TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

Behavioral Health Technical Advisory Committee

Statewide Behavioral Health Needs Assessment

Draft- For Discussion Purposes

January 22, 2025

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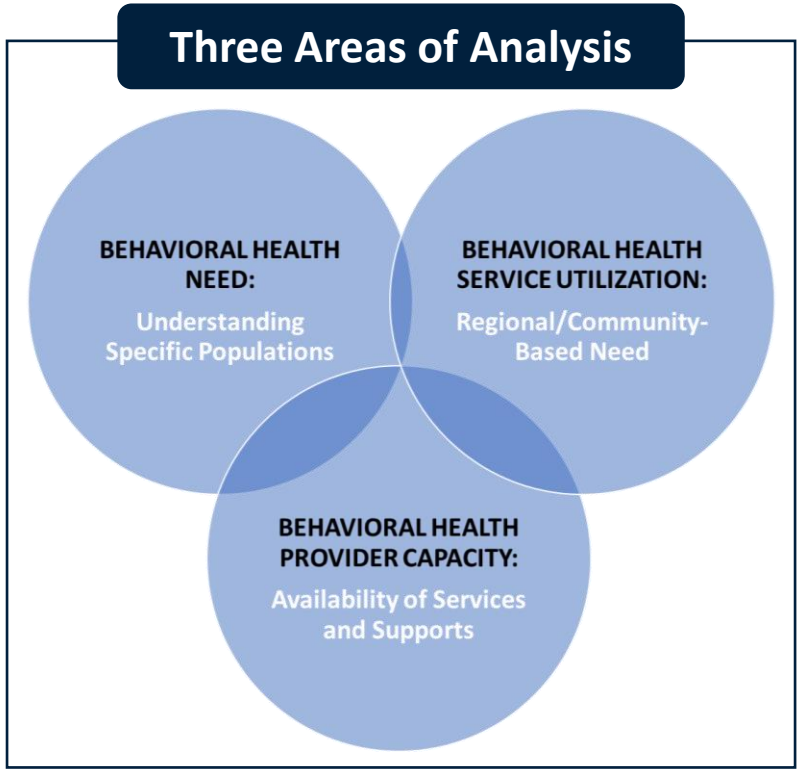
Introduction

Purpose and Methodology

Purpose of the Needs Assessment

- **Goals of the Behavioral Health Needs Assessment:**
  - To comprehensively identify and understand the behavioral health needs of the state's population, including mental health and substance use disorder services.
  - Identify gaps and inefficiencies in the current system.
- **Findings of the Behavioral Health Needs Assessment can be used to:**
  - Inform policy and program development (e.g. feasibility and sustainability study for the Kentucky Certified Community Behavioral Health Clinic (CCBHC) Initiative).
  - Improve access to and availability of behavioral health services.
  - Enhance service quality and outcomes.
  - Promote equity.



Methodology – Timeline 8/2023 through 8/2024

01 BH Collaborative Workgroup

Monthly, multidisciplinary group provided oversight and decision-making to guide methods and inputs.

02 Research Questions

Developed a set of specific research questions to determine the most pressing BH issues and profiled populations with unmet needs.

03 Resource Mapping

Reviewed existing behavioral health services, workforce, and resources, including numerous system-wide initiatives.

04 Research

Conducted research of best practices regarding BH system expansion and modernization and population health statistics to illustrate needs.

05 Data Collection

Gathered quantitative and qualitative data from a diverse group of state and community partners.

06 Data Analysis

Analyzed state and national data to identify trends, patterns, and disparities in behavioral health needs.

Methodology

Conducted a literature review of over 120 documents.

Analyzed nine public and state data sources to understand need, utilization of services, and gaps.

Created 12 separate population specific profiles.

Engaged with 63 individuals across 53 organizations through interviews, focus groups, and questionnaires.

Received 351 completed responses to the behavioral health and primary care provider survey.

