



Behavioral Health
Conditional
Dismissal Program
Barrier Relief Supportive
Service Overview



Agenda

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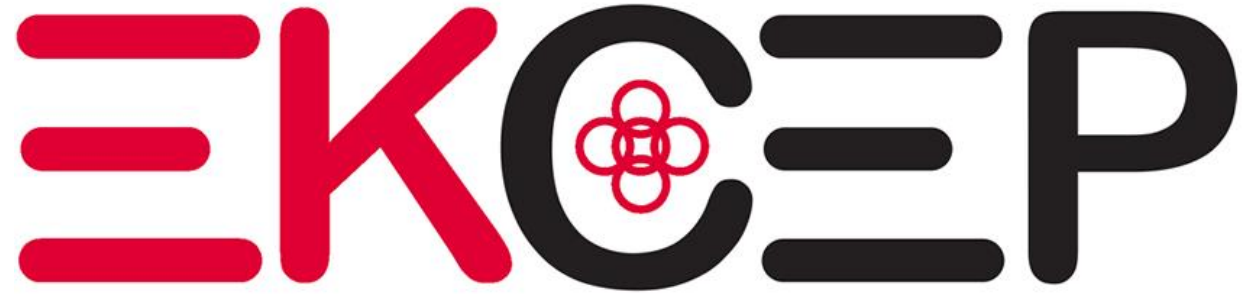


Meet Ethan Phipps, the Program Coordinator for the Behavioral Health Conditional Dismissal Barrier Relief Program. All inquiries and referrals about BHCDP Barrier Relief may be directed to Ethan Phipps at ephipps@ekcep.org

“EKCEP operates... a network of workforce centers, which provide access to more than a dozen state and federal programs that offer employment and training assistance for jobseekers and employers all under one roof.”

Visit EKCEP at www.ekcep.org

EASTERN KENTUCKY



CONCENTRATED EMPLOYMENT PROGRAM, INC.

Participant Eligibility

All Behavioral Health Conditional Dismissal (BHCDP) participants are eligible if:

- A signed participant agreement is in place.
- They need these funds to stay in treatment or recovery housing.
- Funding has been sought through other community resources and agencies and has proven insufficient.
- They have not met their barrier relief funding cap of \$2,000 per participant per 12-month period.



Treatment/ Recovery Plan

Access to barrier relief supportive services should be closely tied to the participant's clinical treatment and/or recovery management plan. Participant involvement in recovery planning can help determine the type of recovery supports most needed.

- Utilize Targeted Case Management (TCM) at your organization or incorporate case management into the treatment or recovery plan.
- Develop a recovery plan (tools listed in the appendix)
- Utilize DDOR's 14-Day, 42-Day, and Quarterly Report responses for:
 - a) Participant's current living situation
 - b) Current household income and number of dependents
 - c) Case management services needed



What are BHCDP Barrier Relief Funds?



The Behavioral Health Conditional Dismissal Program contains gap funding opportunities for all eligible participants.



The barrier relief funds must directly impact a participant's ability to stay in treatment or recovery housing.



These funds aim to maintain participant retention in treatment for the duration of their legal agreement by addressing social determinants of health.



The BHCDP, partnering with EKCEP, is the payor of last resort..



Must be used for non-treatment and non-insurance reimbursable services.

Funding Overview

- **\$2000 per person funding cap for ALL total expenses.**
- Covers up to 12 months under the current participant agreement.
- Addresses social determinants of health.
- Funds administered by EKCEP.
- EKCEP Contact information: Service Program Coordinator Ethan Phipps; ephipps@ekcep.org
- Referrals submitted by email to Ethan Phipps (referral form link is located in the appendix)



Funding Categories: Housing Assistance

- **Cover emergent housing-related needs, including but not limited to:**
 - Hotel stays
 - Utility bills
 - Utility deposits
 - Rental assistance
 - Recovery housing / deposits
- **Caps may apply depending upon type of housing referred.**
 - Reimbursement Cap: \$2,000 TOTAL
 - 1st & 2nd month = up to \$500
 - Subsequent months up to six months = up to \$250
 - Recovery houses must be NARR certified (see link in the appendix)



Funding Categories: Transportation

**Transportation Cap:
\$500 TOTAL**



Funding is generally available for:

- Bus passes
- Ride shares
- Taxis
- Gas cards
- Vehicle repairs

Transportation to go to interviews, work, employment training, or education can be covered if cost not eligible for reimbursement through the KY Office of Adult Education. (See appendix for contact)

Transportation: Exclusions

**Transportation Cap:
\$500 TOTAL**



- Providers must attempt to utilize Medicaid transportation first.
- Funds cannot be used towards the purchase of a motorized vehicle.
- Participants must provide a receipt for gas cards over \$100 within 14 days of receiving funds. The provider will scan and email the receipt to EKCEP. Participants who do not provide receipts may be unable to utilize more transportation funds in the future.
- Transportation must be tied to attending treatment or recovery-related services (if telehealth is unavailable).

