



kyhealthnow

advancing our state of wellness

**FINAL PROGRESS REPORT OF THE
BESHEAR ADMINISTRATION**



Presented November 2015

TABLE OF CONTENTS

<u>Forward</u>	2
<u>Executive Summary</u>	3
Goals & Strategy Update	
■ <u>Reduce Kentucky’s rate of uninsured individuals to less than 5%.</u>	8
■ <u>Reduce Kentucky’s smoking rate by 10%.</u>	11
■ <u>Reduce the rate of obesity among Kentuckians by 10%.</u>	13
■ <u>Reduce Kentucky cancer deaths by 10%.</u>	20
■ <u>Reduce cardiovascular deaths by 10%.</u>	22
■ <u>Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.</u>	25
■ <u>Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.</u>	28
Appendix: <u>kyhealthnow Scorecard November 2015</u>	33

Greetings!

As the Chair of the kyhealthnow Oversight Team, I am honored to present this administration's final progress report on the kyhealthnow initiative, which Governor Beshear announced in early 2014. The seven goals integral to the initiative serve as a clear roadmap for improving the collective health of Kentuckians. This report illustrates the ways in which the promotion of each of these health goals can be woven into the fabric of agencies throughout the Commonwealth.

During the 20 months of kyhealthnow, access to care in Kentucky has expanded, so that now over 90% of Kentuckians have healthcare coverage. We are well on our way to achieving the goal of ensuring that even our most vulnerable citizens have the benefit of affordable health care. Data also shows that Kentuckians are utilizing their new coverage. In calendar year 2014, Medicaid claims data show more than 159,500 preventive dental services; nearly 51,300 breast cancer screenings; and more than 35,600 colorectal cancer screenings were performed – more than double the number who received those services in 2013. Increases in screenings were likewise seen in Medicaid claims data for cholesterol, cervical cancer and diabetes.

In addition, this report highlights the status of the strategies relevant to the seven goals, such as Kentucky's smoking rate, a major contributor to the state's poor health status. Smoking continues to decrease, due in part to strategies such as the Governor's Executive Order 2014-747, which prohibits the use of all tobacco products on executive branch properties. In addressing adult obesity, progress has been achieved through strategies like the Kentucky Office of Adventure Tourism's Kentucky "Trail Towns" and increased access to the nationally recognized Diabetes Prevention Program (DPP).

Since passage of Senate Bill 192, the landmark heroin legislation enacted during the 2015 General Assembly, several communities have successfully launched harm reduction syringe-exchange programs, also known as needle exchanges, to combat the growing problem of drug overdose deaths and high rates of acute Hepatitis C in Kentucky. Early data indicates that these programs are serving as effective harm reduction programs through increase screenings for HIV and Hepatitis C, and referrals to drug treatment programs.

While much wonderful progress has been made since kyhealthnow's goals and strategies were first announced, the real test will be in the continued sustainability of these efforts. We are at a turning point in our battle to advance health in the state. I urge Kentuckians to continue to take up the challenges presented by these admirable objectives and change the culture of their communities, so that our health and well-being are a source of pride for us all.

Sincerely,

Crit Luallen
Lieutenant Governor

EXECUTIVE SUMMARY

Governor Beshear has made improving the health and wellness of Kentucky’s children, families and workforce one of his highest priorities. In February 2014, he announced the [kyhealthnow](#) initiative to significantly advance the well-being of Kentucky’s citizens. This initiative outlined seven key health goals for the Commonwealth to work toward achieving over the next five years, along with strategies to support the attainment of those goals.

Created by [Executive Order 2014-114](#), an Oversight Team was established to monitor and provide oversight of the administration’s efforts to meet the kyhealthnow goals and carry out the strategies needed to achieve these goals. The team is attached to the Cabinet for Health and Family Services for administrative purposes and is supported by staff from the Cabinet and the Office of the Governor.

As required by EO 2014-114, a detailed annual report regarding the progress of the kyhealthnow initiative was provided at the March 2015 oversight meeting. This document serves as the final progress report for the initiatives under Governor Beshear’s administration. Throughout this narrative and corresponding appendices, an update will be provided for each kyhealthnow goal and strategy, including updated data as well as supplemental information. Although Kentucky has challenges ahead in order to improve the health of the Commonwealth, it is evident that gains have been made in many areas to date.

OVERSIGHT TEAM MEMBERS	
Chair:	The Honorable Crit Luallen, Lieutenant Governor
Vice Chair:	Dr. Stephanie Mayfield Gibson, Commissioner, Dept for Public Health
Cabinet for Economic Development	
Education and Workforce Development Cabinet	
Finance and Administration Cabinet	
<i>Cabinet for Health and Family Services</i>	
<i>Justice and Public Safety Cabinet</i>	
<i>Labor Cabinet</i>	
<i>Personnel Cabinet</i>	
<i>Public Protection Cabinet</i>	
<i>Transportation Cabinet</i>	
<i>Office of Adventure Tourism</i>	
<i>Governor’s Office of Agricultural Policy</i>	
<i>Department of Education</i>	
<i>Department for Environmental Protection, Energy & Environ</i>	
<i>Kentucky Community and Technical College System</i>	
<i>Department of Local Government</i>	
<i>Department of Military Affairs</i>	
<i>Council on Post-Secondary Education</i>	
<i>Department of Veterans Affairs</i>	

Highlights from this report include:

- **Significant progress has been achieved toward the goal of reducing Kentucky's rate of uninsured individuals to less than 5%.** Two different data sources reveal a steep decline in the rate of uninsured Kentuckians. The United States Census Bureau 2014 report, *Health Insurance Coverage in the United States*, shows that the number of Americans without health insurance dropped by 8.8 million in 2014 after the full implementation of the Affordable Care Act. Kentucky's uninsured rate dropped from 14.3 percent to 8.5 percent in 2014 — a decrease of 5.8 percent, which ranked first in the country (US Census Bureau, *Health Insurance Coverage in the US*; September 2015).

Another data source reaffirms this trend. A Gallup Poll reported in August 2015 that only 9% of Kentuckians surveyed stated that they did not have health insurance, an 11.4% decrease from 2013 levels. (Gallup Poll, *In U.S., Uninsured Rates Continue to Drop in Most States*, August 10, 2015). Kentucky has also seen a 187% increase in preventive services such as annual wellness/physical exams by those enrolled in Medicaid when comparing 2013 and 2014 claims data (Department for Medicaid Services, *Claims Data*; August 2015).

The American Community Survey (ACS) released October 2015 provides a first look at how the implementation of the ACA is affecting coverage rates for children – and for Kentucky the number of children without health insurance fell by 27% over a one-year period. This moves Kentucky from 28th to 15th place in state rankings on children's health care coverage (*Children's Health Insurance Rates in 2014*; October 2015).

- **Governor Beshear's Executive Order to expand the prohibition of all tobacco products and e-cigarettes on Executive Branch properties shows historic progress being made toward our efforts to reduce Kentucky's smoking rate and cardiovascular deaths by 10%.** Executive Order 2014-747 went into effect on November 20, 2014, and impacts 33,000 state workers, as well as hundreds of thousands of visitors. A total of 2,888 state-owned buildings and more than 26.4 million square feet of property are impacted by this progressive policy change. Following Governor Beshear's tobacco executive order, the percentage of self-identified smokers in the overall KEHP population decreased by 13.2%, yet a 16.1% decrease was identified among employees of the Executive Branch. Thus, the decline in smokers in the Executive Branch is greater than that in the overall KEHP population. Additionally, there was an increase in smoking cessation prescriptions for the Executive Branch when compared to the overall KEHP population. Both of these data suggest a positive impact of Governor Beshear's Tobacco executive order (Personnel Cabinet; August 2015).

The Kentucky Center for Smoke-free Policy (KCSP), housed at the University of Kentucky, recently evaluated the impact of the tobacco-free Executive Order. Findings from this study showed cigarette and other tobacco product use among employees changed significantly from March to August 2015. Current cigarette use was lower by 18%; smokeless tobacco was lower by 26%; and e-cigarette use was lower by 23%.