BEHAVIORAL HEALTH PROVIDERS

Including diverse representation across settings and levels of care

HEALTH PLANS

Aetna; Anthem; Humana; Molina; UnitedHealthcare; Wellcare

STATE AGENCIES

Department for Medicaid Services; Department for Behavioral Health, Developmental and Intellectual Disabilities; Department for Community Based Services; Department for Aging and Independent Living; Department of Education; Office of Drug Control Policy; Administrative Office of the Courts; Department for Public Health

ASSOCIATIONS

Advocacy Groups and Professional Organizations

PRIMARY CARE PROVIDERS

Including but not limited to representation from Federally Qualified Health Centers and Rural Health Clinics

COMMUNITY SUPPORTS

Child Welfare; Justice Involved; Veterans Services; Community-Based Organization

LIVED EXPERIENCE

Individuals and Caregivers, Peer Support, Advocates

Research Findings

Kentucky's Behavioral Health Status

Research Findings Key Behavioral Health Statistics

01 **Kentucky has higher rates of depressive disorder and mentally unhealthy days than national averages.**

02 **29% of HS students reported poor mental health and 40% reported persistent feelings of sadness or hopelessness.[2]**

03 **Suicide is the 2nd leading cause of death for Kentuckians ages 10-34.[3]**

04 **Kentucky ranks 7th highest in the nation for overdose-related deaths.[4]**

05 **5% of Kentucky adults have been diagnosed with an AUD, and 7.5% have been diagnosed with SUD.[6]**

1- Kentucky Cabinet for Health and Family Services (CHFS). Kentucky Area Development District (ADD) Profiles, Kentucky Behavioral Health Risk Factor Survey (KyBRFS). 2021
2- Kentucky Department of Education. Youth Risk Behavior Survey (YRBS) 2023.
3- Centers For Disease Control and Prevention. Suicide Mortality By State.
4- Centers for Disease Control and Prevention. National Center for Health Statistics. Drug Overdose Mortality By State. March 1, 2022.
5- Mental Health America. State of Mental Health In America 2023 Report.
6- Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral Health Barometer Kentucky, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance use Treatment Services. 2020

Research Findings

06 In 2023, Kentucky ranked 36th in the nation for higher than average rates of mental illness and lower rates of access to care for youth.[1]

07 In 2023, Kentucky ranked as one of the lowest states for youth mental health treatment, with 74.7% of youths with major depression not receiving care, compared to the national average of 59.8%.[2]

08 In 2020, 119 of the 6,146 veteran suicides nationwide were Kentucky veterans. Kentucky veterans' rate of suicide is 41.3 compared to the total rate at 22.4 per 100,000.[3]

09 59% Kentucky's youth identifying as transgender or nonbinary reported seriously considering suicide.[4]

10 12.2% of Kentucky adults aged 65 and older have frequent mental distress, and there are 19.6 suicides per 100,000 adults aged 65 and older.[5]

1- Mental Health America Ranking the States 2024.
2- The State of Mental Health in America, 2023. Mental Health America. 2022. April 2023.
3- Kentucky Lantern, Kentucky Loses More than 100 Veterans to Suicide Each Year. Lawmakers Hear a Plea for Help. Patrick M. July 3, 2023.
4- Kentucky Incentives for Prevention, Youth Gender Identity and Behavioral Health in Kentucky. July 26, 2023.
5- America's Health Rankings, 2024 Senior Report, State Summaries: Kentucky. 2024.

Research Findings

11 Over 50% of those with Medicaid and Other Government coverage reported experiencing 1-13 days of poor mental health in the last 30 days.[1]

12 Eastern Kentucky had the highest proportion of adults reporting poor mental health, with several CMHC regions averaging over 20%. (Region 8 – 20.0%, Region 9/10 – 20.1%, Region 12 – 25.7%, Region 13 – 22.6%.)[1]

13 Eastern Kentucky regions had the highest rates of behavioral health-related ED visits in 2023.[2]

14 Southeastern Kentucky/Appalachia have the highest needs related to safety-net populations based on income, insurance status, geography, and English proficiency.[3]

15 Breathitt, Owsley, Lee, Estill, Powell, and Menifee Counties had the highest overdose death rates.[4]

16 Suicide and self-inflicted injury death rates were highest in Carlisle and Hickman counties.[5]

1- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (BRFSS)
2- Kentucky Hospital Association Emergency Department Utilization Data.
3- American Community Survey, 2018-2022
4- Kentucky Overdose Fatality Report 2023.
5- Kentucky Environmental Public Health Tracking. Health Indicator Report of Suicide Death

Data Analysis Findings: Medicaid Utilization

Over the five years studied, Kentucky has seen growth in the two lower intensity settings, partial hospitalization and outpatient.