Funding Categories: **Basic Needs**

Reimbursement Cap

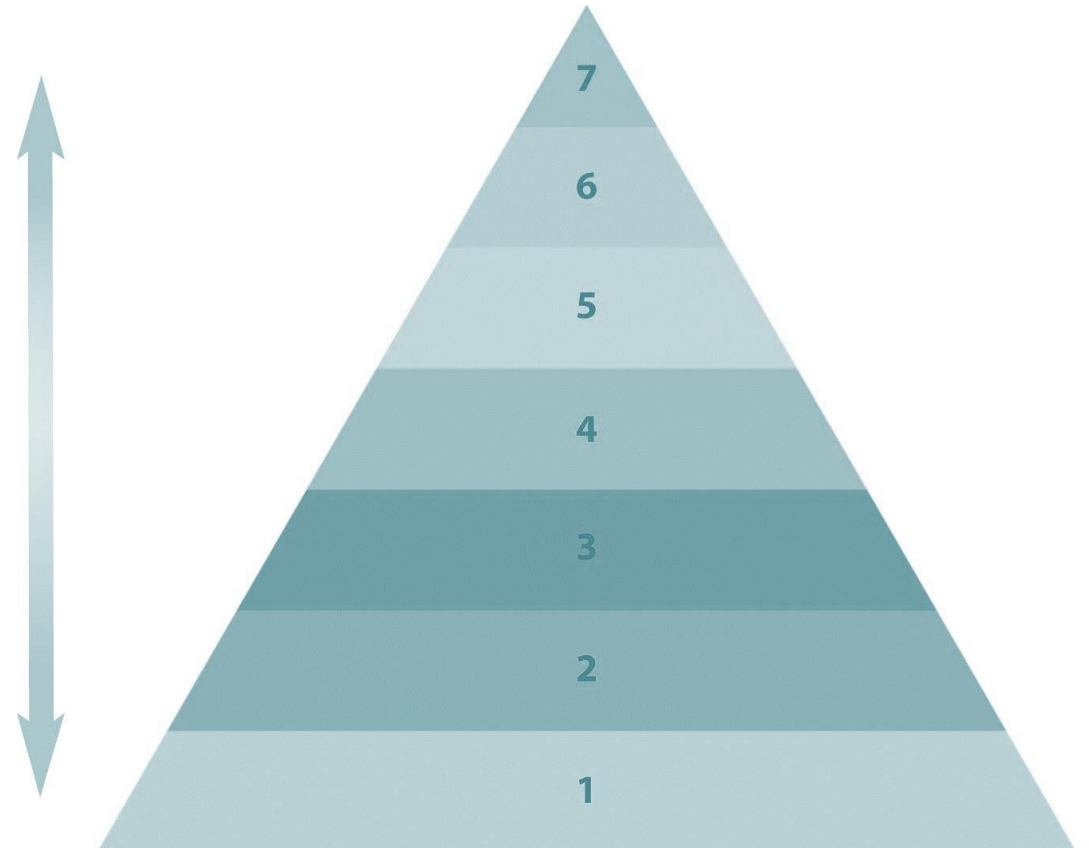
Total Basic Needs Cap: \$750 TOTAL

Clothing Cap: \$150

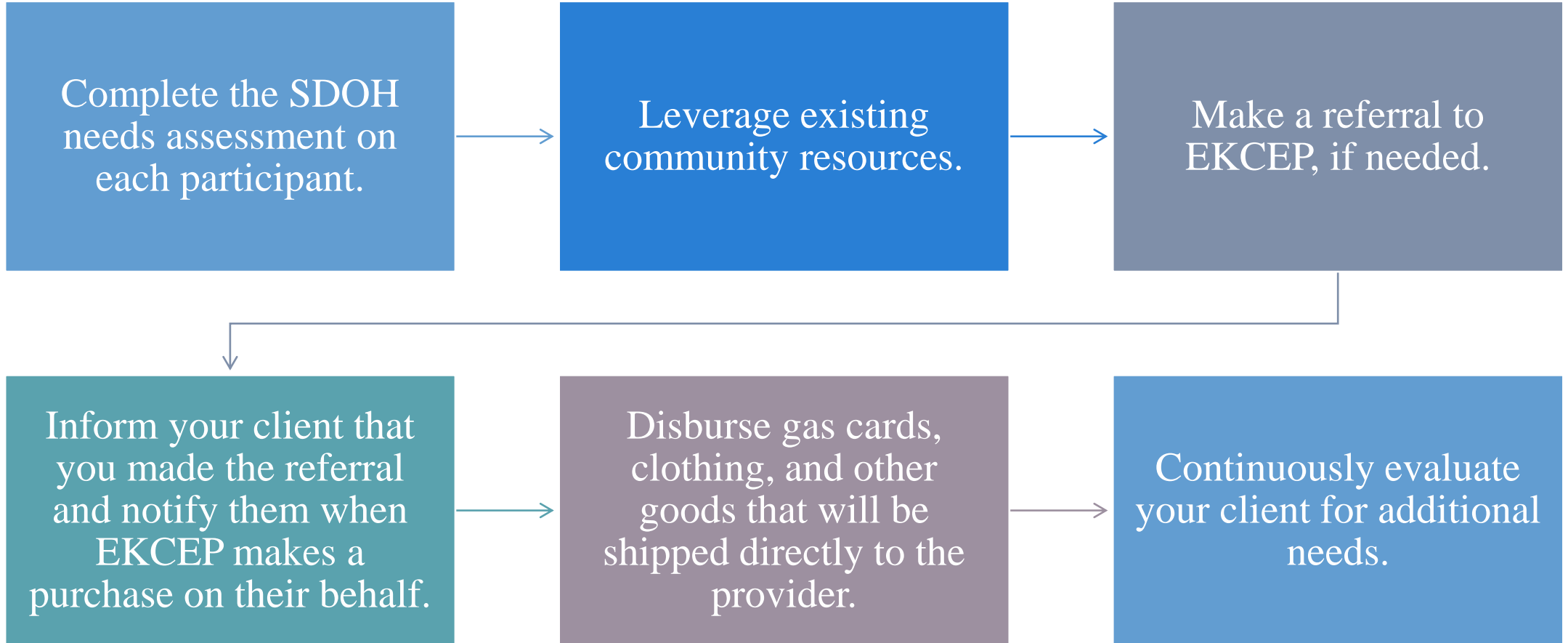
Basic needs may include:

- Clothing
- ID Cards / birth certificate
- Food
- Dental, vision, medicine
- Childcare

Items must directly support treatment access and/or achieving or maintaining a recovery goal.



Provider Responsibilities:



How does the participant access these benefits?



- ECKEP works solely with the treatment provider and is not in contact with the participant. They depend on you to evaluate your client's needs, make a recommendation, and include all details in the referral form.
- EKCEP will send the provider Visa cards to pay for gas and may order items such as shoes and socks on Amazon and have them shipped to the provider. They may also pay a vendor directly (recovery housing and hotel stays)
- Please complete the referral form with as much detail as possible to ensure that EKCEP can purchase all needed items. For example, include clothing types and sizes and/or product links through Amazon, Walmart, etc.

FAQ's



How will I know if my participant has signed their agreement? You may contact the AOC Case Navigator for your participant to receive a signed copy (Contact info is located in the Appendix)



How will I know if my participant has already reached their caps? Barrier relief funding rolled out May 1, 2024 and all referrals made in the next few months will be new. You may also contact EKCEP for more information on your client.



What if my client has met all their caps and still needs assistance? Contact Erin Henle with Fletcher Group for help with community resources or check out this list of resources within the BHCDP pilot counties at: kentuckyproviders.org/community-resources/