- **There are notable efforts to reduce the rate of obesity by 10%. The 2015 State of Obesity Report, released by Robert Wood Johnson Foundation, shows Kentucky's adult obesity ranking decreased from 5th highest to 12th highest in the United States, marking notable improvement. Efforts also continue to promote and grow the use of the Diabetes Prevention Program (DPP) as one strategy to support attainment of the goal to reduce the rate of obesity.** DPP is an evidence-based lifestyle change program for preventing type 2 diabetes. Research has shown that this program can help people with pre-diabetes and/or who are at risk for type 2 diabetes make achievable and realistic lifestyle changes and cut their chances of developing type 2 diabetes by 58 percent. As of July 2015, a total of 31 DPP organizations with 966 participants were active in this program. These numbers place Kentucky 9th in the nation for the greatest number of enrollees and 3rd in the nation for the greatest number of recognized organizations (CDC DPRP Report; July 2015).
- **With funding from the Governor's 2014-2016 Executive Budget, the Kentucky Colon Cancer Screening Program has been able to support efforts that impact the goal to reduce Kentucky cancer deaths by 10%.** Since the start of the program in February 2013, almost 800 in-home Fecal Immunochemical Testing (FIT) kits have been provided to low-income individuals. In addition, 700 colonoscopies have been provided to uninsured Kentucky residents. Through the program, many people have obtained early cancer diagnosis or had polyps removed, reducing the risk of the development of cancer (Kentucky Colon Cancer Screening Program, Brief Program Services Report; February 2013-June 2015).
- **Positive steps are being made regarding several strategies to reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.** Funding provided in the 2014-2016 biennial budget and appropriated by the 2014 General Assembly enabled a total of seven local health departments to implement new Public Health Dental Hygiene programs. Since starting the program, approximately 3,600 patients have been seen and over 22,000 services have been provided (Kentucky

Department for Public Health Oral Health Program; FYTD September 2015). In addition, in September 2015, the Smiling Schools program was expanded to include 10 new counties, thanks to an \$800,000 stream of funding from the Appalachian Regional Commission and the Kentucky Oral Health Program. An estimated 17,000 to 18,000 elementary school children in 40 counties now participating in the program will receive two protective tooth varnish treatments during the school year via local health department nurses (Kentucky Department for Public Health Oral Health Program; September 2015).

- **Strides are being made in efforts to reduce deaths from drug overdose by 25% , due in part to passage of Senate Bill 192 in the 2015 Regular Session of the Kentucky General Assembly.** [SB 192](#) provided up to \$10 million focusing on substance abuse services for pregnant women, Community Mental Health Centers, plus jails and detention centers. The bill also included local provisions to allow naloxone in schools, formation of Harm Reduction Syringe Exchange Programs (HRSEP), more commonly known as needle exchange programs at local health departments, and harsher penalties for heroin traffickers. In addition, Kentucky is continuing to increase access to behavioral health and substance abuse treatment. Based on an analysis of provider enrollment and claims data, more than 300 new behavioral health providers have enrolled in Kentucky Medicaid and nearly 15,000 Medicaid members with a substance use disorder have received related treatment services since January 2014 (Deloitte Medicaid Expansion Report, February 2015 and Medicaid Claims Data, September 2015). In keeping with this trend, 34 percent more Kentuckians insured by Medicaid received behavioral health services in 2014 than in 2013 (Kentucky Department for Medicaid Services, Claims Data; September 2015).

“Kentucky has made real progress in reducing youth and adult smoking, adult obesity, and cancer and cardiovascular disease deaths, and in increasing access to health care. Even more progress is possible with teamwork between public health and health care systems, and these efforts should protect the health of people in Kentucky for years to come.”

Thomas Frieden, MD, MPH
Director, Centers for Disease
Control and Prevention



GOAL: Reduce Kentucky's rate of uninsured individuals to less than 5%.

US Benchmark	KY Baseline	KY Current Year	Source	Trend
11.9% (2015)	20.4% (2013)	9.0% (2015)	Gallup Poll	↓
11.7% (2014)	14.3% (2013)	8.5% (2014)	US Census Bureau	

- *Enroll at least 350,000 individuals in Medicaid and/or Health Benefit Exchange plans by the end of 2015. These individuals include previously uninsured individuals who are now eligible for Medicaid or who chose to purchase plans through kynect.*

Status: Completed.

In the first open enrollment period, which began on October 1, 2013, and ended on April 15, 2014, 413,410 Kentuckians enrolled in new health coverage through kynect, including 330,615 individuals who qualified for Medicaid coverage and 82,795 individuals who purchased private insurance.

In the second open enrollment period, which began on November 15, 2014, and closed on February 15, 2015, 158,685 individuals enrolled in healthcare coverage through kynect, including 55,855 individuals who enrolled in Medicaid coverage, 75,760 individuals who renewed their enrollment in a qualified health plan, and 27,070 individuals who newly enrolled in a qualified health plan (Kentucky Health Benefit Exchange; February 2015).

As of October 2015, 17,274 individuals have also enrolled in kynect dental plans (KHBE; October 2015).

- *Increase the number of kynectors and insurance agents participating in kynect by 10% by the end of 2015.*

Status: Completed.

As of February 2015, kynect had increased its complement to a total of 2,324 kynect registered agents and 1,585 kynectors, including in-person assisters and certified application counselors (KHBE; February 2015).



- *Continue to develop and execute kynect advertising and marketing campaigns, including continued collaboration with stakeholders to reach and enroll the uninsured.*

Status: Ongoing.

For open enrollment 2016, kynect’s marketing campaign will focus on targeted groups, including individuals between the ages of 18–35 years, often identified as the young invincibles; individuals who “early renewed” health plans in 2014; individuals residing in an 18-county rural area with a higher uninsured rate, and a 32-county area with poor dental health; and individuals who are being released from prisons and local jails. The campaign will include both outreach and education relating to the benefits of health and dental plans and the availability of premium subsidies for qualified health plan enrollments. To reach this population, the Kentucky Health Benefit Exchange (KHBE) has developed a media and outreach campaign for open enrollment 2016 and kynect stores will be opened in Lexington and Louisville. KHBE staff will also be working with kynectors and agents during numerous scheduled outreach and enrollment events through the kynect mobile tour (KHBE; September 2015).



- *Allow for rate quotes and a browse feature for health insurance plans offered through kynect for small employers and agents without creating an account or filing an application.*

Status: Completed.

The rate quoting tool for small employers was implemented in November 2014 (KHBE; November 2014).

- *Increase collaboration between state agencies to identify uninsured individuals who may be enrolled in other state programs.*

Status: Ongoing.

Various stand-alone programs within the Department for Public Health are working to transition patients, which give them access to more comprehensive services. For example, approximately 90% of women who would have traditionally qualified for services through the Kentucky Women’s Cancer Screening Program are now being enrolled in healthcare coverage via kynect. This enables better linkage to a medical home and access to additional

services that otherwise may have not been provided (Kentucky Department for Public Health, Division of Women’s Health; September 2015). In addition, kynect is working with other Cabinets and departments in state government who engage with small business to enroll their employees in coverage.

- *Increase access to kynect for individuals who speak languages other than English and Spanish.*

Status: Ongoing.

The user (consumer) portal, which includes the kynect application and documents, is available in English and Spanish. In addition, the KHBE continues its efforts to expand the number of languages in which kynect materials are available, including the “how to kynect” health literacy brochure. Among those languages are Burmese, Chin, French, Karen, Karenni, Kinyarwanda, Kirundi, Nepali, Somali, Swahili, and Tigrinya (KHBE; September 2015).

- *Increase application web functionality for employers and insurance agents.*

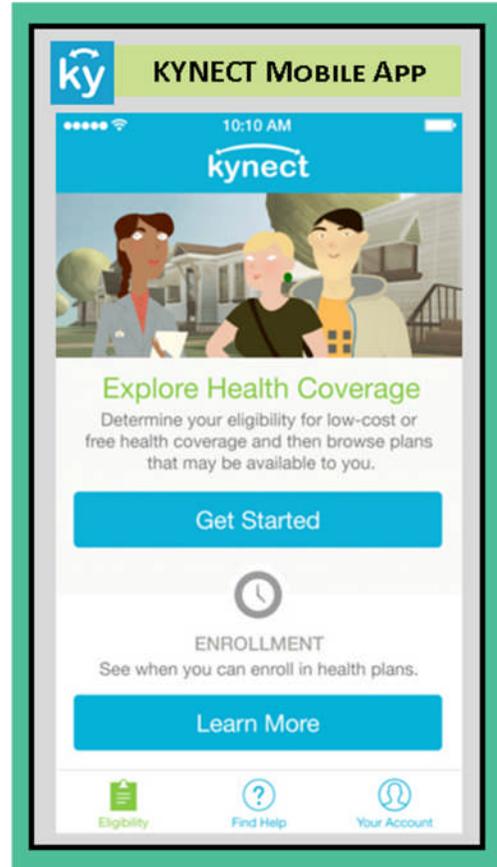
Status: Completed.

