoint
- What Makes a Great Facilitator
- Using Data to Understand Community Context
- Homework
- Train the Trainer Evaluation

Facilitator Resources for Local Workshop

- Local Mapping Workshop Checklist
- Planning Meeting PowerPoint
- Local Readiness Assessment
- Community Assessment
- Focus Group Interview Guide
- Workshop Templates
- Workshop Agenda
- Workshop PowerPoint
- Mapping Chart
- Breakout Guides
- Action Planning Template
- Community Map Examples
- Community Mapping Report Examples
- Workshop Survey of Mapping Participants

Local Planning and Collaboration, Local Mapping Workshops, Action Planning, and Implementation

Goals for Local Communities

- Collaboration and coordination to build upon community strengths and partnerships

- Develop and execute a shared vision that improves the court and community response to mental illness and substance use disorders

Local Planning

Develop structure and accountability for the local jurisdiction

- Convene local planning team
- Communicate planning process and roll out for local workshop and assess readiness
- Develop workshop participant list
- Collect data
- Conduct community assessment/survey

- Conduct focus groups
- Conduct workshop
- Develop community map
- Compile and disseminate community mapping report
- Convene regular meetings
- Implement action plan

Local Workshop Planning Tasks and Timeline

4-6 Months

In-Person
- Identify and Secure Judicial Leader
- Identify and Assemble Planning Group
- Take Readiness Assessment
- Set Regular Planning Meetings
- Set Workshop Dates/Location/Food
- Create List of Invitees
- Compile Data
- Identify Focus Groups and Participants
- Deploy Community Assessment Survey
- Create Save the Date

Virtual
- Decide What Technology Platform to Use

3 Months

In-Person
- Send Save the Date
- Compile Results of Community Assessment Survey
- Create Mapping Workshop Invitation
- Schedule Focus Groups

Virtual
- Identify Current Community Collaboration Efforts (Community Assessment Survey)

2 Months

In-Person
- Extend Invitations by Email and Track Registrations
- Send Weekly Reminders
- Continue Compiling Data
- Secure Workshop Speakers
- Develop Media Release

Virtual
- Conduct Focus Groups

1 Month

In-Person
- Monitor RSVPs
- Confirm Location Logistics
- Arrange for Food
- Continue Compiling Data
- Finish Conducting Focus Groups
- Develop Power Point Presentation

Virtual
- Develop Mapping Excel Chart for Virtual Mapping
- Create Initial Map Based on Survey and Focus Groups

1 Week

In-Person
- Send Workshop Reminder with Materials
- Continue to Update Attendee List
- Reconfirm Location and Food
- Visit the Site
- Send out Media Release
- Determine How Materials will be Shared

Virtual
- Send Initial Map to Workshop Participants to Review
- Set Up Breakouts Virtually

2 Days

In-Person
- Create Sign-In Sheets, Name Tags, Table Tents
- Create Mapping Template

Virtual
- Test Virtual Platform With Everyone Presenting, Sharing of Videos and Presentations

Day of Workshop
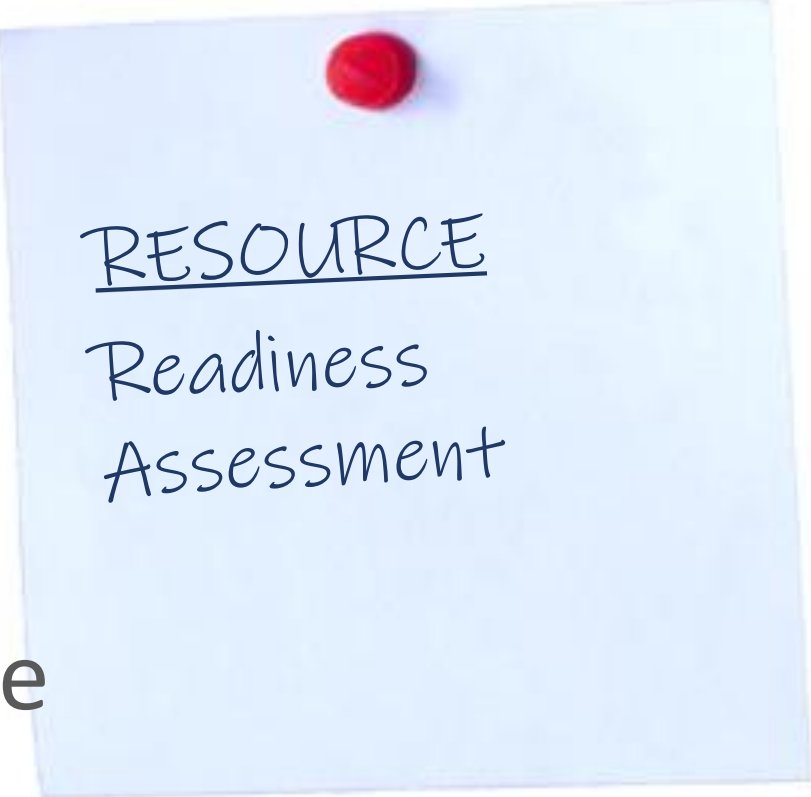
In-Person
- Volunteers for Registration Table
- Volunteers to Manage Room and Food
- Set up Room
- Designated IT Person

Virtual
- Sign On Virtually Early

Readiness Assessments

- Used to identify potential barriers to success, provide the planning teams with opportunities to address barriers, and inform planning

- Completed by local planning team during the planning process

Optimizing Readiness and Capacity

- Are necessary stakeholders at the table?

- How can we leverage the strengths of the community?

- Is there agreed-upon language to define the issue?