What is the typical turnaround time for requests to be filled? EKCEP will respond to emergencies as quickly as possible. EKCEP will endeavor to contact you within 72 hours of receiving the referral.

Referral Form Walkthrough

Barrier Relief Supportive Service Referral Form Behavioral Health Conditional Dismissal Program

Barrier Relief Supportive Services are defined as resources that Behavioral Health Conditional Dismissal Program (BHCDP) participants can draw upon to support treatment engagement and retention. Examples include tangible items such as safe and recovery-conducive housing, clothing, childcare, transportation and other supportive services that serve as barriers to recovery.

The Case Manager assigned to the BHCDP participant is responsible for completing this form. Requests must adhere to the parameters outlined within the BHCDP Barrier Relief Supportive Service Guide. Including the following:

- Requests must align with needs identified by the Case Manager as part of their treatment/recovery plan.
- Requests are subject to financial caps per service category and participant.
- Requests cannot include costs for treatment services. For treatment service reimbursement questions or requests please reach out to: Erin Henle at EHenle@fletchergroup.org
- Requests are only to be leveraged as the payor of last resort and the case manager must list any and all alternative relief sources previously applied for and subsequently denied/used. All previous requests for access to these funds will be considered prior to approval.
- Requests for payment/reimbursement is not guaranteed and more information may be requested prior to approval.

