

# Cabinet for Health and Family Services

## Strategic Plan Progress Report

### September 2018

#### Department for Medicaid Services

1. Transform expanded Medicaid into a financially sustainable program that propels participants toward healthier lifestyles and economic security.

The Department continues to work to ensure the 1115 Kentucky HEALTH waiver is successful. Until we receive approval by CMS, the Cabinet continues with the Community Engagement initiative, as well as all system work to ensure DMS is ready when Kentucky HEALTH begins.

2. Successfully complete the Home and Community Based Waiver redesign to ensure services are provided to meet the needs of the recipients in a fiscally responsible manner.

The Department is in receipt of Navigant Consulting's first report on the full review of the 1915c Waivers and their associated operations. The report summarizes Navigant's findings, as well as offering recommendations for redesign. The Department will submit a response to the report, as well as a response to the individual recommendations, in the coming month. The Department is well on track to complete the redesign in a timely manner, including but not limited to, a review of the individual waivers, a rate study, and a review of the waiver operations.

#### Department for Behavioral Health, Developmental and Intellectual Disabilities

1. Preserve and enhance the community behavioral health safety network to ensure access to services for at-risk and underserved populations.

- a. Support and continue to build the regional Community Mental Health Centers as the behavioral health safety net in Kentucky.

Allocations and budgets for CMHCs have remained whole, despite budget reductions. A social media campaign is being planned to increase awareness of the safety net function, and improve public perception of CMHC services and their contribution to their communities.

- b. In partnership with Department for Medicaid Services (DMS), monitor the behavioral health network adequacy of Managed Care Organizations (MCOs) in Kentucky, including establishment of reports that demonstrate services utilization, costs and expenditures, and quality and outcomes specific to delivery of behavioral health services.

DBHDID staff continue collaborative work with DMS to further specify MCO data requests regarding behavioral health services.

- c. Complete implementation of Electronic Medical Records (EMR) in all DBHDID facilities to provide both efficient and effective services, compliant with best practices and integrated with medical billing and other systems.

EMR has been implemented at Central State Hospital, Western State Hospital, Western State Nursing Facility, and Glasgow State Nursing Facility. Implementation at Oakwood Intermediate Care Facility and the Specialty Clinics is currently underway. Challenges have

been encountered with the planned timeline and budget as new builds are required with each new facility type.

- d. Implement Telehealth Services where appropriate in DBHDID facilities, encourage the use of this and other remote medical services with affiliated providers, and advocate for greater general use in the behavioral health field.

There has been little to no progress in this area, despite the keen interest of providers. Reimbursement structure and regulatory limitations continue to present barriers to overcome.

2. Develop and expand recovery-oriented system of care to address the opiate epidemic and other substance use disorders.

- a) Lead Cabinet Opioid Workgroup to develop collaborative, inter-agency initiatives to address this far-reaching health crisis.

This group met regularly until spring 2018, at which time it was determined its mission was complete. Key members continue to meet regularly to coordinate implementation of cross-systems opioid response strategies, including activities funded by the Opioid STR, SOR, and CDC grants.

- b) Continue to expand the community-driven work of the 14 Regional Prevention Centers to grow evidence based, data driven prevention initiatives in communities across the Commonwealth.

During FY18, the RPCs developed curricula based on SAMHSA's Overdose Prevention Toolkit and trained over 13,000 first responders, prescribers, and community members in Kentucky's highest risk regions. In FY19, the RPCs will expand the number of community coalitions focusing on the opioid epidemic and will work collaboratively with schools to increase capacity in substance use prevention as well as to address the needs of students whose families have been impacted by the opioid crisis.

- c) Continue to facilitate and expand across the state evidence based and trauma informed interventions for pregnant and parenting women with substance use disorders, including Neonatal Abstinence Syndrome (NAS).

Several initiatives have been funded by KORE (Kentucky Opioid Response Effort) with the STR grant from SAMHSA; more will be funded with SOR grant dollars.