KHBE launched changes to the Small Business Health Options Program (SHOP). The improved web-based functionality was available to small group employers and agents in May 2015 (KHBE; September 2015).

- *Increase outreach efforts to small employers by working with business associations.*

Status: Ongoing.

KHBE is working with small businesses and the Kentucky Chamber of Commerce to educate and promote the SHOP changes, which KHBE anticipates will increase enrollments in SHOP (KHBE; September 2015).



GOAL: Reduce Kentucky's smoking rate by 10%.

US Benchmark	KY Baseline	KY Current Year	Source	Trend
18.1% adults (2014)	26.5% adults (2013)	26.1% adults (2014)	BRFSS*	↓
15.7% youth (2013)	17.9% youth (2013)	16.9% youth (2015)	YRBSS**	

- *Continue to support comprehensive statewide smoke-free legislation.*

Status: Ongoing.

Smoke-free legislation in Kentucky was first introduced via HB 193 in 2011. During the 2015 session, the Kentucky House of Representatives passed smoke-free legislation for the first time in its history; however, the bill was not introduced in the Senate. (Legislative Research Commission; 2015). Support of this strategy will be included in the Statewide Innovation Models (SIM) initiative Population Health Improvement Plan (PHIP).

- *Encourage Kentucky's cities and counties to continue to implement smoke-free policies.*

Status: Ongoing.

There are a total of 25 comprehensive smoke-free ordinances that now cover a total of 32.7% of Kentucky's population. This is a slight decrease in the original baseline (34.2%) due to the Kentucky Supreme Court ruling related to the Bullitt County Board of Health in July 2014, which rendered three existing local board of health smoke-free ordinances unenforceable (UK Center for Smoke-free Policy; August 2015).

- *Expand tobacco-free policies to more executive branch property.*

Status: Completed.

Governor Beshear signed [Executive Order 2014-747](#) on September 4, 2014, which expanded the prohibition of all tobacco products and e-cigarettes to all executive branch buildings and on executive branch properties. The order became effective November 20, 2014, making Kentucky only the fifth state to institute such a policy at that time. This tobacco-free rule impacts 33,000 state workers, as well as hundreds of thousands of visitors. A total of 2,888 state-owned buildings and more than 26.4 million square feet of property are covered by this progressive policy change (Executive Order 2014-747; September 2014).



- *Support increases in taxes on cigarettes and other tobacco products, and tax e-cigarettes commensurate with other tobacco products.*

Status: Ongoing.

- *Partner with school districts and universities to implement tobacco free campuses.*

Status: Ongoing.

Forty-five school districts (26% of Kentucky’s districts,) 546 individual schools, and 44% of students are covered by 100% tobacco-free school campus policies. Eleven school districts currently prohibit e-cigarettes. Sixty-seven individual college and university campus sites have smoke-free/tobacco-free policies. Fifty-seven of those include e-cigarettes (Kentucky Tobacco Prevention and Cessation program records; October 2015).

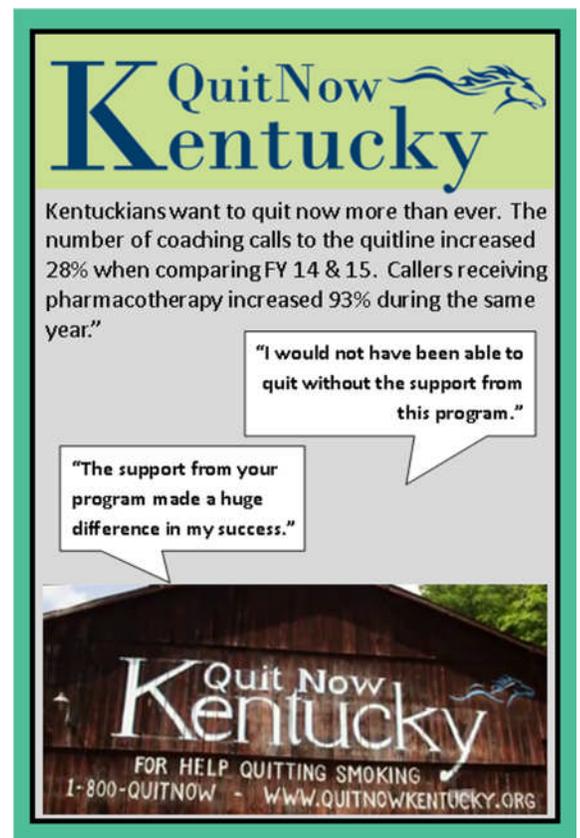
- *Increase use of smoking cessation therapy by 50%.*

Status: Ongoing.

According to the 2014 Kentucky Behavioral Risk Factor Surveillance Survey (BRFSS), a slight increase was shown in the use of smoking cessation programs. Among smokers who attempted to quit smoking or quit smoking in the past 12 months, 10.8% used a smoking cessation program. Among smokers who attempted to quit smoking or quit smoking in the past 12 months, 34.3% used some form of nicotine replacement therapy (BRFSS; 2014).

From FY14 to FY15 in the Kentucky Employee Health Plan (KEHP), the number of smokers in the Executive Branch decreased by 16.1%, compared to 13.2% among the remainder of the plan’s population. From FY14 to FY15 in the KEHP, the smoking cessation prescriptions in the Executive Branch increased by 39.7%, compared to 30.6% among the remainder of the plan population. During the same time frame, the number of plan participants in the Executive Branch seeking cessation prescriptions increased 5.2%, compared to 2.8% among the remainder of the plan population (Personnel Cabinet; August 2015).

The expansion of Medicaid has dramatically increased the utilization of tobacco-use counseling and interventions. From 2013 to 2014, the number of Medicaid claims for tobacco-use counseling and interventions increased 169% (Department for Medicaid Services, Claims Data; August 2015).



- *Support legislation to ban the sales of e-cigarettes to minors.*

Status: Completed.

Legislation was adopted during the 2014 Regular Session that banned the sale of all types of e-cigarettes to minors. [SB 109](#) prohibits the sales of all types of e-cigarettes to minors, regardless of whether the devices use nicotine. Food and Drug Administration testing has found that a number of e-cigarettes sold as “nicotine-free” actually contained the drug, and the largely unregulated nature of e-cigarette products at present creates enforcement issues concerning youth access for state agencies, retailers, school districts and parents. With passage of this law, Kentucky became one of 40 states that prohibits the sale of e-cigarettes to minors (CDC, State Laws Prohibiting Sales to Minors and Indoor Use of ENDS; November 2014).

GOAL: Reduce the obesity rate among Kentuckians by 10%.

US Benchmark	KY Baseline	KY Current Year	Source	Trend
29.6% adults (2014)	33.2% adults (2013)	31.6% adults (2014)	BRFSS*	
13.7% youth (2013)	18.0% youth (2013)	18.5% youth (2015)	YRBSS**	

- *Double the number of enrollees in the Diabetes Prevention Program through those enrolling through kynect.*

Status: Completed.

As of July 2015, a total of 31 CDC recognized Diabetes Prevention Program (DPP) organizations and 966 participants were recognized in Kentucky. This is an increase of 22 total organizations and 699 participants compared to the original baseline information. These numbers place Kentucky 9th in the nation for the greatest number of enrollees and 3rd in the nation for the greatest number of recognized organizations (CDC DPRP Report; July 2015).

Participants have the option to pay for this program out-of-pocket, receive services free via available grants, or through an insurance provider such as the Kentucky Employees Health Plan (KEHP). The Kentucky Diabetes and Control Program’s work to facilitate DPP coverage

by the state employee health plan (KEHP) was recognized as a potential promising practice by subject matter experts and project officers in Center for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion in 2015.