- Are there agreed upon targets and goals?

- Is it clear who is responsible for the different elements of the Action Plan?

Compiling Data

The goal of data is to tell a story of what the issue is regarding persons with behavioral health disorders to spur participant conversation and to know where focus should be given.

- Look to list of data indicators and sources provided

- Determine what data is being collected in your state and local jurisdiction and by whom

- Put together data to show national, state and local picture

Stakeholders

Who do we need at the table?
For Planning? For the Workshop?

Considerations

- Number of participants to ensure that everyone's perspectives are heard, opportunity to meaningfully contribute to the process, ideas can be incorporated in a manageable way

- Invite different stakeholders to join the discussion at various stages

- Inclusion throughout the process will foster ownership and ensure sustainability
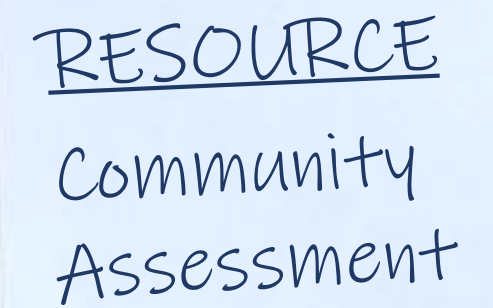
Potential Stakeholders

- Judges
- Court administrators
- Law enforcement (sheriff, local police)
- Bailiffs
- Prosecutors
- County attorneys
- Private counsel
- Public defenders
- Former system-involved individuals and persons with lived experiences
- City council
- County Board and Board of Supervisors members
- School board members and representatives
- Criminal justice commissions or councils
- Legislators
- Family members
- Mental health treatment providers
- Substance use disorder treatment providers
- National Alliance on Mental Illness, local chapter
- Psychiatrists
- Supported employment specialists

- Housing specialists
- Peer and self-advocacy organizations
- Jail administrators
- Domestic violence services
- Mental health hotlines
- Residential unit staff
- Mental health boards
- Jail mental health staff
- Probation and parole officers
- Pre-trial officers
- Disability and physical brain disorder advocates
- Civil commitment personnel
- Mobile crisis units
- Crisis units
- Benefits representatives
- Tribal representatives
- Competency evaluators
- Competency restoration treatment providers
- Disability law groups
- Social security and disability representatives
- Faith-based organizations
- Emergency room personnel

- Emergency medical technicians
- Public advocates and public fiduciaries
- Pediatricians and physicians
- Project coordinator
- Local business leaders
- Local researchers and academics
- Data quality and integrity contacts
- Victim rights advocates
- Guardianship and conservatorship groups
- Food banks
- Transportation services
- Community foundations

Community Assessment

- Used to ascertain the community's level of collaboration and activities and access and availability of services

- Sent electronically to individuals attending the mapping or a more targeted group before the mapping

Focus Groups

People who are knowledgeable

Manageable size groups
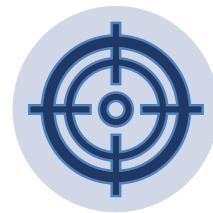
Goal to map process, recourses, and gaps

Conduct Focus Groups

Mapping Workshop

- Welcome and Introductions
- Goals and Ground Rules
- Overview of Sequential Intercept Model/ Leading Change
- Using Data to Understand Community Context
- Map Resources, Gaps, and Process
- Foundation for Setting Priorities
- Identifying Priorities
- Action Planning
- Next Steps and Workshop Wrap-Up

How to Establish Priorities

Define objectives, resources, and timing

Select a handful of priorities to focus your efforts

Identify Stakeholders

Determine Short-Term vs. Long-Term Projects

Break larger solutions into multiple tasks

Identify Urgent vs. Important

Arrange issues in priority order by considering how they relate to one another

- Is there a good understanding of existing services?
- Can there be integration of services or connecting various services?

High impact, Low effort (Quick Wins)

High impact, High effort (Major Projects)

Low impact, Low effort (Low Hanging Fruit)