- d) Provide training and educational opportunities for the medical and SUD workforce in Kentucky to implement Medication Assisted Treatment (MAT).

Annual KY School for Drug and Alcohol Studies had over 1,300 participants this year. DBHDID has sponsored COR-12 trainings, ASAM trainings, buprenorphine waiver training for prescribers, and multiple consultation trainings to enhance workforce skill across KY. DBHDID has coordinated with ODCP to use allocated funds to promote access to high quality MAT services.

- e) Expand accessibility and variety of SUD treatment types (e.g., residential, outpatient) and providers (e.g., Community Mental Health Centers, faith based, private practice) by removing therapeutic, regulatory, geographic, and community barriers to access.

DBHDID convened a Cabinet-wide workgroup in response to HB124, passed in the 2018 legislative session. Their work focuses on streamlining regulations and enhancing quality oversight. Revised regulations will be submitted by January 1, 2019.

3. Expand supports to allow individuals with developmental and intellectual disabilities and/or serious mental illness to live, work and engage in their communities.

- a) Meet terms of CHFS Interim/Amended Settlement Agreement with Protection & Advocacy by providing housing assistance to 675 individuals with Severe Mental Illness and residing in, or at risk of residing in, Personal Care Homes by October 2018.

The number of PCH residents receiving supplemental funding has decreased by 711, while 475 people now receive such funding to live independently. The Independent Reviewer report dated August 10, 2018, states 540 individuals have transitioned in accordance with the Settlement Agreement. CHFS is currently negotiating a Second Amended Settlement Agreement (SASA) with P&A to continue this work and avoid litigation.

- b) Continue to improve access to, and expand availability of, services and resources such as person centered recovery planning (PCRP), supportive employment, home and community-based waivers and other non-Medicaid billable services, family/individual/provider training, and healthy lifestyle development to allow DID and SMI individuals to live in their communities.

Person-Centered Recovery Planning (PCRP) efforts continue across the state with all 14 Community Mental Health Centers (CMHC) having recently completed Technical Assistance (TA) with national consultants.

In partnership with the Office of Vocational Rehabilitation, Individual Placement and Support (IPS) for supported employment is provided by 24 providers (including 14 CMHCs) for individuals with SMI. During the last quarter of FY 2018, 820 clients were served by IPS resulting in 783 clients employed and 144 clients enrolled in an academic setting.

Efforts continue through unique services across the state designed to meet the needs of transition-aged youth (ages 16 to 25) who are at risk for developing SMI, including provision of services at 17 specialty sites.

Transformation Transfer Initiative (TTI) provided an intensive planning conference for three (3) CMHC regions on how to improve services to children with co-occurring I/DD and severe emotional disturbances.

Regional teams created action plans to improve quality and access to services through adding representatives from I/DD services and Managed Care Organizations to local RIACs, providing cross-screening for behavioral health and I/DD to better identify needs. A statewide team is developing materials to provide quick reference guides.

A national expert provided Skills System training to five (5) CMHCs and two (2) state psychiatric hospitals to improve capacity to treat emotion regulation disorders across all levels of cognitive abilities, treatment settings, and age groups.

CMHC DD Directors have been provided with training on the KY Works project.

- c) Enhance and expand Specialty Clinics' provision of comprehensive medical services for DID individuals through community advocacy and promotion with service agencies, parents, and medical professionals.

Although the level of services at the Oakwood Specialty Clinic have expanded, overall, the level of services in the Specialty Clinics have shown a slight decline, in part due to budgetary constraints. Collectively, the Clinics provided services to more than 1,200 community patients last fiscal year, with more than 11,000 patient visits. The Clinics provide a wide range of services, including medical, dental, psychiatric, psychology, physical therapy, speech therapy, audiology and more. Services have been enhanced by the addition of an epileptologist at Hazelwood Clinic, and a gynecologist and endocrinologist at the Lee Specialty Clinic. Oakwood Specialty Clinic has added Autism Spectrum Disorder (ASD) evaluations to its outpatient service array under the direction of a psychologist with extensive knowledge of ASD.

