

KENTUCKY OLMSTEAD COMPLIANCE PLAN AND IMPLEMENTATION UPDATE

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EXECUTIVE SUMMARY

Kentucky's Olmstead Compliance Plan, originally released September 25, 2001, outlines state programs that currently support community-based efforts, makes recommendations, sets goals and strategies for each initiative, and lists challenges with Olmstead compliance. The plan is modified and updated as necessary to ensure that older adults and persons with disabilities are provided with appropriate choice and access to community-based services, long-term care options, and housing opportunities. In 2015, the Cabinet for Health and Family Services updated the Olmstead Compliance Plan to further its commitment to serving individuals with disabilities in the least restrictive and most appropriate setting possible for each individual. This document serves as an update on the implementation of those goals and establishes an updated Kentucky Olmstead Compliance Plan 2019.

Kentucky's first "Olmstead Compliance Plan" was established in 2002 within the former Cabinet for Health Services. An administrative order executed by the secretary of the then Cabinet for Health Services created the Kentucky Olmstead State Consumer Advisory Council, which consisted of 35 representatives of persons with specific disabilities, geographic regions and cultural groups along with many members of the original Olmstead planning group. To create the Olmstead Compliance Plan, public forums were conducted throughout the state wherein housing, access to services and transportation were identified as key issues. Stakeholders and consumers, in collaboration with members of the Advisory Council, then created recommendations to improve and expand community-based services to individuals with disabilities.

Kentucky's Olmstead Compliance Plan establishes a framework for the state to ensure that its statutes, regulations, and program initiatives are harmonious with the principles established in the landmark civil rights case *Olmstead v. L.C.*, 527 U.S. 581, 119 S. Ct. 2176, 144 L. Ed. 2d 540 (1999). The decision in this case established that keeping persons with disabilities in segregated settings when they are capable of and desire to reside in the community is unlawful, discriminatory and in violation of Title II of the Americans with Disabilities Act (ADA). The plan adopted in 2002 organized recommendations for future actions into thirteen components. The most recent plan update, released in 2015, combined these thirteen components into nine major goals:

Goal 1: To establish an environment which enables all individuals with disabilities to live meaningful, inclusive, and integrated lives within their community supported by an array of services, in a setting of which they choose, according to individual need, with input from their families and legal guardians, as appropriate.

Goal 2: To establish Education/Outreach programs for individuals with disabilities, and their families or support systems, in order to prevent facility placement, with input from his/her family and legal guardian, as appropriate.

Goal 3: To prevent persons with disabilities from being incarcerated for minor offenses that are a result of their disability, and to provide persons with disabilities who leave correctional institutions, or other institutions, access to needed community-based services, with family and legal guardian input, as appropriate.

Goal 4: To establish evidence-based programs which will facilitate the transition to adulthood for all transition age youth (14-25 years old), according to individual choice and need, with family and guardian input, as appropriate.

Goal 5: To increase available, accessible, quality, and affordable community housing.

Goal 6: To establish a process that will allow individuals with disabilities to safely and appropriately transition from an institution to a community setting.

Goal 7: To establish effective work programs that will allow Kentuckians with disabilities choices for competitive, meaningful, and sustainable employment in the most integrated setting, according to individual choice and need, with input from families and guardians, as appropriate.

Goal 8: To establish cost-effective, and accessible transportation choices for individuals with disabilities that support the essential elements of life such as employment, housing, education, and social connections.

Goal 9: To ensure allocation of quantifiable, measurable tasks in regard to the elements of the Olmstead plan, including regular updates in order to ensure that the Commonwealth progresses toward the vision of protecting the rights of persons with disabilities. In order to do this, the Commonwealth will update the Olmstead plan a minimum of every two years.

These goals remain essential to Kentucky's Olmstead Compliance Plan.

INTRODUCTION

This update, effective December 2019, organizes the previously established nine goals into four major categories based on current statutes, regulations, and program initiatives:

1. **State Commitment:** The Commonwealth of Kentucky is dedicated to providing community living as well as community-based services and supports for all who desire it and are appropriate for non-institutional care. To enhance these services, Kentucky will continue to administer state programs, services, and activities in the most integrated setting appropriate to a person’s needs, and will collaborate with stakeholders to ensure ongoing and meaningful stakeholder relationships.
2. **Assessment and Transition:** The Commonwealth of Kentucky is committed to providing timely assessments for persons currently residing in, or at risk of entry into, institutions or other congregate living settings. Kentucky will continue to seek out and implement successful treatment programs in order to decrease the institutionalization of individuals with disabilities who are capable of and desire to receive all therapeutic and residential services in the most community-integrated setting appropriate for their individual needs.
3. **Diversion:** Kentucky’s Olmstead Compliance Plan includes recommendations and goals designed to divert individuals at risk of institutionalization. As part of its commitment to providing individuals with disabilities community-integrated services to the fullest extent possible, Kentucky will continue to develop and implement diversion programs including, but not limited to, Peer Support Services, Crisis Service Systems, Person-Centered Recovery Planning, Assertive Community Treatment (ACT), Supportive Housing Assistance, and Supported Employment Services.
4. **Data and Research:** Kentucky’s Olmstead Compliance Plan includes recommendations and goals designed to enhance the collection and analysis of data to support the implementation of this Plan. Kentucky is currently collecting and analyzing data related to individuals’ experiences in avoiding long-term institutional placements. Once completed, the information collected will establish a database of home and community-based services and long-term care services data. The collected data will be analyzed and used to enhance ongoing treatment and support services as well as to create any new services that are determined necessary for the treatment, support, and success of individuals with disabilities.