Low impact, High effort (Lowest Priorities)
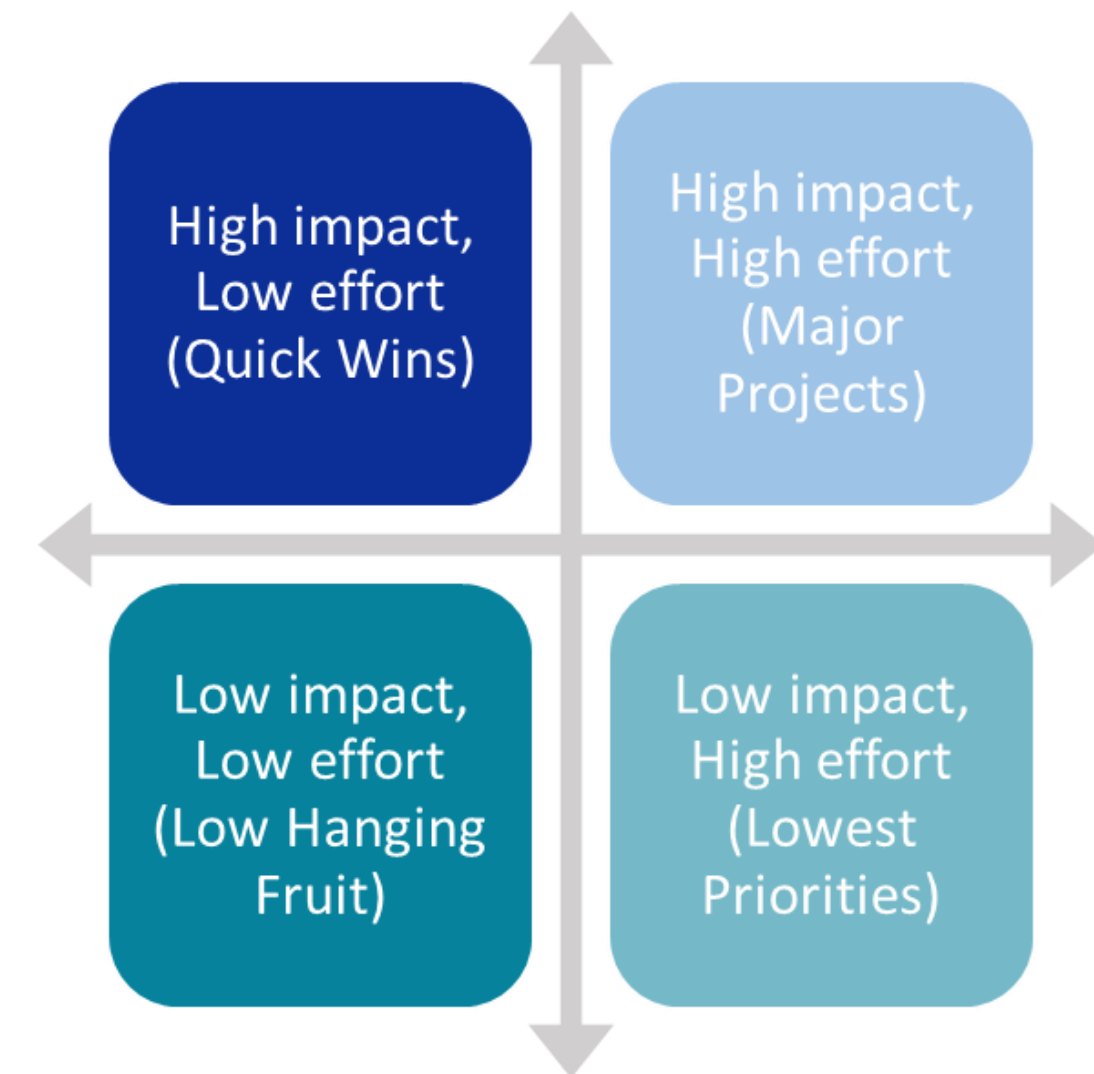
Action Planning

- Break into 5 groups according to priority and give each group a template to record their discussion.

- Ask them to spend time discussing the priority and then dive into breaking each down using the prompts on the template.

- After action planning, bring the groups back together and share the key point of the discussion.

- Elicit input from other groups.

Priority:

Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
What do we want to achieve?	What do we have to do to meet the objective? What are the specific tasks to meet the objective(s)?	What resources are necessary to complete the activity? (People, time, space, equipment, money, access to services)	How much time is required for the activity/task? When can action begin on this activity/task?	Are there any potential barriers to consider?	Who will take the lead? Who should be at the table? Is anyone already engaged in this activity?
s					

How to Sustain the Work

- Keeping the momentum going

- Target low-hanging fruit for quick wins

- Set monthly, yearly, and five-year goals

- Communication Strategy

- Constantly ask "what is next?"