### **Department for Community Based Services**

1. Build an effective and efficient system of care to reduce poverty, adult and child maltreatment and advance person and family self-sufficiency and resilience.
2. Empower families to assure children have safe and nurturing homes and communities.
3. Recruit and retain a workforce and partners that operate with integrity, transparency and focused on data-driven outcomes in all program areas.

DCBS notes progress with various initiatives in its monthly reporting and monitors key performance indicators. DCBS has developed a child welfare transformation project to support improved outcomes in child welfare and is taking steps to address technology deficiencies and staffing negatively impacting error rates in public assistance programs.

### **Department for Public Health**

1. Improve Kentucky's awareness of Adverse Childhood Experiences.

In Kentucky, several programs (e.g., Kentucky Strengthening Families, Health Access Nurturing Development Services (HANDS) home visitation program, Kentucky Youth Thrive, the University of Kentucky Young Parents Program (YPP) and Building Resilient Children and Families (BOUNCE) in Louisville) are ongoing in both urban and rural settings, and support families to develop skills to enhance protective factors and build resilience. These skills reduce the impact of adversity, build resiliency, and therefore improve the wellbeing of children and families.

Kentucky school districts are also pursuing resilience-building strategies, which will provide students with improved mental and physical health outcomes as they grow into adults. These programs include ACEs training for teachers and staff, trauma informed care as well as the Teen Outreach Program, the Sources of Strength Program, and The Leader in Me Program, which are all designed to facilitate and encourage student success.

2. Improve integration of healthcare access.

DPH continues to examine innovative ways address health and health delivery. Local health departments are using Public Health 3.0 as a holistic guide to lead Kentucky communities on a path to better health. The Kentucky Community Health Worker Advisory Workgroup and the Kentucky Association of Community Health Workers are working to promote access to Community Health Workers within health systems and outside the clinical setting. Statewide alliances and coalitions such as the Kentucky Diabetes Network, Alliance for a Better Community, Kentuckiana Health Collaborative are all working to promote public awareness, education, and the use of evidence-based practices.

Stakeholders developed a comprehensive plan to address the oral health of Kentuckians, including access to oral care. Programs and partners from across the state are participating in this process. Again, this provides an opportunity to examine what is occurring in Kentucky and develop strategies to combat the issues. The final Oral Health Strategic Plan was release in December 2017.

3. Decrease obesity in Kentucky and reduce tobacco use.

A significant decrease in the youth smoking rate since 2009. Passage of Kentucky legislation in April 2018 increasing the state cigarette tax by \$0.50, for a total of \$1.60 per pack of cigarettes. The passage of Kentucky legislation in March 2017 requiring barrier-free coverage of FDA-approved tobacco cessation products and services by all insurance carriers. As of May 2017, over 50% of Kentucky students are in 100% tobacco free school districts.

Kentucky recently received a five-year grant to address physical activity and nutrition from the Centers for Disease Control and Prevention (CDC) to continue the department's efforts in this area. Success in early care and education can partially be attributed to training child care centers and implementing classroom changes that promote 5-2-1-0 healthy behaviors for all children (Daily consumption of 5 or more servings of fruits and vegetables, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugary drinks).

Kentucky has 52 communities with adopted pedestrian and bicycle plans, 63 communities working on Safe Routes to Schools and 17 communities designated as Trail Towns.

Kentucky addresses issues of community access to healthy foods by working with farmers' markets and Fresh Stop Markets ("pop-up" fresh food markets set up in fresh food insecure neighborhoods) to accept federal nutrition assistance benefits. Of Kentucky's 174 farmers' markets, 55 accept SNAP (Supplemental Nutrition Assistance Program-formerly known as Food Stamps), 90 accept WIC, and 88 accept Senior Farmers' Market Nutrition Program (SFMNP) benefits.<sup>7</sup> In addition to nutrition initiatives, local communities have established coalitions that address walkability by supporting policies and programs to increase physical activity and inclusion of active transportation. Kentucky has multiple communities with "Complete Streets" policies, 56 have adopted bicycle and pedestrian plans, 63 communities are working on funded Safe Routes, and 17 have developed Trail Towns.