Upon completion, please email this referral form securely to: ephipps@ekcep.org

BHCDP PARTICIPANT INFORMATION

Date Request Submitted: _____

Participant Name: _____

Address: _____

Phone #: _____

County: _____

Email: _____

Type of Supportive Service Requested:

Housing Assistance

Amount: \$ _____

Vendor: _____

Transportation

Amount: \$ _____

Vendor: _____

Basic Needs

Amount: \$ _____

Vendor: _____

Emergency Housing

Amount: \$ _____

Vendor: _____

Part One of the Referral Form asks for basic information about the participant and the type of Barrier Relief requested.

Referral Form Walkthrough

Please describe below the specific need(s), vendor(s), amount requested, and timeline of the request. Include how this request will help the individual achieve goals outlined within their treatment/recovery plan:

List alternative resources sought, provided or denied to fulfill this request:

Part Two of the form is one of the **most important** components of the referral; please complete this portion in written-paragraph format and be as detailed as possible.

Details include clothing and shoe sizes, location of temporary housing, car repair vendor, etc.

Referral Form Walkthrough

Please include all relevant information to complete the referral form and submit.

BHCDP BEHAVIORAL HEALTH PROVIDER INFORMATION	
Provider Name and Parent Entity if Applicable:	
Case Manager/Staff Name:	
Phone #:	Email:
Address:	
BHCDP AOC Case Navigator Name:	
PARTICIPANT RELEASE OF INFORMATION:	
I recognize the above-listed BHCDP Approved Behavioral Health Provider, Case Manager, Case Navigator, and other BHCDP-related agents may communicate regarding my needs and any relevant personal identifiable information (PII) necessary to meet those needs. My signature below provides my permission to share this request and any necessary information to fulfill this request with EKCEP.	
Participant Printed Name: _____	
Participant Signature: _____	
Date Signed: _____	

Appendix

Barrier Relief Referral Form for Providers:

[BHCDP Barrier Relief Supportive Service Referral Form.docx \(kentuckyproviders.org\)](#)

Recovery Planning tools:

[Recovery Capital Scale \(facesandvoicesofrecovery.org\)](#)

[Social Needs Screening Tool \(aafp.org\)](#)

Community Resources:

[Kentuckyproviders.org/community-resources/](#)

[findhelp.org by findhelp - Search and Connect to Social Care \(auntbertha.com\)](#)

Recovery Housing:

[Find Recovery Housing Now \(findrecoveryhousingnowky.org\)](#)

[Oxfordhouse Kentucky \(oxfordhouseky.org\)](#)

KYAE contact: Andrea.Roy@ky.gov

Barrier Relief Drop-In trainings:

Mondays at 11am EST Teams, Mtg. ID: 252 821 687 145, Passcode: YuiyBj

Wednesdays at 2pm EST Teams, Mtg. ID: 271 724 014 209, Passcode: VnuEqp

Administrative Office of the Courts: Case Navigators

- Letcher County: Kristi Williams, kristiwilliams@kycourts.net; (c) 606-634-6443
- Madison County: Caitlyn Deaton, caitlyndeaton@kycourts.net; (c) 859-582-8351 (Tammy is covering through June)
- Clark County: Maria Napier, marianapier@kycourts.net; (c) 859-595-5362 (Amy Rouse covering through May)
- Pulaski County: Bethany Fulton, bethanyfulton@kycourts.net; (c) 606-303-8223 (Shana covering through June)
- Christian County: Jordan Woodall: jordanwoodall@kycourts.net; (o) 270-881-3663
- Oldham County: Shana Merritt, shanamerritt@kycourts.net ; (c) 502-667-0684
- Hopkins County: Savannah Oates, savannahoates@kycourts.net; (c) 270-399-5105
- Daviess County: Laura Willcut, laurawillcut@kycourts.net; (c) 270-980-1901
- McCracken County: Skyla Grief, skylagrief@kycourts.net; (c) 270-291-1396
- Greenup County: Tammy Fannin, tammyfannin@kycourts.net; (c) 267-420-2397
- Kenton County: Bridget Baker bridgetbaker@kycourts.net (ready May 1)
- State Supervisor: Amy Rouse, amyrouse@kycourts.net; (c) 859-595-6133

EKCEP Barrier Relief Contact:

Ethan Phipps,
Program
Coordinator

Phone: _____
ephipps@ekcep.org