Inpatient has also grown, though not as substantially.

Residential treatment, including short-term stays covered by managed care organizations, remains relatively constant.

Access to lower intensity settings has expanded for Medicaid members; however, behavioral health utilization has also risen overall, and higher intensity settings have not seen a substantial decrease in utilization.

Count of Medicaid Claims for Behavioral Health Provider Types
Source: Data provided by CHFS.

Service	FY2019	FY2020	FY2021	FY2022	FY2023
Inpatient Hospitalization	21,974	24,421	26,178	25,162	28,026
Residential Treatment	32,691	31,907	33,059	34,236	30,726
Partial Hospitalization	-	-	-	372	43,941
Outpatient	4,648,040	5,284,621	6,388,339	8,235,469	9,967,020

Data Analysis Findings: Medicaid Utilization

There has been a 28% increase in outpatient providers during the five years studied.

Growth in higher intensity providers was not nearly as great, with only one new inpatient hospitalization provider during the period studied, and only a net increase of one residential treatment provider.

Number of providers of residential treatment, including short-term stays covered by managed care organizations, remains relatively constant.

There are no partial hospitalization providers reported in 2022 or 2023 to match the utilization.

Count of Medicaid Providers for Behavioral Health Provider Types

Source: Data provided by CHFS.

Service	FY2019	FY2020	FY2021	FY2022	FY2023
Inpatient Hospitalization	15	15	15	15	16
Residential Treatment	27	26	26	28	28
Partial Hospitalization	-	-	-	-	-
Outpatient	1,037	1,134	1,199	1,287	1,323

Data Analysis Findings: Medicaid Utilization

Outpatient mental health and SUD services appear to be concentrated in the southeastern and western portions of the state.

Residential treatment services are provided primarily in the northern and south-central portions of Kentucky. Residential services are absent in several counties and limited in the eastern region of Kentucky.

Inpatient mental health and SUD services are largely concentrated in the northern and central regions of the state.

The difference in inpatient and outpatient utilization between regions may be in part due to availability in more urban areas of other providers not classified in this analysis, while specific mental health outpatient providers are utilized in rural regions.

2023 Claims per Thousand Members by Provider Type and Region

Source: Data provided by CHFS.

Region	Outpatient	Residential Treatment	Inpatient Hospitalization
Region 01 – Four Rivers	661	5	10
Region 02 – Pennyroyal	325	11	15
Region 03 – River Valley	557	23	14
Region 04 – LifeSkills	252	3	17
Region 05 – Communicare	52	8	20
Region 06 – Seven Counties	4	18	15
Region 07 – NorthKey	3	31	30
Region 08 – Comprehend	498	12	10
Region 09/10 – Pathways	330	4	13
Region 11 – Mountain	823	2	14
Region 12 – Kentucky River	1,803	0	13
Region 13 – Cumberland	308	1	10
Region 14 – Adanta	189	19	14
Region 15 – New Vista	60	7	21
Statewide	263	12	17

Data Analysis Findings: Provider Evaluation

The most populous regions of the state have the most behavioral health providers. Areas with populations of greater need have providers that are more geographically sparse.