4. Address substance use disorder.

DPH has received a \$4.8 million Opioid Crisis Response Cooperative Agreement from the CDC. Items included in the agreement are as follows:

- Planning and Education
- Biosurveillance for drug overdoses and drug overdose deaths
- Communication on the opioid crisis with the public
- Special Projects

In 2015, the Kentucky General Assembly authorized harm reduction syringe exchange programs with local approval by boards of health and local government to curb the spread of associated infectious diseases and offer those with substance use disorder (SUD) to be closer to the network of care and offer treatment options. DPH assisted local communities in implementing programs by providing guidance and some seed funding. Currently there are 45 sites in Kentucky operating Harm Reduction programs.

The department routinely deploys a mobile pharmacy to dispense naloxone in needed communities in order to reduce deaths from drug overdose. Education on recognizing an overdose, administering naloxone to reverse the effects of drugs and appropriate next steps is part of the education process. Concurrently, HIV and hepatitis C prevention and testing are provided in addition to providing information regarding access to substance abuse/mental health treatment and resources. Pharmacists specifically trained in naloxone use and administration provide education to family members and friends of those at risk. From November 2016 to August 2018, DPH has provided 2,308 naloxone kits and trained 2,277 individuals on how to administer naloxone. Through this initiative, 94 HIV and 73 hepatitis C tests were also administered.

Through a partnership between the department, the Governor's Office, Office of Drug Policy, and the Kentucky Injury Prevention and Research Center at the University of Kentucky, FindHelpNowKY.org, a patient treatment locator website, was launched in January 2018 to work in conjunction with the Office of Drug Control Policy's Naloxone Locator website.

#### 5. Develop IT and support systems.

DPH was approved for several capital projects related to IT and support systems in the 2018-2020 biennial budget of the Commonwealth.

- Digitization of the approximately 15 million historical, unique paper documents currently kept in vaults in the Office of Vital Statistics preventing loss through handling or natural disasters.
- Off-the-shelf accounting software package and will be used to manage approximately \$150 million in program allocations and reimbursement payments to Local Health Departments (LHDs). The application will facilitate budget, accounting, and reporting processes.
- Design, development, and implementation of a digitized system for vital records with the functionality of retrieving, editing, and indexing electronic records and storage of all support documentation for amendments to these records. Implementation will enable future records to be scanned and digitized at the time they are generated and will provide for disaster recovery.
- An electronic health record software application for each of Kentucky's Local Health Departments (LHDs) throughout the Commonwealth. The LHDs will use the application to document clinical services, process patient billing and provide program services in a manner

that will provide for operational efficiencies specific to patient workflow, patient privacy, data-sharing and reporting.

6. Develop internal and external communication strategies.

The DPH Commissioner has established an Advisory Committee consisting of several health department directors from various types of local health departments. The purpose of the committee is to advise the Commissioner and the department on high level issues at the local level, identify areas for improved efficiency and effectiveness, and improve communications between the department and the local health departments. In addition, the department has identified a staff person devoted to working with the Office of Communications and DPH program staff to improve communications both internally and with external stakeholders.

7. Align existing funding streams with identified public health priorities and expand the capacity of services.

The department is currently working with local health department to increase flexibility in funding public health priorities and to explore alternate funding methodologies.

8. Standardize internal processes to increase efficiency and productivity.

As the department works toward its goal of being accredited by the Public Health Accreditation Board, efforts to implement policies and procedures to standardize operations are ongoing.

9. Implement quality improvement and performance management systems.

The department has implemented a Quality Improvement Committee representing all divisions within the department. A Quality Improvement Coordinator has been hired and is developing the department's QI policy and plan to guide the QI activities. All divisions are working on at least one QI project and several have been completed.

The department has identified an electronic performance management system and is currently implementing the system department wide.