As noted in this strategy, the intent is to expand these efforts to additional insurance payers. Among others, the State Innovation Model Initiative (SIM) planning award received by Kentucky will specifically address diabetes through designs of both integrated service and delivery payment models.

Also, it is important to note that through the expansion of Medicaid, a 55% increase has been seen in adult diabetes screenings based upon Medicaid claims data from 2013 to 2014 (Department for Medicaid Services, Claims Data; August 2015).

- *Ensure access for all state employees to the Diabetes Prevention Program as part of the Humana Vitality program.*

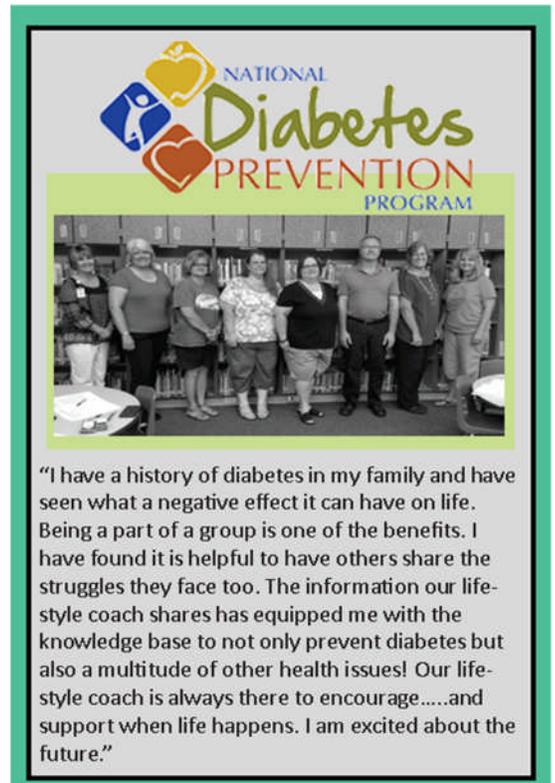
Status: Complete.

DPP remains a covered benefit for all enrolled via the KEHP if program criteria are met. As of July 2015, 242 KEHP members had been referred to a DPP, with 149 KEHP members actively participating in a DPP class. This proven and successful 16-week course meets once per week for one hour. The DPP has contributed to member weight loss at all locations, with the average weight loss of 7.86 pounds, and an average physical activity of 98.48 minutes per week. (Personnel Cabinet; September 2015).

- *Direct executive branch facilities to implement federal guidelines requiring posting of nutritional information for vending and concessions in state buildings.*

Status: Ongoing.

Three state cafeterias (Cabinet for Health & Family Services, Capitol Annex, and the Transportation Cabinet) now offer Better Bites options one day each week. Better Bites is a nutrition program that makes healthy options more accessible to the public. Each recipe has been certified to meet nutrition standards based on the Dietary Guidelines for Americans and HHS/GSA Health and Sustainable Food Guidelines (Kentucky Department for Public Health Obesity Program; 2014). The CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) is featuring the Better Bites initiative in a newly released series of state program highlights and case studies, designed to showcase the activities and successes of state programs.



- *Work with public and private workplaces to adopt healthy concessions and vending policies reflecting federal guidelines.*

Status: Ongoing.

The Department for Public Health has adopted a healthy meeting policy and encouraged its adoption by other agencies across state government. The Kentucky State of Wellness pilot project is a worksite wellness program that incorporates multimedia tools and support to assist employers in implementing effective comprehensive wellness programs that improve employee health and well-being, including promoting healthy eating guidelines. The project uses materials that incorporate guidelines from the National Healthy Worksite Program and other CDC tools, including HHS/GSA Health and Sustainability Guidelines for Federally Concessions and Vending Operations (Kentucky Department for Public Health Obesity Program; September 2015).



- *Provide executive branch employees ready access to stairwells at work.*

Status: Ongoing.

KDPH Wellness Committee posted stairwell signs to encourage employees to take the stairs (Kentucky Department for Public Health Obesity Program; September 2015).

The Finance and Administration Cabinet completed an assessment of stairwell access at state facilities in 2014. Discussion is ongoing about possible ways to increase the accessibility and use of stairwells in the future (Kentucky Finance Cabinet; 2014).

- *Certify 10 new “Trail Towns” through the Kentucky Office of Adventure Tourism by the end of 2015.*

Status: Complete.

Since the start of the kyhealthnow initiative, a total of 10 “Trail Towns” have been certified. These towns include: Morehead, Olive Hill, London, Stearns, Elkhorn City, Jamestown, Manchester, Royalton, Berea, and Columbia. These towns join the original two of Dawson Springs and Livingston for a cumulative total of twelve certified “Trail Towns” (Kentucky Office of Adventure Tourism; November 2015).

- *Complete the Dawkins Rail Line Trail by the end of 2015, adding 36 miles of trail to Kentucky’s statewide trail network.*

Status: Ongoing.

A total of 18 miles of Dawkins Rail Line Trail are completed. An additional nine miles are currently being constructed as part of phase II, and work is beginning on the second tunnel of the Dawkins Line Rail Trail (Kentucky Office of Adventure Tourism; September 2015).

- *Invest more than \$30 million in federal funds by the end of 2015 to support many community-driven initiatives for pedestrian and bicycle paths.*

Status: Ongoing.

A total of 252 bicycle and pedestrian projects have been awarded between the years of 2007 and 2015. In addition, 22 different city, county or regional areas have a bicycle and pedestrian master plan on file (Kentucky Transportation Cabinet; September 2015).

The numbers of pedestrian plans that have been adopted by local officials and publicly posted have increased from 19 to 27. Kentucky Department for Public Health continues to provide small grants to local communities to develop pedestrian plans and partner with Kentucky Transportation Cabinet (KYTC) to provide training to local communities. The Partnership for a Fit Kentucky Physical Activity Committee includes 20 partners working toward promoting walkable communities (Kentucky Department for Public Health Obesity Program; September 2015).



The Kentucky Transportation Cabinet (KYTC) has worked with the Kentucky Bicycle and Bikeways Commission since 2009 to award over \$400,000 to organizations for their work with bicycle and pedestrian education, safety, awareness and encouragement. These funds are generated through the sales of the Share the Road Specialty License Plate (Kentucky Transportation Cabinet; September 2015).

- *Challenge school districts to increase physical activity opportunities for children through implementing comprehensive school physical activity programs.*

Status: Ongoing.

Data collected from the Kentucky Department of Education (KDE) 2014-2015 Practical Living/Career Studies Program Review showed an increase in Comprehensive School Physical Activity Program (CSPAP) implementation at proficient or distinguished levels at all grade levels (890 schools, 75.8% of schools). The CSPAP is a multi-component approach by which school districts and schools use all opportunities for students to be physically active, meet the nationally recommended 60 minutes of physical activity each day, and develop the knowledge, skills and confidence to be physically active for a lifetime (KDE, Practical Living/Career Studies Program Review; October 2015).



- *Double the number of schools rating proficient or higher for coordinated school health committees by the end of 2015.*

Status: Ongoing.

Data collected from the KDE 2014-2015 Practical Living/Career Studies Program Review showed an increase in Coordinated School Health (CSH) committees for health education implementation at proficient or distinguished levels at all grade levels (861 schools, 81.8% of schools) (KDE, Practical Living/Career Studies Program Review; October 2015).

- *Partner with school districts to increase the number of school districts collecting and reporting body mass index (BMI) data within the Kentucky Student Information System.*

Status: Ongoing.

Data collected from the KDE 2014-2015 Practical Living/Career Studies Program Review showed an increase in elementary and high schools utilizing BMI data to inform local school wellness policy (133 schools, 11% of schools) (KDE, Practical Living/Career Studies Program Review; October 2015).

- *Work with early child care providers to increase opportunities to prevent obesity among our youngest children.*

Status: Ongoing.