Post Workshop Activities

- Planning team/judge email thanking participants and recapping next steps

- Develop a Community Map

- Develop a Mapping Report

- Send report to designated group for review

- Finalize report

- Work with local planning team and have them disseminate report

- Work with local planning team on an implementation plan

Implementation

Watch for common pitfalls

- Unclear, unrealistic or unobtainable goals

- Lack of leadership – failure to find an invested champion

- Meeting too often or not often enough

- Succumbing to the 'we don't have any resources' syndrome

- Not having the right people at the table

National Implementation Research Network: https://nirn.fpg.unc.edu/

A SELECTION OF IMPLEMENTATION STRATEGIES
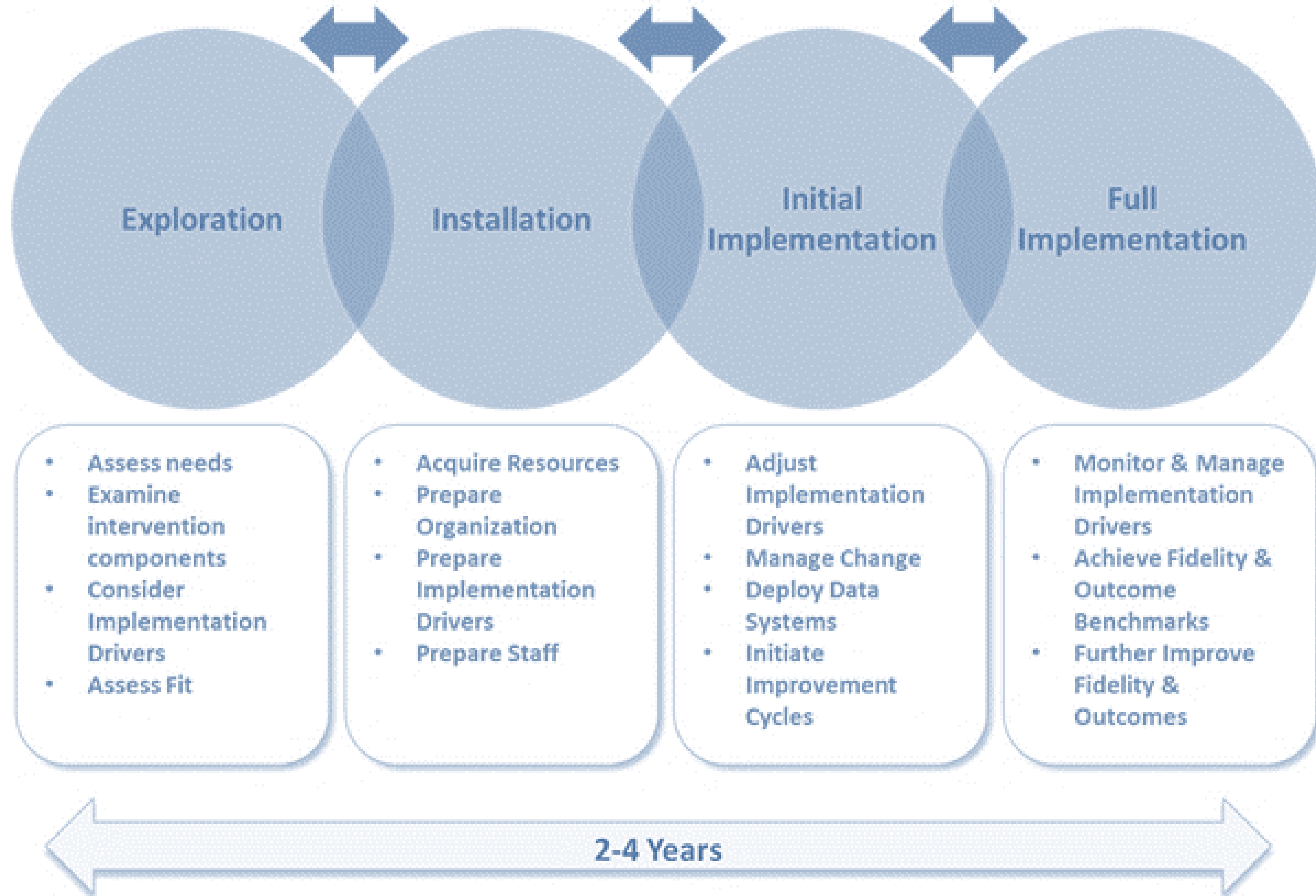
Use evaluative and iterative strategies
- Assess for readiness and identify barriers and facilitators
- Audit and provide feedback
- Purposefully reexamine the implementation

Adapt and tailor to context
- Tailor strategies
- Promote adaptability
- Use data experts

Train and educate stakeholders
- Conduct ongoing training
- Distribute educational materials
- Use train-the trainer techniques

Engage consumers
- Increase demand
- Use mass media
- Involve patients/consumers and family members

Change infrastructure
- Mandate change
- Change record systems
- Change physical structure and equipment

Provide interactive assistance
- Facilitation
- Provide local technical assistance
- Provide clinical supervision

Develop stakeholder interrelationships
- Identify and prepare champions
- Organize clinician implementation team meetings
- Identify early adopters

Support clinicians
- Remind clinicians
- Revise professional roles
- Facilitate relay of clinical data to providers

Utilize financial strategies
- Alter incentive/allowance structures
- Access new funding
- Fund and contract for the clinical innovation

Communicate

Communicate

Communicate
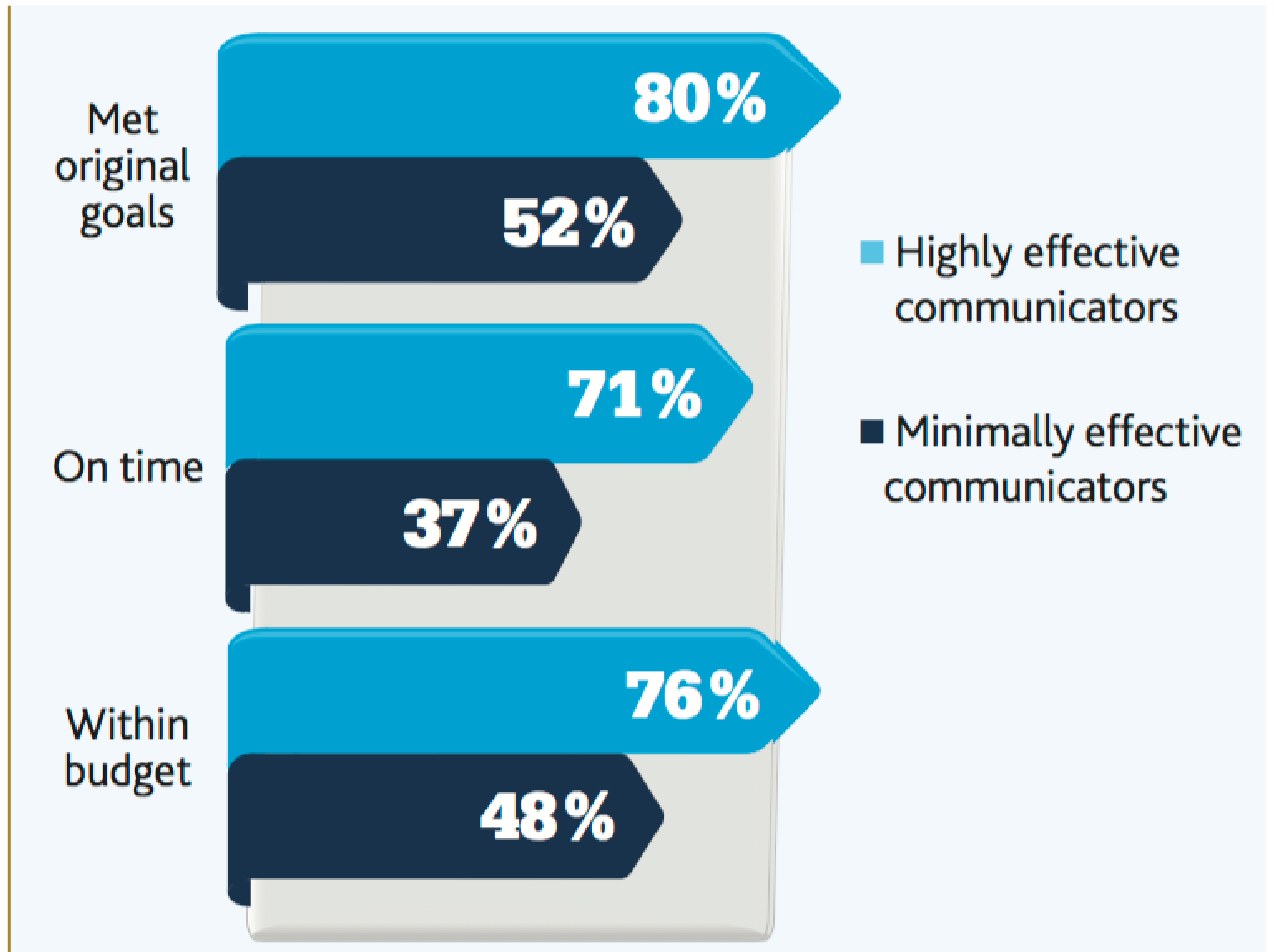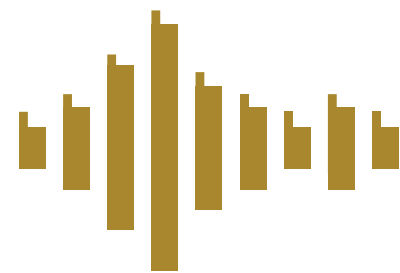
Met original goals — Highly effective communicators: **80%**, Minimally effective communicators: **52%**