Both of these initiatives are vital to the department's efforts to become accredited by the Public Health Accreditation Board.

10. Consistently apply employee training and continuing education.

The Department continues to systematically document workforce development and compliance training and support accreditation using cost-effective Web-based technology. The departments Education and Workforce Development Branch plays a vital role in providing effective, efficient training to DPH, local health department's public health preparedness and other public health system partners. The department is also finalizing its workforce development policy and plan with the goal of implementation by the end of the year.

## **Department for Aging and Independent Living**

1. Empower Kentuckians and their support network to make informed decisions and easily access existing health and long-term care services and supports.

- Held a statewide training of 170 SHIP counselors in Georgetown. This Medicare focused training included trainers from CMS, SSA, Humana and Kentucky Department of Insurance. Participants were provide knowledge on how to best assist Kentuckians who have Medicare.
  - Received a grant award from the Administration for Community Living for \$791,667 for the State Health Insurance Assistance Program. This program assists individuals in understanding their Medicare benefits.
  - Completed Medicare Open Enrollment from 10/15/17 through 12/7/17, saving Kentucky Medicare beneficiaries a total of \$3,348,743.06. This savings is due to Medicare beneficiaries switching to a lower cost Medicare Part D plan.
  - Screened 4973 Medicare beneficiaries for the Low-Income Subsidy Program (Extra Help) and assisted with 802 Extra Help applications.
  - Screened 5037 Medicare beneficiaries for the Medicare Savings Program (MSP) and assisted with 639 MSP applications.
2. Empower Kentuckians to maintain the highest quality of life in the least restrictive environment possible through the provision of home and community-based services, including supports for caregivers.
- Met regularly with stakeholders to ensure supportive services are available for wards. Stakeholders include:
    - law enforcement
    - county attorneys
    - judges
    - SCL, ABI, HCB, Michelle P waiver providers
    - Long term care facilities
    - Eastern State Hospital discharge planning
    - ACT teams: Centerstone, Pennyroyal Mental Health Center
    - Mountain Comp Crisis team
    - Lexington’s Hope Center
    - Hardin Memorial Hospital Social Worker Department
    - Lifeskills Community Mental Health Center
    - Western State Hospital
    - Department of Corrections
  - Facilitated bimonthly meetings of the Hart Supported Living Council. The majority of the members are individuals with disabilities.
  - Facilitated quarterly meetings of the State Independent Living Council. The SILC is a federally mandated, Governor appointed council where a majority of the members are individuals with disabilities.
  - Presented information on the HCBS waivers at the Epilepsy Conference and at the Kentucky Adult Day Association Conference.
3. Empower Kentuckians to stay active and healthy through services and prevention benefits, including affordable health care programs and other resources.
- Supported Chronic Disease Self-Management Programs throughout the state.
    - Trained 20 new community partners
    - Worked with Big Sandy Health Care, Inc. to implement the Chronic Disease Self-Management Education Program grant received from the Admonition for Community



- Living for \$677,000. Funds will provide evidence based health education to people aged 60 and over in the Big Sandy region of Kentucky.
    - Engaged Franklin County Paul Sawyer Library to host CDSMP Course in January/February
    - Provided Chronic Disease Self-Management Program (CDSMP) courses in Richmond in partnership with Eastern Kentucky University
    - Worked with the University of Kentucky Excellence in Rural Health/Kentucky Homeplace to provide training to University of Kentucky for an evidence based diabetes intervention program.
  - Implemented a malnutrition screening project in October in five districts to help collect data on malnutrition risks in our state and to help find assistance for participants to avoid hospital visits and Long-Term Care. We continue to collect resources and send them out.
  - Started a collaboration between Green River AAA and a local hospital to feed their participants on weekends. The food was donated by the local hospital.
  - Assisting the Southeastern Association of Area Agencies on Aging regional conference to be held in Louisville in September 2018. Nine states will attend and the last time the conference was hosted in KY, there were over 800 participants.
  - Distributed monthly wellness newsletter to over 70 partners and over 10,000 older Kentuckians.
4. Protect the safety and rights of Kentuckians and see to prevent their abuse, neglect, and exploitation.
- State Long-Term Care Ombudsman Sherry Culp was interviewed by Lexington's NBC affiliate WLEX-TV about the nursing home tragedy in Florida. Sherry urged viewers to ask about preparedness plans.
  - The Governor's budget included a \$1.6 million dollar increase for guardianship staffing to assist in bringing caseloads from 65 to 48 with the national standard being 20.
  - HB 5 and HJR33 were passed in the 2018 legislative session in order to improve the public guardianship system in Kentucky. HJR33 established WINGS (Working Interdisciplinary Networks of Guardianship Stakeholders) that will examine how Kentucky's adult guardianship is working and to identify needed changes and service gaps.