A total of 103 early care and education (ECE) programs have participated in the Early Care Learning Collaboratives (ECLC). Two additional collaboratives were started in Jefferson County and Eastern Kentucky in the spring of 2015. An additional collaborative will be held in the Barren River Area Development District starting in late fall of 2015. The three collaboratives will reach an additional 75 ECE programs, bringing the total number of trained ECE programs to 178 since March 2014. This program consists of intensive training and technical assistance regarding the rationale supporting best practices in nutrition, physical activity, screen time, breastfeeding and family engagement. The ECE programs participating in the first ECLC reported making changes in best practices around breastfeeding, physical activity, healthy eating and staff wellness. The biggest challenge facing sustainable change is the fragile infrastructure of ECE programs that face high staff turnover, program closure or changes in ownership.

A [5-2-1-0 Healthy Numbers](#) for Kentucky Families toolkit was developed and training was provided to credentialed trainers and community leaders. *5-2-1-0 Healthy Numbers* is a program that emphasizes five fruits and vegetables, no more than two hours of screen time, one hour of physical activity, and no sugary drinks per day. Training was held and 20 credentialed trainers were trained, leading to a total of 10 Family Child Care Home Providers, 364 ECE professionals and 46 community leaders trained since June 2014.

The credentialed trainers will offer continuing education credits to early care and education programs with the goal for programs to understand the need to implement best practices around healthy eating and physical activity. Early Care and Education programs are encouraged to complete the Let's Move Child Care Checklist and develop an action plan to implement best practices. Community leaders are encouraged to promote 5-2-1-0 to parents in an effort to spread a consistent message that supports sustainable changes (Kentucky Department for Public Health Obesity Program; September 2015).



- *Develop initiatives to honor and recognize businesses and schools that provide greater opportunities for physical activity.*

Status: Ongoing.

As of July 31, 2015, there were 650 schools signed up to be a part of the Let's Move Active Schools (KDE and Let's Move Active Schools Database; July 2015).

Two hundred thirty-one Kentucky schools have free access to GoNoodle plus thanks to new state partnerships with Passport Health Plan, Highlands Regional, Owensboro Health, St. Claire Regional Medical Center, Hardin Memorial and Kosair's Children Hospital. Go Noodle Plus is a classroom based physical activity program that allows teachers to integrate movement into content teaching (KDE; October 2015).

Twenty-four schools across Kentucky including four new sponsorships in 2015, have been sponsored for a grant by Project Fit America since 2009. The Baptist Health Systems in Corbin, Elizabethtown, Louisville, Madisonville and Paducah were the local partners that funded Project Fit America to deliver equipment, teacher training, curriculum and resources to the schools with a goal of getting kids fit and fostering a love of movement (KDE; October 2015).

Results of the "Kentucky Worksite Assessment: Utilization of the CDC's Health Scorecard" were presented in April 2014. The assessment was conducted to identify the number of comprehensive worksite health promotion programs in Kentucky and to determine the health needs of worksites in Kentucky. This CDC Worksite report will be useful going forward to help encourage programs to recognize initiatives to honor businesses that provide greater opportunities for physical activity in the future (Results of the Kentucky Worksite Assessment: Utilization of the CDC's Health Scorecard; April 2014).

In addition the Kentucky Board of Education Health Subcommittee will host the first annual School Health Recognition Program in November 2015. During this event, outstanding schools, districts and programs will be recognized from across Kentucky for their efforts in making schools healthier places to learn and grow (Kentucky Department of Education, September 2015).



GOAL: Reduce Kentucky cancer deaths by 10%.

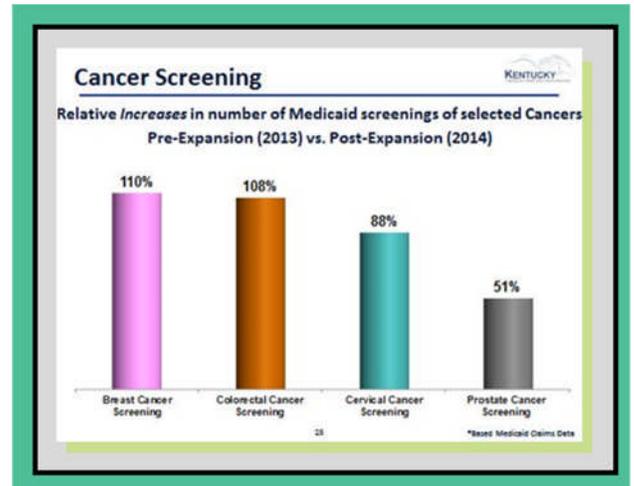
US Benchmark	KY Baseline	KY Current Year	Source	Trend
166.4 per 100,000 (2012)	207.4 per 100,000 (2010)	201.2 per 100,000 (2012)	National Cancer Institute	↓

- *Increase screening rates for colon, lung and breast cancer by 25% in accordance with evidence-based guidelines.*

Status: Ongoing.

Data from the 2014 Kentucky BRFSS show a slight increase in colon and breast cancer screening rates. A total of 69.7% adults aged 50+ years of age reported they have had a sigmoidoscopy or colonoscopy and 74.4% of women aged 40+ reported having had a mammogram in the past two years (BRFSS; 2014).

In addition, a relative increase of 110% for breast and 108% for colorectal cancer screenings was seen for Medicaid members when comparing pre- (2013) and post- expansion (2014) numbers (Department for Medicaid Services, Claims Data; August 2015).



- *Provide a \$1 million match to the Kentucky Colon Cancer Screening Program in the 2014-2016 executive budget to provide \$2 million for screenings for uninsured and underinsured Kentuckians.*

Funding was contained in the Governor’s 2014-2016 Executive Budget and was approved by the General Assembly. Since the start of the program in February 2013, the Kentucky Colon Cancer Screening Program has provided in-home Fecal Immunochemical Testing (FIT) kits to 798 low-income individuals and 700 colonoscopies to uninsured Kentucky residents. Twelve people have been diagnosed with colon cancer, and two people have been diagnosed with rectal cancer. Twenty-six percent of the people who received colonoscopies had polyps removed, reducing the risk of colon cancer (Kentucky Colon Cancer Screening Program, Brief Program Services Report; February 2013-June 2015).

- *Provide \$1 million to expand screenings through the Kentucky Cancer Program in the 2014-2016 executive budget to increase breast and cervical cancer screening among Kentucky women. The funding also helps women navigate the health care system.*

Status: Completed.

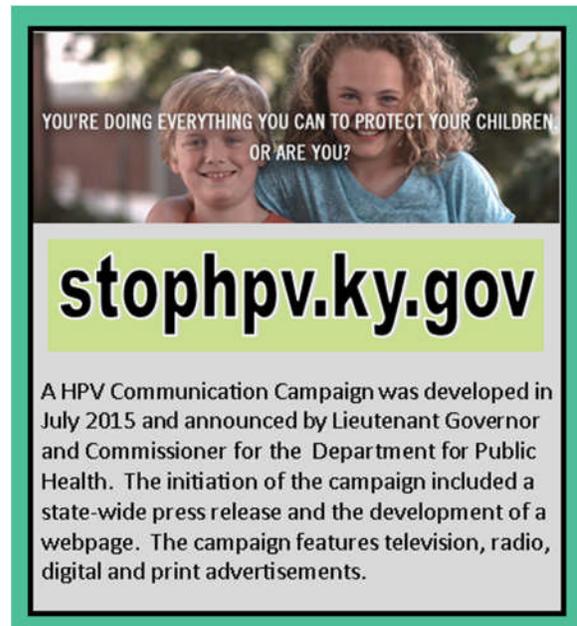
Funding was contained in the Governor's proposed budget (2014-2016 Executive Budget).

- *Increase rates of HPV vaccination by 25% in order to reduce incidence of cervical, oral and related cancers among men and women, through the support for legislation requiring HPV vaccination among boys and girls as a condition of school attendance, along with partnering with stakeholders to implement a comprehensive educational campaign regarding safety, effectiveness and importance of the HPV vaccination for both girls and boys.*

Status: Ongoing.

The percentage of females aged 13 through 17 years in Kentucky who received three doses of HPV vaccine trended upwards, increasing from 26.8% in 2013 to 37.5% in 2014. The percentage of males aged 13 through 17 years who received three doses of HPV vaccine was 13.3% in 2014. No comparable comparison for male HPV coverage from previous years is available (2014 National Immunization Survey).