On time — Highly effective communicators: **71%**, Minimally effective communicators: **37%**

Within budget — Highly effective communicators: **76%**, Minimally effective communicators: **48%**

Legend:
- Highly effective communicators
- Minimally effective communicators

Source: Project Management Institute, Inc. Pulse of the Pression In-Depth Report: The High Cost of Low Performance: The Essential Role of Communications, May 2013.

Questions

Department for Behavioral Health, Developmental and Intellectual Disabilities
Services and Initiatives for Justice-Involved Adults

Wendy Morris, DBHDID Commissioner
Koleen Slusher, KCPC Facility Director

Presented to: Kentucky Judicial Commission on Mental Health
December 13, 2022

DEPARTMENT VISION AND MISSION

- **Vision:** All Kentuckians have access to quality services and supports to live full and healthy lives.

- **Mission:** To promote health and well-being by facilitating recovery for people whose lives have been affected by mental illness and substance use; supporting people with intellectual or other developmental disabilities; and building resilience for all.

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CABINET FOR HEALTH
AND FAMILY SERVICES

DEPARTMENT RESPONSIBILITY & AUTHORITY

- Designated as Kentucky's mental health, substance abuse treatment/prevention and developmental/intellectual disability authority.

- Responsible for administration of state and federally funded mental health, substance use disorder and development/intellectual disability programs and services throughout the Commonwealth of Kentucky.

- Provide funding, services, technical assistance, and oversight to facilities and community-based programs across the continuum of care and throughout the commonwealth.

- Consult and collaborate across systems using our collective expertise.

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AND FAMILY SERVICES

2022-2023 PRIORITIES

KEY PRIORITY 1

Increase access to behavioral health & intellectual disability services & supports

KEY PRIORITY 2

Improve quality of care in the behavioral health & intellectual disability service delivery system

KEY PRIORITY 3

Reinforce a resilient, inclusive, and equitable organizational culture

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AND FAMILY SERVICES

DEPARTMENT COLLABORATION

Departments within the Cabinet:
- Office of the Secretary
- Public Health
- Medicaid Services
- Community Based Services
- Aging and Independent Living

Other State Agencies:
- Office of Drug Control Policy
- Department of Corrections
- Kentucky Emergency Management
- Kentucky Department of Veterans Affairs
- Administrative Office of the Courts
- Department for Public Advocacy
- Department of Education

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DEPARTMENT FOR BEHAVIORAL HEALTH, DEVELOPMENTAL AND INTELLECTUAL DISABILITIES (BHDID) ORGANIZATIONAL CHART

Office of Autism

Division of Mental Health
- Mental Health Prevention, Promotion and Preparedness Branch
- Children's Mental Health and Recovery Services Branch
- Adult Mental Health and Recovery Services Branch

Division of Substance Use
- Substance Use Treatment and Recovery Services Branch
- Substance Use Prevention and Promotion Branch
- Kentucky Opioid Response Effort (KORE)

Division of Administration and Financial Management
- Financial Management
- Administrative Services

Division of Developmental and Intellectual Disabilities
- SCL Waiver Branch
- Community Supports Branch
- Clinical Services Branch

Division of Program Integrity
- Substance Use Disorder Program Licensure Branch
- Program Support
- Data Analytics

Facilities
- Central State Hospital
- Eastern State Hospital
- Western State Hospital
- Appalachian Regional Hospital Psychiatric Center Hazard
- Kentucky Correctional Psychiatric Center
- Glasgow State Nursing Facility
- Western State Nursing Facility
- Bingham Gardens ICF
- Oakwood ICF
- Outwood ICF
- Hazelwood
- Del Maria ICF
- Meadows ICF
- Windsong ICF

- BHDID employs over 1,300 state and contract staff
- Additional 1,400 staff are employed in BHDID contracted facilities