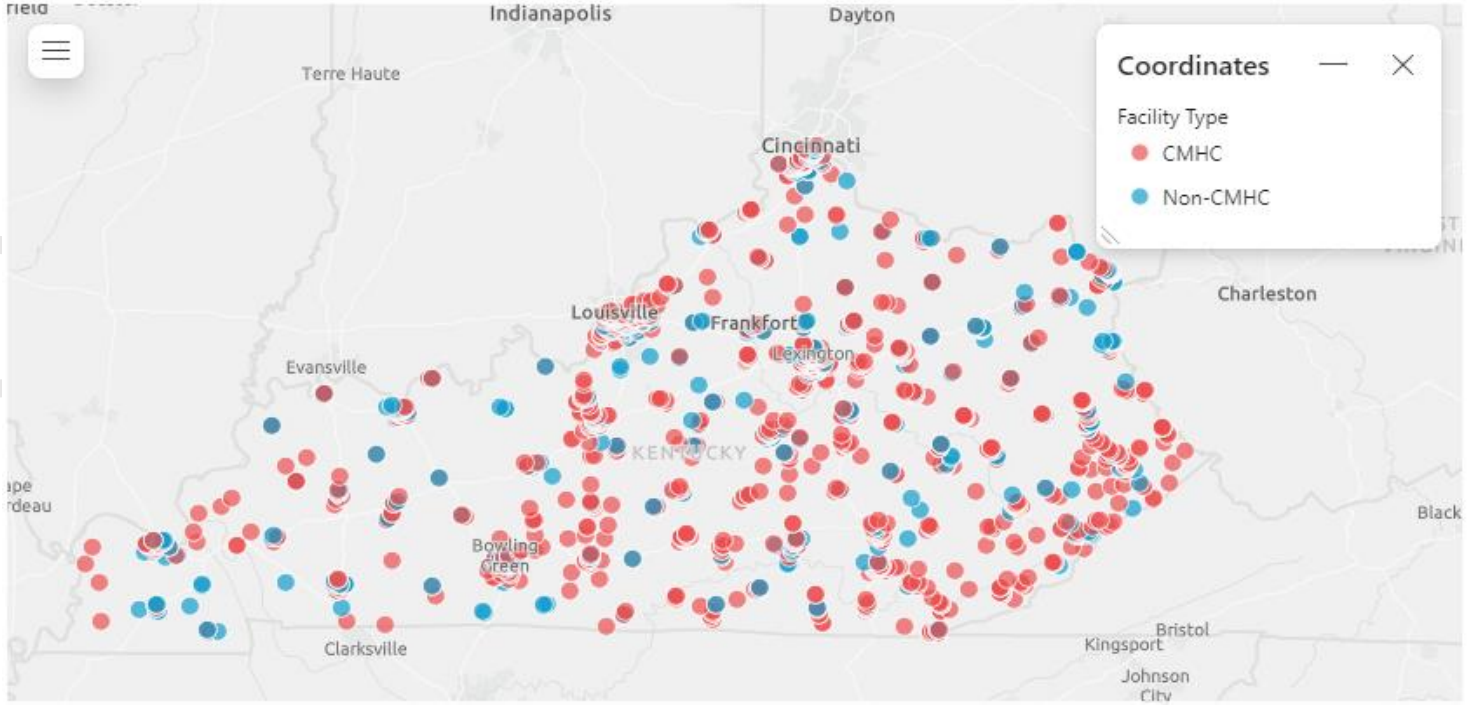
The central eastern region, namely Breathitt, Owsley, Lee, Estill, Powell, Menifee which have disproportionately high rates of deaths due to overdose, have relatively few providers.

Western counties, namely Hickman, Carlisle, and Union, which have higher rates of suicide and self-inflicted injury deaths, have relatively few providers.

Counties with lower safety net scores, namely Meade, Hancock, and McLean, also have fewer providers.

Locations of Behavioral Health Providers

Source: SAMHSA, 2022



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Data Analysis Findings: Provider Evaluation

While many regions have BHSO and CMHC providers available, they are rare in smaller regions.

Overall, providers are generally available in urban regions compared to rural regions. Some rural regions, most notably Region 08, are entirely lacking in certain service providers.

Due to the geographic isolation of some of these regions and potential lack of access to transportation to other regions, service needs in areas such as Regions 1, 4, and 8, may be unmet.