The Kentucky HPV task force continues to meet and includes representatives from the Department for Public Health (DPH) Commissioner's Office, Kentucky Immunization Program, Women's Cancer Screening Program, Family Planning, Adolescent Health Initiatives Program, STD Program, Office of Health Equity, HIV, Coordinated School Health Program, UK and U of L, local health departments, and CHFS Office of Communications. The task force plans to implement the statewide HPV strategic plan and increase the HPV immunization rates, as well as educate healthcare providers and the public about the disease and the benefits of vaccination.



The Kentucky Immunization Registry reminder/recall system has been developed. It can issue reminder/recall notices to parents of adolescents who have not received one or more doses of HPV vaccine.

Immunization field staff conduct annual adolescent site visits to targeted providers to assess HPV vaccine coverage levels. During these visits providers are given HPV resources, which include educational materials, brochures and posters (Kentucky Department for Public Health Immunization Program; September 2015).

It is also important to note that a relative increase of 88% was seen in cervical cancer screenings for Medicaid members when comparing pre- (2013) and post- expansion (2014) screening numbers (Department for Medicaid Services, Claims Data; August 2015).

- *Support legislation banning tanning bed use by children under 18 to reduce the incidence of skin cancer.*

Status: Ongoing.

Attempts were made to support passage of HB 310 in the 2014 General Assembly, which was favorably passed out of the House, but not the Senate Health and Welfare Committee. Legislation was again introduced via HB 252 in the 2015 Legislative Session, but had the same results (Legislative Research Commission).

GOAL: Reduce cardiovascular deaths by 10%.

US Benchmark	KY Baseline	KY Current Year	Source	Trend
221.6 per 100,000 (2013)	271.7 per 100,000 (2011)	260.3 per 100,000 (2013)	CDC Wonder	↓

- *Increase by 25% the proportion of adults receiving aspirin therapy in accordance with evidence-based guidelines.*

Status: Ongoing.

The Cabinet for Health and Family Services continues to work with internal and external stakeholders, including development of an all-payer claims database and increased utilization of the Kentucky Health Information Exchange, to develop a reliable statewide tracking and monitoring capacity for this metric.

- *Reduce the proportion of adults with uncontrolled hypertension by 10%.*

Status: Ongoing.

Compared to 2011, when 38% of adults reported high blood pressure, the percentage of adults who were told they have high blood pressure increased to 39.1% in 2013 (BRFSS; 2013).

From January through August 2015, there were 25,582 educational encounters, 2,895 patient blood pressures improved to a healthy zone, and 65 participating partner sites. Each one of these numbers is a significant increase from the 2012 annual count (St. Elizabeth Healthcare NKY CARE Data Collection Tool; 2015).

- *Reduce the proportion of adults with hypertension who are current smokers by 10%.*

Status: Ongoing.

The Cabinet for Health and Family Services continues to work with internal and external stakeholders through the Statewide Innovation Models (SIM) Initiative to develop a reliable statewide tracking and monitoring capacity for this metric. This includes the development of an all-payer claims database and increased utilization of the Kentucky Health Information Exchange.

- *Increase by 10% the proportion of adults who have had their blood cholesterol checked within the preceding five years.*

Status: Ongoing.

Expansion of Medicaid has increased the utilization of cholesterol screenings. From 2013 to 2014, the number of Medicaid claims for adult LDL-Cholesterol Screenings increased by 111% (Department for Medicaid Services, Claims Data; August 2015).

- *Increase the percentage of individuals receiving evidence-based smoking cessation treatment by 50%.*

Status: Ongoing.

Among smokers who attempted to quit smoking or quit in the past 12 months, 10.8% used a smoking cessation program. Among smokers who attempted to quit or quit smoking in the past 12 months, 34.3% used some form of nicotine replacement therapy (BRFSS; 2014).

The number of smokers in the Executive Branch enrolled in the Kentucky Employee Health Plan (KEHP) decreased by 16.1%, compared to 13.25% among the remainder of the plan population from FY14 to FY15. Smoking cessation prescriptions for employees in the Executive Branch increased by 39.7%, compared to 30.6% among the remainder of the

plan's participants. During the same time frame, the number of plan participants seeking cessation prescriptions increased 5.2%, compared to 2.8% among the remainder of the plan population (Personnel Cabinet; August 2015).

Expansion of Medicaid has dramatically increased the utilization of tobacco-use counseling and interventions. From 2013 to 2014, the number of Medicaid claims for tobacco-use counseling and interventions increased 169% (Department for Medicaid Services claims data; August 2015).

- *Decrease the percentage of Kentuckians with diabetes whose most recent HbA1C level was greater than 9% during the preceding year, recognizing the link between diabetes and heart disease.*

Status: Ongoing.

HEDIS data show an overall decrease in those with HbA1C in poor control (>9%) between data collected in CY 2013 and CY 2014. While this data only represents a subset of the population of Kentucky (Medicaid members), through increased insurance coverage and efforts to focus on primary prevention, there is an expectation of an improvement in overall diabetes rates over time (HEDIS 2014).

- *Support the ongoing efforts of the Kentucky CARE Collaborative, a statewide effort designed to provide blood pressure awareness education within communities.*

Status: Ongoing.

From January through August 2015, there were 25,582 educational encounters, 2,895 patient blood pressures improved to a healthy zone, and 65 participating partner sites. Each one of these numbers is a significant increase from the 2012 annual count (St. Elizabeth Healthcare NKY CARE Data Collection Tool; 2015).

- *Continue efforts to lower sodium intake in government-regulated facilities, given the link between sodium intake and cardiovascular disease.*

Status: Ongoing.

Three state cafeterias (Cabinet for Health and Family Services, Capitol Annex and the Transportation Cabinet) offer Better Bites options, which require each entrée to have less than 500 mg of sodium (Kentucky Department for Public Health Obesity Program; 2014). The Better Bites program is set to be featured in a new CDC publication that highlights nutrition activities in state programs.



- *Continue support for efforts of the Stroke Encounter Quality Improvement Project, a statewide voluntary initiative among hospitals to implement evidence-based integrated cardiovascular health systems in Kentucky.*

Status: Ongoing.

The 2014 annual count shows that there were 22 participating hospitals and 88.8% eligible patients who received screenings for dysphagia, or difficulty swallowing. This is an increase of one more hospital in the total number of participating sites compared to 2013 (SEQIP Stroke Registry Data Summary; 2014).

GOAL: Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.

US Benchmark	KY Baseline	KY Current Year	Source	Trend
No comparable benchmark	34.6% 3 rd Graders w/ Untreated decay (2001)	Data Update unavailable	State Oral Health Survey	
49.2% of total eligible children received a dental service (2014)	48.3% of total eligible children received a dental service (2013)	49.5% of total eligible children received a dental service (2014)	Centers for Medicaid Services	↑
67.2% adults visited a dentist within the past year (2012)	60.3% of adults visited a dentist within the past year (2012)	61.0% of adults visited a dentist within the past year (2014)	BRFSS*	↑

- *Increase pediatric dental visits by 25% by the end of 2015.*

Status: Ongoing.

According to the Centers for Medicaid Services CMS-416 Report, Kentucky has seen an increase in the percentage of children ages 1 through 20 who have received dental services, from 48.3% of total eligible children receiving a dental service in 2013 to 49.5% in 2014 (Centers for Medicaid Services, CMS-416; FY2013 & FY14). These numbers reflect any paid Medicaid dental claims to children under age 19 and are distinct encounters. This new metric has been added to indicate the status of children’s oral health. Since approximately 50% of the state’s children were served through Medicaid or KCHIP during the course of 2014, this metric can serve as an indicator of trend directions in dental visits for all children in Kentucky (Kentucky Department for Medicaid Services; 2015).

Funding through the 2014-2016 biennial budget, and as appropriated by the 2014 General Assembly, has been awarded to a total of seven local health departments (Clark, Jessamine, Lewis, Lawrence and Pike counties, and Lincoln Trail and Purchase Districts) to fund implementation of the public health dental hygiene program. Since starting the program, approximately 3,600 patients have been seen and over 22,000 services have been provided (KY Department for Public Health, Oral Health Program; FYTD September 2015).

- *Partner with Managed Care Organizations to encourage increased utilization of dental services.*

Status: Ongoing.