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DEPARTMENT OVERVIEW: SERVICES

Central Office

Hospitals:
- Appalachian Regional Healthcare
- Central State Hospital
- Eastern State Hospital
- Kentucky Correctional Psychiatric Center
- Western State Hospital

Long Term Care:
- Glasgow State Nursing Facility (GSNF)
- Western State Nursing Facility (WSNF)

Intermediate Care Facilities:
- Bingham Gardens
- Hazelwood (Del Maria, Meadows, Windsong)
- Oakwood
- Outwood

Specialty Clinics:
- Hazelwood Specialty Clinic
- Lee Specialty Clinic
- Oakwood Specialty Clinic

Personal Care Home
- Central Kentucky Recovery Center

Community-Based Residential Substance Abuse Programs:
- Serenity House
- Women's Renaissance Center
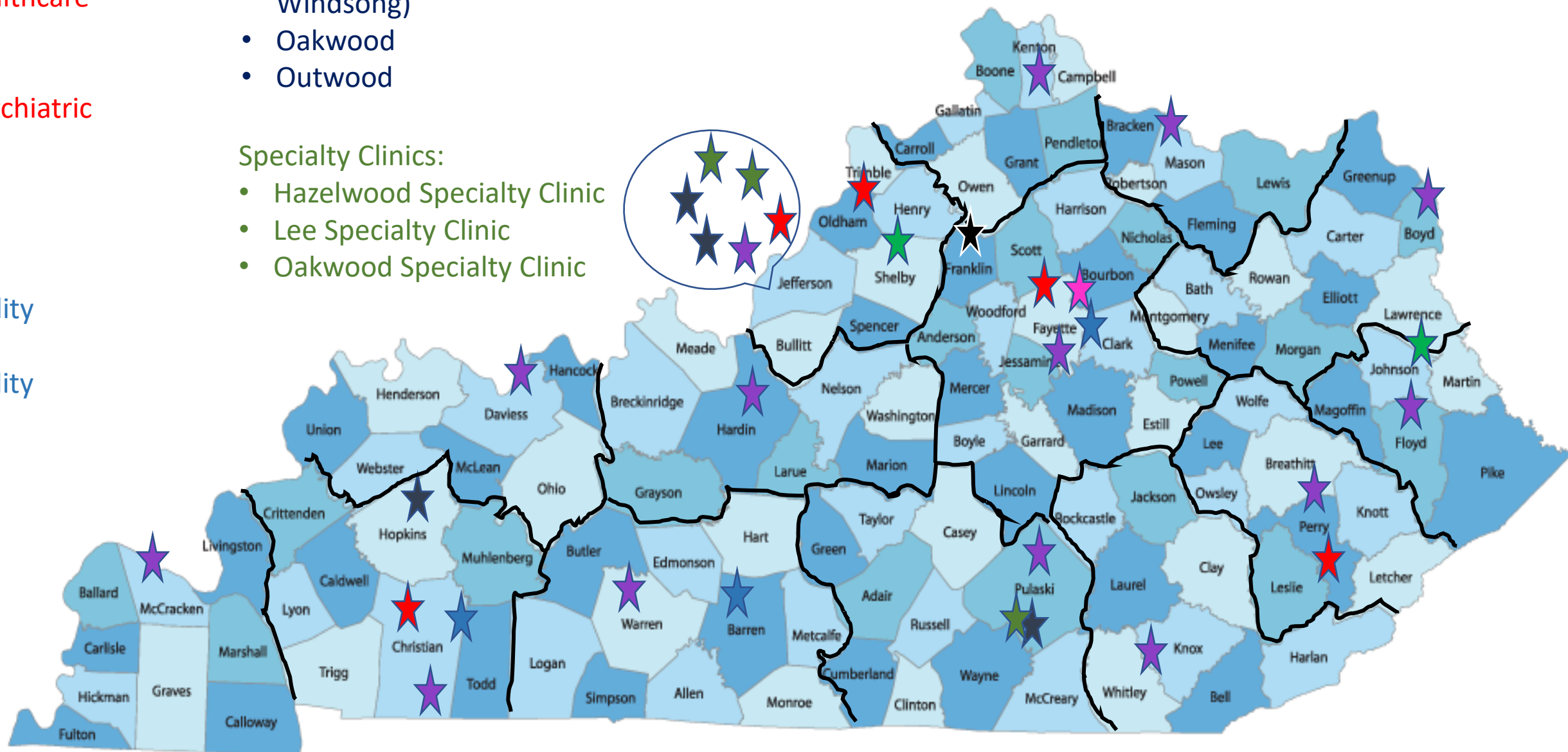
Community Mental Health Centers (CMHC)
- Adanta
- NewVista of the Bluegrass
- Communicare
- Comprehend, Inc.
- Cumberland River
- Four Rivers Behavioral Health
- Kentucky River Community Care
- LifeSkills
- Mountain Comprehensive Care
- NorthKey
- Pathways
- Pennyroyal Regional Center
- RiverValley Behavioral Health
- Centerstone