Key Providers by Region – BHSOs and CMHCs

Region	BHSO	Per 1,000 Members	CMHC	Per 1,000 Members
Region 01 – Four Rivers	7	0.10	1	0.01
Region 02 – Pennyroyal	5	0.07	0	-
Region 03 – RiverValley	5	0.06	2	0.03
Region 04 – LifeSkills	10	0.08	2	0.02
Region 05 – Communicare	21	0.21	1	0.01
Region 06 – Seven Counties	54	0.15	10	0.03
Region 07 – NorthKey	29	0.23	1	0.01
Region 08 – Comprehend	0	-	2	0.08
Region 09/10 – Pathways	20	0.21	1	0.01
Region 11 – Mountain	21	0.29	5	0.07
Region 12 – Kentucky River	15	0.25	11	0.18
Region 13 – Cumberland	12	0.09	1	0.01
Region 14 – Adanta	23	0.22	1	0.01
Region 15 – New Vista	83	0.30	1	0.00

Partner Engagement Findings

Strengths and Challenges identified by state and community partners.

Partner Engagement Findings

- **Partner-Identified Strengths**

01 Targeted Task Forces, Committees, and Councils

- Statewide inter-department and inter-agency learning collaboratives and public/private groups focusing on racial equity, quality and system improvements, implementation of best-practices and evidence-based practices, and outcomes measurement.

02 Regional Programs and Health Care Integration Efforts

- Kentucky has 14 Community Mental Health Centers (CMHCs) that provide community-based services to those with mental health, intellectual, or developmental disabilities, and/or substance use service needs.
- Certified Community Behavioral Health Clinics promote physical, behavioral, and community health integration. Kentucky has 4 certified CCBHCs and is continuing to expand.
- Integration models being employed in Federally Qualified Health Centers (FQHCs), rural health clinics (RHCs), DPH programs, and expanded school-based services. Models are being evaluated by DBHDID to support continued expansion.

Partner Engagement Findings

- **Partner-Identified Strengths**

03 Medicaid Expansion and Allowances

- Medicaid and CHIP expansion and increased enrollment.
- Increased peer support programs and reimbursement and expanded telehealth.

04 Continuum Enhancements

- Co-response programs, 988 call centers, mobile response and stabilization services (MRSS) for children, bolstering emergency medical services, and crisis call diversion.

05 Investments to Address the Opioid Epidemic

- Kentucky Overdose Response Effort (KORE), Kentucky FindHelpNow.org, harm reduction programs, Bridge Clinics, and in-home therapy programs like Kentucky Strengthening Ties and Empowering Patients (KSTEP) services. KSTEP is an evidence-informed program that serves families who have been affected by substance use and are involved with the child welfare system.

Partner Engagement Findings

- **Partner-Identified Strengths**

06 Innovative Funding Programs

- State initiatives in Medicaid for 1115 waiver and 1915(i) state plan amendments (SPAs) to increase funding to support justice-involved population and adults with severe mental illness and substance use disorder.
- Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act funding, which focused on pregnant/postpartum women, infants with neonatal opioid exposure, and women receiving medication assisted therapy.