Over 800,000 total claims were submitted to Medicaid for dental services in 2014. (Medicaid Claims Data). In addition, a total of \$18,075,000 was paid in revenue from Medicaid expansion to dental providers, and over 115,000 preventive dental services were provided to over 80,000 Medicaid expansion members in 2014 (Deloitte Medicaid Expansion Report, February 2015).

- *Create public-private partnerships to increase to 75% the proportion of students in grades 1-5 receiving twice yearly dental fluoride varnish application.*

Status: Ongoing.

Data show a slight increase in the number of children ages 6-12 years old with more than two dental fluoride varnishes during the year (Medicaid Claims Data; 2014). Anticipated growth is expected in this area due to the new Public Health Dental Hygienists program via local health departments. School-based strategies to increase utilization of this vital preventive service are also underway in collaboration with key partners.

Smiling Schools, created in 2011 by Governor Beshear, is a program administered by nurses at local health departments who provide fluoride varnish treatments to elementary school students in grades 1 through 5. In September 2015, this program was expanded to include 10 new counties, due to an \$800,000 stream of funding from the Appalachian Regional Commission and the Kentucky Oral Health Program. An estimated 17,000 to 18,000 elementary school children in the 40 counties now participating in the program are anticipated to receive two protective tooth varnish treatments during the grant/school year under the program expansion (Kentucky Department for Public Health Oral Health Program; September 2015).



- *Increase by 25% the proportion of adults receiving fluoride varnish during an annual dental visit.*

Status: Ongoing.

Active discussions are underway regarding this strategy with the Kentucky Dental Association and other partners via the SIM initiative to including possible re-evaluation to reflect emerging practices regarding adult preventive oral health strategies.

- *Increase by 25% the percentage of adults receiving medically indicated dental preventive and restorative services, including fillings and root canals, in accordance with evidence-based practices.*

Status: Ongoing.

Data show a total of 162,326 adults in the Medicaid program received preventive dental services in 2014. This is more than double the 74,866 served in 2013, and demonstrates a growing awareness of the importance of dental services for adults (Medicaid Claims Data; September 2015).

- Partner with stakeholders to increase the number of dental practitioners in Kentucky by 25%.

Status: Ongoing.

In July 2015, Governor Beshear announced a new loan forgiveness program for dental students who will practice in Eastern Kentucky. The program is supported by \$500,000 funded by public health and is available for dental students who practice in the region. The dental schools at the University of Kentucky and University of Louisville will administer the program, providing two to five awardees \$100,000 each for a two-year commitment.

Dentists who participate in the Medicaid program substantially increased their overall level of participation during 2014, the first year of Medicaid expansion, as indicated by an increase in total annual dental paid claims of over 29 million dollars (Kentucky Department for Medicaid Services; 2015).

In May 2014, Kentucky was chosen as one of only seven states to participate in the National Governor Association's Health Workforce Policy Academy. This academy is designed to help states develop and implement statewide plans for their health care workforce with the goal of improving the quality of health care and controlling its cost. Specific assessments related to this strategy will be included in discussions with key partners throughout this process (Office of Health Policy).

The potential exists to expand the new Public Health Dental Hygienists program via local health departments, which will address oral health access issues in Kentucky. Also, an innovative public/private partnership between Community Dental of Kentucky – a nonprofit and the University of Louisville Pediatrics to provide a multi-disciplinary health care home for Kentucky children enrolled in the Medicaid program is an emerging model of integrated care that is showing promise (Kentucky Department for Public Health Oral Health Program; September 2015).

GOAL: Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.

US Benchmark	KY Baseline	KY Current Year	Source	Trend
13.8 per 100,000 (2013)	23.6 per 100,000 (2010)	23.7 per 100,000 (Prelim 2014)	National Center for Health Statistics	↑
3.7 days (2013)	4.5 days (2013)	4.5 days (2014)	BRFSS*	

- *Double the number of individuals receiving substance abuse treatment by the end of 2015.*

Status: Ongoing.

In 2014, nearly 15,000 individuals in the Medicaid program received substance abuse treatment services, which is a newly covered essential health benefit pursuant to the Affordable Care Act as of January 1, 2014. (Medicaid Claims Data; September 2015).*

Data from the 14 Community Mental Health Centers (CMHC), that serve as the state’s safety net behavioral health provider network, indicate that 3,782 individuals with a substance use disorder received services in FY2014 and 5,517 were served in FY2015, resulting in a 46% increase (Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities, September 2015).

The Cabinet for Health & Family Services continues to partner with internal and external stakeholders, including through development of an all-payer claims database and increased use of the Kentucky Health Information Exchange, to develop reliable statewide metrics to measure substance abuse treatment utilization.

* For purposes of this report, substance use disorder treatment in the Medicaid program is defined using the same methodology as that utilized in the Deloitte Medicaid Expansion Report (February 2015).

- *Support legislation creating a “Good Samaritan Rule” for individuals seeking overdose treatment or assistance for others.*

Status: Completed.

The Kentucky General Assembly passed comprehensive anti-heroin legislation (Senate Bill 192) during the 2015 Regular Session, which contains a “Good Samaritan” provision conferring protection from prosecution for possession of a controlled substance or the possession of drug paraphernalia for those who seek medical assistance for an individual experiencing a drug overdose (Legislative Research Commission).

- *Expand access to naloxone by 100% among first responders and medical professionals to enable rapid administration of this life-saving treatment.*

Status: Ongoing.

The Substance Abuse Treatment Advisory Council approved the use of pharmaceutical settlement funds to purchase naloxone rescue kits, which have been distributed to the University of Louisville Hospital, the University of Kentucky Hospital in Lexington, and the St. Elizabeth Hospital system in Northern Kentucky. Kits are provided free of charge to every treated and discharged overdose victim. There are plans to make kits available to a hospital in eastern Kentucky. In addition, the Kentucky General Assembly passed comprehensive anti-heroin legislation (Senate Bill 192) during the 2015 Regular Session, which contains provisions allowing increased access by first responders to naloxone and authorizing pharmacists to prescribe naloxone under certain circumstances (Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities; September 2015). Utilizing funds provided in Senate Bill 192 the Kentucky Agency for Substance Abuse Policy (KY-ASAP) program has awarded \$453,949.00 to 37 local boards for opioid overdose prevention. The majority of the boards are purchasing naloxone for first responders and others (Justice Cabinet; September 2015).

FUNDING FOR SUBSTANCE ABUSE TREATMENT SERVICES

Senate Bill 192 from the 2015 Regular Session of the Kentucky General Assembly provided up to \$10 million focusing on substance abuse services for pregnant women, Community Mental Health Centers, plus jails and detention centers. The bill also included local provisions to allow naloxone in schools, formation of Harm Reduction Syringe Exchange Programs (HRSEP), and harsher penalties for heroin traffickers.

Another future avenue for greater distribution of naloxone may be through newly authorized Harm Reduction Syringe Access Program, which communities may choose to operate through their local health departments. Two communities, Louisville and Lexington, have implemented such programs, since Senate 192 allowed this option.

- *Increase by 50% the availability of substance use treatment for adolescents.*

Status: Ongoing.

The Department for Behavioral Health, Intellectual and Developmental Disabilities (DBHDID) provided evidence-based adolescent treatment training in each CMHC and three private agencies through a federally funded cooperative agreement. Kentucky Kids Recovery Adolescent Substance Use Treatment grants allocated \$18.1 million in seed money to 19 agencies for adolescent substance use treatment programming across the state. As of September 14, 2015, 1,200 adolescents had been registered in the Kentucky Kids Recovery outcomes tracking system. UK's Adolescent Health and Recovery Treatment and Training (AHARTT) initiative, funded with pharmaceutical settlement dollars, is training providers across the state in two evidence-based treatment approaches and has opened a clinic at UK to serve adolescents. As of September 14, 2015, 234 adolescents had been registered in the UK AHARTT outcomes tracking system (KY Department for Behavioral Health, Developmental and Intellectual Disabilities; September 2015).

- *Increase substance use disorder residential and intensive outpatient treatment capacity by 50%.*

Status: Ongoing.