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Sequential Intercept Model
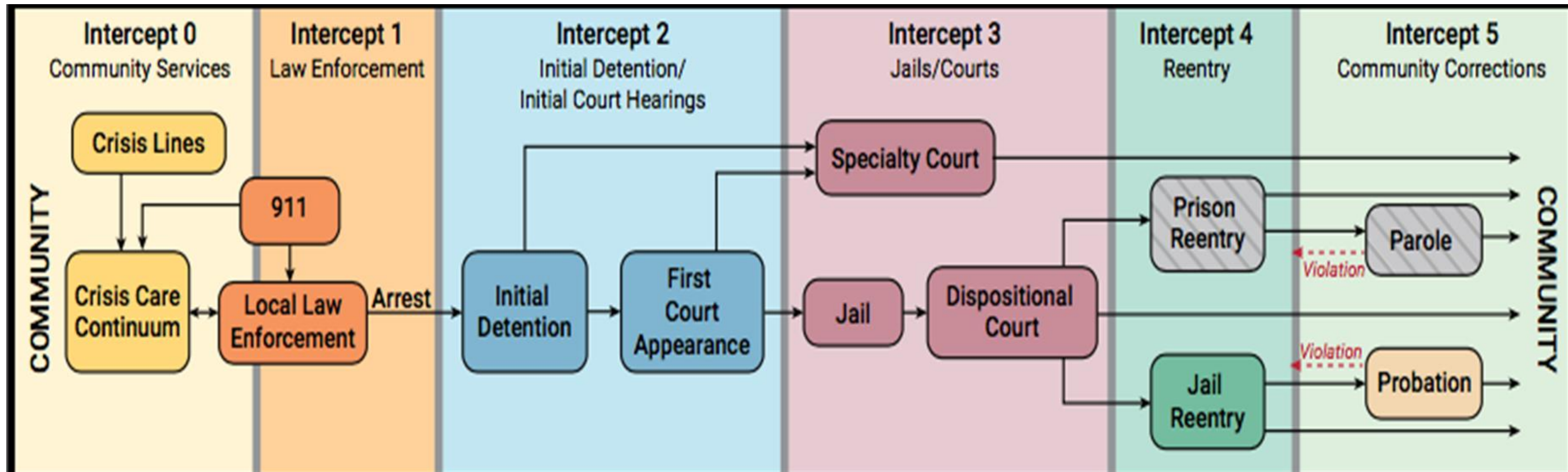
Intercept 0-1

- Prevention, early identification, and early intervention services
- Crisis Services
  - 988 implementation
  - Mobile Crisis
  - Crisis Stabilization Units
- Crisis Intervention Training (CIT) for first responders
- Department of Medicaid working on robust reimbursement strategy for crisis services

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988 Crisis Line

- Live nationwide July 16, 2022
  - Mental health and substance use crises
- Community Mental Health Centers (CMHCs) serve as 988 Call Centers
  - Provide coverage for all 120 counties
  - System built over past 15 years
  - Texting available in some areas
- In-state answer rate: 75% as of October 2022 (goal 90%)
- 18,469 calls answered (Nov. 2021-Oct. 2022)
- 40% increase in calls from June 2022 to July 2022
- 26-second answer rate (Oct. 2022)
- Nearly 400% increase in texts from Kentucky residents (June 2022-Oct. 2022)

Other Crisis Services

- Same day crisis assessments
- Walk-in services
- Telehealth via tablets for first responders (pilot projects)
- Mobile Crisis Grant
  - Goals:
    - Increase and expedite access to treatment; enhance and expand services
    - Create alternative responses for behavioral health crisis (988)
  - Collaborating partner with Department of Medicaid/RFP in progress
- Crisis Stabilization Units
  - 12 units (100 beds) for adults and 7 units (65 beds) for children
- Community Crisis Response Team (KCCRT)
  - Disaster response services

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Crisis Intervention Training

- DBHDID role
  - Coordination of the training program with contractors/agencies

- Basic overview
  - Collaborative
  - Community partnerships
  - Intensive training

- Goals (diversion to treatment)
  - Reduce arrests of those with behavioral health issues
  - Increase likelihood that person in crisis receives mental health treatment

DBHDID forensic services (Intercept 0-3)

- Civil commitments
  - Involuntary hospitalization of person with mental illness (KRS 202A, 202C)
  - Assisted Outpatient Treatment (AOT) aka Tim's Law (KRS 202A)
  - Involuntary admission of person with intellectual disability (KRS 202B)
- Kentucky Psychiatric Correctional Facility
  - Competency evaluation (KRS 504.080)
  - Criminal responsibility (KRS 504.070)
  - Competency restoration and treatment (KRS 504.110)
- Jail triage
- SB 90 implementation team

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KRS 202A

- Four state-designated inpatient psychiatric hospitals
  - ARH, CSH, ESH, WSH
  - Locked, but not forensically secure
  - Licensed and accredited
- Daily census approximately 400
- Average length of stay 11-18 days
- Single portal of entry
- CMHC referral for outpatient care

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Assisted Outpatient Treatment (AOT)

- Embedded in KRS 202A (aka Tim's Law)
  - 47 states have similar laws
- Access limited by funding
  - Pilot in CSH and WSH
  - General Fund allocation for ARH and ESH
- Evidence-based
  - Treatment Advocacy Center (TAC)
- Research indicates outcomes include decreased arrest rates, hospitalizations, incarcerations, homelessness, and substance use

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KRS 202B

- Intermediate Care Facilities (ICFs)
  - Bingham Gardens, Hazelwood, Oakwood and Outwood
- Moderate and severe intellectual disabilities
  - Vulnerable population
- Not locked; home-like environment
- Service gap exists for those dually diagnosed with serious mental illness (SMI) and intellectual disability
- Olmstead Decision (U.S. Supreme Court, 1999)

KRS 202C

- Signed into law by Governor Andy Beshear on April 1, 2021
- Civil commitment process for individuals charged with a qualifying offense who have been found incompetent to stand trial
- Kentucky Correctional Psychiatric Center (KCPC) is the only designated forensic facility
  - Two patients committed under KRS 202C
  - Four cases currently pending