07 Focused Initiatives

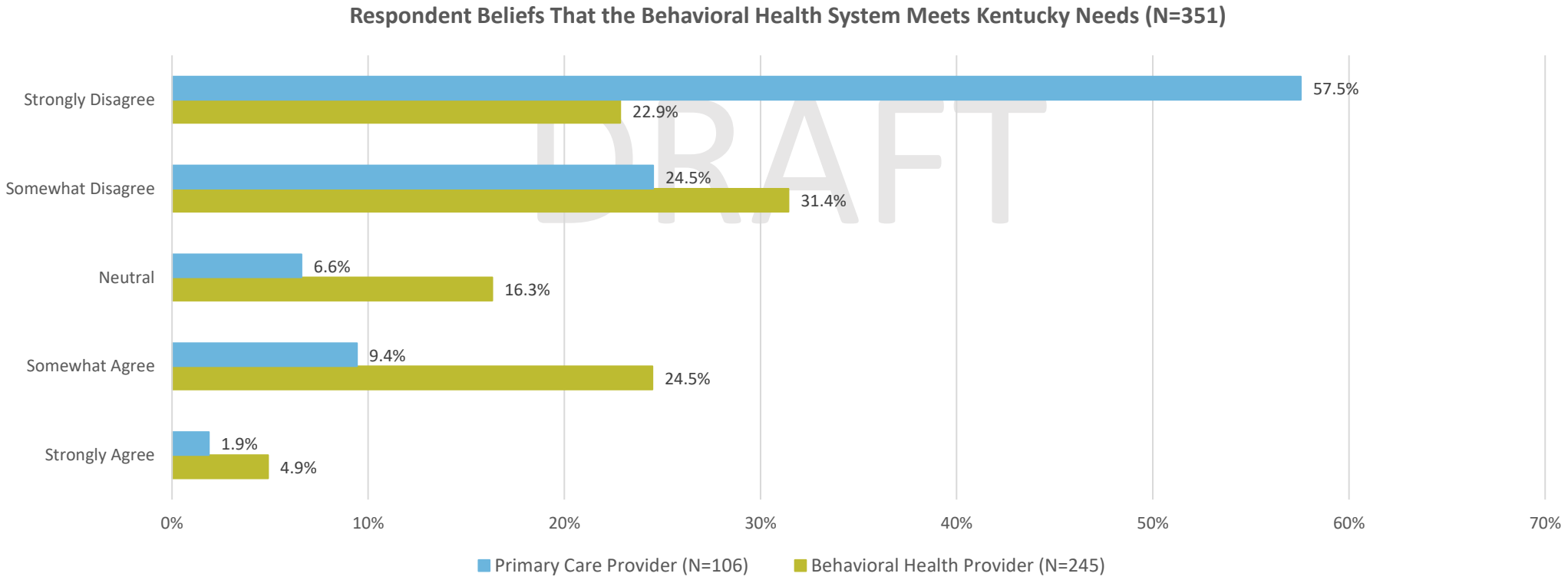
- Behavioral health workforce development efforts, Multisystemic Therapy Pilot Program, and justice diversion to treatment.

08 Efforts to Address Health Equity

- Cross-agency, coordinated efforts exist across CHFS to address health equity.

Partner Engagement Findings

- **Partner-Identified Challenges**
  - Behavioral health and primary care providers do not believe the behavioral health system is meeting the needs of Kentuckians.



Partner Engagement Findings

- **Partner-Identified Challenges**
  - Population groups least likely to receive behavioral health services and supports (survey data).

Behavioral Health Provider Responses	Primary Care Provider Responses
Age Group	
• Adults aged 65+ (55.9%)	• Adolescents aged 13-19 (59.4%)
Population Group	
• Individuals not insured or underinsured (49.0%)	• Individuals not insured or underinsured (56.6%)
Racial/Ethnic Group	
• Black or African American (76.3%)	• Latino or Hispanic (80.2%)

Partner Engagement Findings

- **Partner-Identified Challenges**

01 Reimbursement and Funding

- Low rates, low network coverage, and reimbursement issues reduce the availability of necessary clinical services and community programs, and contribute to workforce shortages, burnout, and turnover.

02 Provider Workforce Shortages

- Workforce shortages are especially prevalent and challenging in rural areas.
- May lead to longer wait times; overreliance on peer supports, advance practice registered nurses (APRNs), and mid-level professionals which may lead to misdiagnoses; and over-utilization of non-clinical/high intensity services.

03 Managed Care Participation

- Providers underscore that participation with six managed care organizations (MCOs), Medicaid, and private insurances, each with different policies and procedures, is highly burdensome.

Partner Engagement Findings

- **Partner-Identified Challenges**

04 Gaps in Behavioral Healthcare and Related Services

- Prevention and recovery programs are critical to sustained improvements in patient outcomes; however, there are limited options, especially for housing and other recovery supports, comprehensive eating disorder treatment, and services focused on children and youth.

05 Fragmentation and Limited Care Coordination

- Privacy concerns, time constraints, administrative burden, and lack of data sharing are all factors that limit collaborative care between medical and behavioral health providers.
- Limited interoperability between electronic systems.
- Inability to address health-related social needs in a clinical setting.

Opportunities and Recommendations

Opportunities identified by state and community partners.

Recommendations based on best practices.

Opportunities and Recommendations

- **Partner-Identified and Best Practices-Based Recommendations**

01 Increase Funding, Reimbursement, and Incentives

- Explore ways to increase funding for salaries and offer incentives to recruit and retain behavioral health providers.
- Examine coverage parity and reimbursement.
- Continue to examine ways to increase reimbursement, such as options for prevention efforts or administrative time.