As of September 2015, there were 27 Adult Basic Opportunity Development Environment (AODE) residential facilities in the state and 24 dually licensed AODE/ Behavioral Health Services Organization (BHSO) residential facilities. The state also has four free-standing chemical dependency treatment centers, six hospitals with chemical dependency beds, and two licensed residential crisis stabilization units (OIG Directory for AODE/BHSO; September 2015). The Office of the Inspector General (OIG) reports 206 nonresidential AODEs and 43 dually licensed outpatient AODE/BHSO facilities with 92 extensions. CMHC 2015 contracts required each of the 14 CMHC regions to offer intensive outpatient services by 2015 (OIG; September 2015).

- *Partner with stakeholders to increase the number of credentialed substance use treatment professionals by 25%.*

Status: Ongoing.

DBHDID partnered with the Board of Certification of Alcohol and Drug Counselors to successfully advocate for legislative passage of the Licensed Clinical Alcohol and Drug Counselor (LCADC) credentials in the 2015 General Assembly Regular Session (HB 92, Legislative Research Commission). The bill creates a licensure category for those alcohol and drug counselors with Master's Degrees who meet the requirements for national testing, have specific education in addiction counseling, and three years of supervised experience in addiction treatment.

There were 729 substance use treatment professionals as of March 2014 and 876 as of September 2015 (CADC Board Database, September 2015). In addition, there was an expansion in the number of substance use treatment professionals trained at the Kentucky School for Alcohol and Other Drug Studies with over 700 individuals attending in 2015. More than 300 new behavioral health providers have enrolled in the Medicaid program since January 2014 (Deloitte Medicaid Expansion Report, February 2015). In addition, more than 650 Medicaid providers rendered substance use treatment services for Medicaid members in 2014 (Medicaid Claims Data; September 2015).

- *Create a more comprehensive and open access behavioral health network and increase by 25% the number of behavioral health providers eligible to seek reimbursement from Medicaid by the end of 2015.*

Status: Ongoing.

Significant progress has been made on this strategy as more than 300 new behavioral health providers have been added to the Medicaid network. (Deloitte Medicaid Expansion Report, February 2015).

- *Increase by 25% the percentage of adults and children receiving medically indicated behavioral health services by the end of 2015.*

Status: Ongoing.

In 2013, 88,106 children and 73,329 adults in the Medicaid program received a behavioral health service (e.g., outpatient psychotherapy, outpatient behavioral health service delivered by a physician, behavioral health residential services) and had a primary diagnosis of a behavioral health disorder. Those with a primary diagnosis of substance use were excluded. In 2014, 94,393 children and 123,270 adults in the Medicaid program received a behavioral health service (e.g., outpatient psychotherapy, outpatient behavioral health service delivered by a physician, behavioral health residential services) and had a primary diagnosis of a behavioral health disorder. Those with a primary diagnosis of substance use were excluded. This represents an increase of approximately 7% for children and 68% for adults (Kentucky Department for Medicaid Services, Claims Data; September 2015).

- *Increase the proportion of adults and adolescents who are screened for depression during primary care office visits by 10%.*

Status: Ongoing.

Medicaid MCO contract language requires that Primary Care Physicians (PCPs) have screening and evaluation procedures for the detection and treatment of, or referral for, any known or suspected behavioral health problems and disorders (Kentucky Department for Medicaid Services; 2015).

In 2013, there were 434 children and 1,717 adults in the Medicaid program for whom the claim indicated that screening for depression occurred during an office visit. In 2014, there were 1,169 children and 5,834 adults for whom the claim indicated that screening for depression occurred during an office visit. This represents approximately 240% increase for adults and 169% for children (Medicaid Claims Data; September 2015).

- *Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders by 10%.*

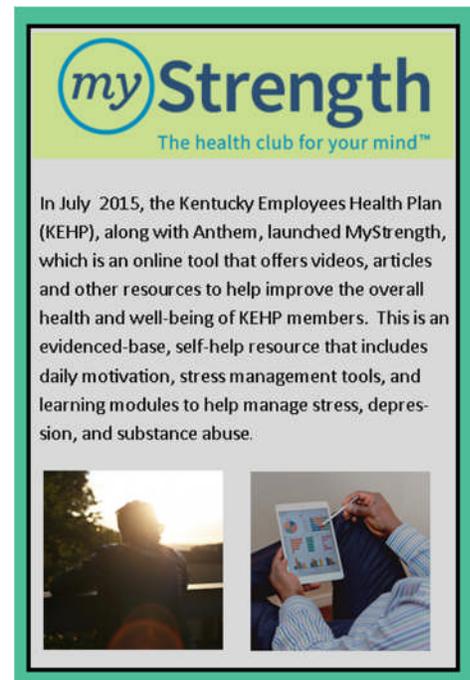
Status: Ongoing.

Data from the 14 Community Mental Health Centers, that serve as the state's safety net behavioral health provider network, indicate 3,781 individuals with co-occurring substance use and mental health disorders received services in FY2014 and 5,998 received services in FY2015, resulting in a 59% increase (Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities, September 2015).

- *Partner with stakeholders to increase the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to 25% of medical providers (primary care, prenatal care providers and emergency departments).*

Status: Ongoing.

SBIRT was successfully added to the Medicaid state plan in 2014. Education of providers in the implementation of SBIRT is ongoing. Efforts to increase utilization of SBIRT include the Service Members, Veterans and their Families (SMVF) Behavioral Health Initiative in collaboration with the KY National Guard, with the goal of increasing the use of SBIRT within the military population. In addition, the KIDS NOW Plus program provides ongoing training in the use of SBIRT to primary care and prenatal care providers. Substance Use Treatment and Recovery Branch staff have collaborated with Public Health staff to support SBIRT planning for improved access and expansion across the state. Additionally, the University of Kentucky and Northern Kentucky University have both received federal grants to train students in SBIRT (Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities; September 2015).





2015 kyhealthnow Scorecard

November 2015

Appendix: kyhealthnow Scorecard November 2015

Goals	US Benchmark	KY Baseline	KY Current Year	Source	Trend
Reduce Kentucky's rate of uninsured individuals to less than 5%.	11.9% (2015)	20.4% (2013)	9.0% (2015)	Gallup Poll	↓
	11.7% (2014)	14.3% (2013)	8.5% (2014)	US Census Bureau	
Reduce Kentucky's smoking rate by 10%.	18.1% adults (2014)	26.5% adults (2013)	26.1% adults (2014)	BRFSS*	↓
	15.7% youth (2013)	17.9% youth (2013)	16.9% youth (2015)	YRBSS**	
Reduce the rate of obesity among Kentuckians by 10%.	29.6% adults (2014)	33.2% adults (2013)	31.6% adults (2014)	BRFSS*	↓
	13.7% youth (2013)	18.0% youth (2013)	18.5% youth (2015)	YRBSS**	
Reduce cancer deaths by 10%.	166.4 per 100,000 (2012)	207.4 per 100,000 (2010)	201.2 per 100,000 (2012)	National Cancer Institute	↓
Reduce cardiovascular deaths by 10%.	221.6 per 100,000 (2013)	271.7 per 100,000 (2011)	260.3 per 100,000 (2013)	CDC Wonder	↓
Reduce the percentage of children with untreated dental decay by 25%	No comparable benchmark	34.6% 3 rd Graders w/ Untreated decay (2001)	Data Update unavailable	State Oral Health Survey	↑
	49.2% of total eligible children received a dental service (2014)	48.3% of total eligible children received a dental service (2013)	49.5% of total eligible children received a dental service (2014)	Centers for Medicaid Services‡	
and increase adult dental visits by 10%	67.2% adults visited a dentist within the past year (2012)	60.3% of adults visited a dentist within the past year (2012)	61.0% of adults visited a dentist within the past year (2014)	BRFSS*	↑
Reduce deaths from drug overdose by 25%	13.8 per 100,000 (2013)	23.6 per 100,000 (2010)	23.7 per 100,000 (Prelim 2014)	National Center for Health Statistics	↑
and reduce 25% the average number of poor mental health days of Kentuckians	3.7 days (2013)	4.5 days (2013)	4.5 days (2014)	BRFSS*	

*Behavioral Risk Factor Surveillance System, (BRFSS); **Youth Risk Behavior Surveillance System (YRBSS); ‡ CMS-416 Annual EPSDT Participation Report