Kentucky Correctional Psychiatric Center (KCPC)

Licensed psychiatric hospital

- Serves forensic patients; ***only state-designated forensic facility***
- All patients are pre-trial; have not been tried or convicted of crime
- Patients have reported symptoms or history of behavioral health disorder
- Judge orders patient with alleged felony offense to facility for evaluation, treatment, and/or restoration

Located within Luther Luckett Correctional Complex (LLCC)

- LLCC houses prisoners who have been convicted of a crime and are serving their sentence

KCPC patients and LLCC prisoners are housed in separate buildings

- Do not co-mingle or interact
- No shared staff

Forensic Evaluations & Services

- Evaluations
  - Competency determination
  - Criminal responsibility determination
  - Atkins evaluation

- Services
  - Competency restoration

- Back log creating barrier

- Telehealth is a solution that is working

Jail Triage

- Statewide, centralized number
- Assesses substance use, withdrawal risk, suicide risk level, active mental health symptoms
- Makes referrals for follow-up care
- Provides counsel to jails on level of supervision needed for inmates presenting with suicidal ideation
- Local CMHC notified when more in-depth assessment or treatment services needed
- 19,988 triages completed in FY22

SB 90 Implementation Team

- Bipartisan legislation passed in 2022 regular session to eliminate barriers and expand access to behavioral health treatment

- Behavioral Health Conditional Dismissal Program
  - Pilot to be established in 11 counties; go live in first two counties January 2023
  - Eligible individuals diverted to substance use and mental health treatment

- DBHDID Implementation Support
  - Chair for Treatment and Recovery Services Workgroup
  - Develop list of approved assessors & assessment process
  - Administer Trust Fund ($10.5M annually)
  - Treatment provider data collection

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Intercept 4 & 5: Re-Entry Services

- Kentucky Opioid Response Effort (KORE)
  - Jail re-entry care coordination
  - Re-entry employment support
- Division of Mental Health
  - Contract with Seven Counties Services to provide in-reach services to prison facilities in Kentucky
  - Since mid-2020, work has lapsed to avoid spread of COVID-19 (restricted access of outside personnel)
  - DBHDID, Department of Corrections, SCS in process of program revitalization
- Department of Medicaid
  - Exploring 1115 waiver for those transitioning from prison to community

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Building DBHDID's forensic infrastructure

- Development of Forensic Branch within Division of Mental Health
- Workforce development
  - University lectures
  - Clinical rotations at KCPC
  - New job classes: Mental Health Counselors and Direct Support Specialists
- KY Board of Nursing Forensic Workgroup
- Alignment with national practices including outpatient evaluation processes
- Contract with CMHCs for needed community services
  - Forensic assertive community treatment (ACT) teams
  - Exploration of community-based restoration models
- Increase capacity and close service gaps
  - Replacement facility for KCPC
  - New licensure categories (co-occurring SMI and IDD)

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Certified Community Behavioral Health Clinics (CCBHC)

- Meet stringent quality criteria regarding timeliness of access, quality reporting, staffing and coordination of social services, criminal justice and education systems

- Receive funding to support the real costs of expanding services to fully meet the need for care in their communities

- Ensure access to integrated evidence-based addiction and mental health services regardless of individual's ability to pay

KY CCBHC Demonstration: Update

Progress

- Began on 1/1/2022
- 4 agencies are certified and fully operational
  - NorthKey, Seven Counties, Pathways, and New Vista
- Current provisional certification expires 12/31/22
- Onsite monitoring to assess progress and compliance to ensure extension of provisional certification until 6/30/23

Outcomes

- First year data available in 2nd quarter of 2023
- Increase in numbers served and number of services provided
- Enhanced relationship with courts and law enforcement
- All report cohesive relationships with drug courts and have expanded IOP services

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CCBHC Demonstration: Notable Accomplishments

- Integration of **Peer Support Specialists in the courtroom** in Elliott, Greenup, Rowan and Montgomery counties

- Provide **consultants to the mental health court**s, attending staffing and court, working to ensure the clients at mental health court are not encountering barriers to care

- CCBHC emergency services staff work closely with area police and sheriff's departments to provide **mobile crisis assessments** and services and divert clients to least restrictive levels of care

- CCBHC provides **Seeking Safety groups** to approximately 30 incarcerated individuals at the Carroll County Detention Center

- Provides **case management/reentry** for approximately 15 individuals at the Grant County Detention Center

- Began planning and implementation of the **Multidisciplinary Reentry Recovery Team (MRRT)** in the Northern KY region for individuals released from incarceration who are pending evaluation for behavioral health services

- Completed 455 **behavioral health evaluations** on individuals incarcerated in Kenton County Jail for minor drug-related charges

- **Care Coordinators** attend Drug Court in Owen and Carroll Counties two times per month, in Campbell County weekly, and in Boone County weekly

- Veteran and Drug Court clients are engaged in a variety of **services such as individual and group therapy, substance use groups, medication management, and medication for opioid use disorders** (MOUD)

- Conducted 104 **Mental Health Court evaluations** since January 1, 2022 in the Northern KY region

- Provided **on-site crisis evaluations** in a juvenile detention center since January 1, 2022 in the Northern KY region

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Thank You

Closing Remarks

Justice Debra Hembree Lambert, Kentucky Supreme Court

- Recap on Next Steps

- Next Meeting Date: March 23, 2023

KENTUCKY JUDICIAL COMMISSION ON
MENTAL HEALTH

Contact Information

Email: JCMH@kycourts.net

Webpage: https://kycourts.gov/KJCMH