02 Address Provider Workforce Shortages and Support the Workforce

- Expand the workforce to include paraprofessionals and unlicensed professionals with oversight, standards, and best -practices to ensure they are utilized only within their scope.
- Explore pathways for other provider types to serve as behavioral health professionals with billing rights, such as occupational therapists or school counselors.

Opportunities and Recommendations

- **Partner-Identified and Best Practices-Based Recommendations**

03 Leverage Telehealth Solutions

- Support broadband expansion to increase access to telehealth capabilities in rural areas.
- Expand Project ECHO to increase coordination between primary care providers and specialists.

04 Create a Statewide Training and Education Program for Community Providers

- Create a state-led, public/private consortium to maximize resources and reach to build capacity.

Opportunities and Recommendations

- **Partner-Identified and Best Practices-Based Recommendations**

05 Support Integrated Care to Reduce Fragmentation

- Improve communication and collaboration between existing state committees, workgroups, and other governance structures to create a single, statewide vision and promote community partnerships.
- Continue to evaluate integrated care models in practice, and identify ways to support expansion statewide.
- Leverage federal funding to support health information technology adoption and creation of a comprehensive data strategy.

06 Focus Efforts on Addressing Gaps in Care

- Review and address funding, policies, and legislation that may limit expansion of needed services.
- Support statewide education on policies to support Medicaid provider enrollment and retention.

Opportunities and Recommendations

- **Partner-Identified and Best Practices-Based Recommendations**

07 Focus on Health Disparities and Health-Related Social Needs

- Support community-based organizations to serve as “hubs” and the trusted resources for varying needs.
- Increase screening for health-related social needs through the SDoH Medicaid Data Project and kynect.
- Ensure that the screening process is equitable and based on best-practices.
- Continue to support education to increase health insurance enrollment.
- Support prevention, early intervention, and housing and supportive services.

Opportunities and Recommendations

- **Partner-Identified and Best Practices-Based Recommendations**

08 Streamline and Optimize Managed Care

- Expand and standardize behavioral health performance measures.
- Identify opportunities to streamline participation to ease administrative burden and improve reimbursement procedures.

09 Continuously Evaluate the Behavioral Health Continuum

- Implement a structured process to evaluate the system of care across key metrics within service delivery, patient outcomes, and efficiency.

Key Takeaways and Next Steps

For the Behavioral Health Needs Assessment

Key Takeaways

01

Kentucky faces similar challenges as other states across the nation in delivery of and access to behavioral health services, including reimbursement, provider workforce, limited technology utilization, and need for integrated community services.

02

Kentucky benefits from high-levels of engagement by state agencies and community partners, and a long-standing focus on improving behavioral health, illustrated through CMHCs, CCBHCs, federal funding and grants, health equity initiatives, and learning collaboratives and focused workgroups.

03

By leveraging the dedication of all Kentucky partners and agencies, the state can create a collective, statewide vision for the behavioral health continuum and a strategic roadmap to achieve that vision.

Next Steps

The **Behavioral Health Needs Assessment** includes the following documents:

1. **Main Document:** Includes background, methodology, research findings, partner engagement findings, and recommendations for consideration.
2. **Partner Engagement Methods and Data Analysis:** Provides a more in-depth summary of methods used to engage with partners and analyze partner-collected data.
3. **Provider Survey Findings:** Includes the full analysis of the behavioral health and primary care provider survey.
4. **Priority Populations:** Includes an in-depth analysis of prevalence and need for key populations.
5. **Quantitative Analysis:** Provides a summary of state and national data analyzed to illustrate need, Medicaid utilization trends, and provider availability.

- All documents were reviewed by several peers within DMS and DBHDID.
- Final leadership review early January 2025.
- Will serve as a reference guide for Kentucky's behavioral health focused initiatives, and will become "living" documents, that may be updated periodically to account for the many efforts currently ongoing.
- Will be distributed internally upon approval and may be posted publicly.

Thank You!

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QUESTIONS?

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