## **Office for Children with Special Health Care Needs**

1. Enhance the quality of life for children through quality service, leadership, advocacy, education and collaboration.
- The percent of completed components on the OCSHCN Access to Care Plan increased from 81.3% in calendar year 2016 to 90.7% in calendar year 2017. The plan consists of 25 components that fall into three categories: 1.) access to medical and specialty care, 2.) availability of providers, and 3.) development and promotion of an easy to access system of supports and resources. This goal continues through 2020.
  - The percentage of children 0 - 17 years of age who are adequately insured has increased from 77.9% in calendar year 2016 to 80.5% in calendar year 2017. This goal continues through 2020.
  - The percent of completed components on the OCSHCN Data Action Plan increased from 53.3% of the components completed in calendar year 2016 to 65.6% of the components completed in calendar year 2017. The Data Action Plan assists of 30 components within the following areas: 1.) data collection and support, 2.) Family to Family Health Information Centers, 3.) Kentucky Birth

Surveillance Registry, 4.) Medicaid data, and 5.) Office of Health Policy data. This goal continues through 2020.

- In calendar year 2017, 13.6% of Kentucky's youth received services necessary to make transitions to adult healthcare. Nationally, 16.5% of youth received services. Specifically for youth with special health care needs, OCSHCN utilizes a national measurement tool for transitioning youth to adult healthcare published by "Got Transition." Utilizing this tool, OCSHCN transition related activities received a score of 94%. This goal, like the other three above, continues through 2020.

## **Department for Family Resource Centers and Volunteer Services**

1. Improve students' ability to engage in the classroom by mitigating or removing non-cognitive learning barriers and improving the social and emotional health of youth.
  - a) Educate all FRYSC Coordinators on the implications of Adverse Childhood Experiences and the Strengthening Families Protective Factors to foster resiliency.  
Each FRYSC region held at least one training for ACEs and Strengthening Families.
  - b) Review current policies and practices to ensure the Strengthening Families Framework is embedded and operationalized.  
The Strengthening Families Framework is embedded into New Coordinator Orientation. In addition, all FRYSC Coordinators are asked to connect each planned activity to a Strengthening Families protective factor when submitting the 2-year program plan.
  - c) Educate all FRYSC Coordinators in basic continuous quality improvement to ensure current identified needs in the school and community are addressed and measured for results.  
Each FRYSC region held at least one training and discussed the best way to measure results and impact of planned activities. The Division saw an increase in the number of quality service impact reports submitted after training.
  - d) Expand the reach of the Family Resource and Youth Services Center program to high need schools that are not currently served by a center.  
Secured funding in the FY19 and FY20 budget to increase the number of centers.
2. Strengthen the community-school-home connection by emphasizing in education and community linkages for families.
  - a) Increase the number of Grandparents or other relatives raising children connected to the school by the Family Resource and Youth Services Centers.  
Although the number of Grandparents and relative services reported in 2016-2017 slightly decreased from 33,853 to 33,529, the Division of FRYSC has messaged this population as a priority and continues to spotlight best practices at statewide conferences and regional meetings.
  - b) Ensure that all Regional Interagency Councils have a FRYSC member.  
Complete