IMPLEMENTATION

I. State Commitment

Financing Long-Term Services and Supports. The Kentucky Olmstead Compliance Plan includes policy and financing goals consistent with the *Olmstead* decision, including the use of Medicaid to fund long-term services and supports for individuals with disabilities. The Kentucky Medicaid Program is administered by the Cabinet for Health and Family Services (the “Cabinet”), Department for Medicaid Services (DMS). DMS is bound by both federal and state

statutes, and regulations governing the administration of the State Plan. The Kentucky Medicaid Program serves eligible recipients of all ages. The following is a brief highlight of Kentucky’s Medicaid-supported programs which promote and strengthen home and community-based services for individuals with disabilities:

- A. *Advisory Council.* The Kentucky Medicaid Program is guided in policy making decisions by the Advisory Council for Medical Assistance. This council is composed of eighteen members consisting of the Secretary of the Cabinet for Health and Family Services and seventeen others appointed by the Governor to four-year terms. Ten of these members represent various professional groups who provide services to Program recipients. The remaining seven are lay citizens.
- B. *Policy.* The basic objective of the Kentucky Medicaid Program is to assure the availability and accessibility of quality medical care to eligible recipients. All participating providers agree to provide services in compliance with federal and state statutes regardless of sex, race, creed, religion, national origin, handicap, or age, and must comply with all amendments, rules, and regulations of the Americans with Disabilities Act. Program recipients are allowed to choose the participating provider from whom he or she wishes to receive medical care.
- C. *Medicaid Participation.* In January 2013, pursuant to the terms set out in the Affordable Care Act (ACA), Kentucky implemented a traditional Medicaid expansion. By the fall of 2013, 606,805 Kentuckians were covered by Medicaid/CHIP. Between the fall of 2013 to December 2018, Medicaid/CHIP enrollment increased by 101 percent. As of June 2019, Kentucky has expanded coverage to low-income adults, children, and the elderly, and has 1,385,788 individuals currently enrolled with Medicaid and CHIP – approximately 90.64% of Medicaid eligible are enrolled in managed care. Approximately 92% of Kentucky’s healthcare providers are enrolled with the Department of Medicaid Services. Kentucky has been one of the most successful states in reducing its uninsured rate through the ACA.¹
- D. *Community Mental Health Centers.* Pursuant to the Community Mental Health Act signed into effect by then-President John F. Kennedy in 1963, Kentucky was the first state in the nation to establish a statewide behavioral health safety net now called community mental health centers (CMHCs). There are currently 14 CMHCs operating in Kentucky. Each CMHC provides a comprehensive range of accessible, coordinated, direct or indirect health services (with an emphasis on prevention, treatment, and rehabilitation) to individuals with mental illness, addiction, intellectual and other developmental disabilities regardless of the ability to pay. Services offered through the CMHCs are evidence-based and designed to “wrap around” the individual and/or family in multiple facets of their lives – home, work, and school. The state contracts with CMHCs to provide services for people with complex, high-intensity needs typically not treated by other providers – including adults with severe mental illness, children with severe emotional disturbances, and those with co-occurring intellectual or other

¹ Centers for Medicare & Medicaid Services (2019). *Medicaid & CHIP in Kentucky*. Retrieved from <https://www.medicare.gov/state-overviews/stateprofile.html?state=Kentucky>

developmental disability and mental illness. These CMHCs serve and support over 180,000 Kentuckians each year.

- E. *Covered Community-Based Mental Health and Substance Use Services*. Services provided by participating CMHCs include:
1. Individual Outpatient Therapy
 2. Group Outpatient Therapy
 3. Family Outpatient Therapy
 4. Collateral Outpatient Therapy (for individuals under age 21)
 5. Crisis Intervention Services
 6. Targeted Case Management
 7. Mobile Crisis Services
 8. Therapeutic Rehabilitation Services
 9. Psychological Testing
 10. Screening
 11. Assessment
 12. Partial Hospitalization
 13. Service Planning
 14. Screening, Brief Intervention, and Referral to Treatment for a Substance Use Disorder
 15. Assertive Community Treatment
 16. Intensive Outpatient Program Services
 17. Residential Services for Substance Use Disorders
 18. Residential Crisis Stabilization Services
 19. Day Treatment
 20. Peer Support Services
 21. Comprehensive Community Support Services
 22. Pregnant Women Substance Use Prevention Services
- F. *Interagency Mobilization Program for Adolescent and Child Treatment (IMPACT)*. The IMPACT program is community-based behavioral health services provided to eligible IMPACT recipients through an agreement between DMS and the Department for Public Health as the state agency for the federal Title V Maternal and Child Health Block Grant, 42 U.S.C. secs. 701 to 710. Kentucky's IMPACT program was established as a coordinated, interagency approach to service delivery for children/youth with serious emotional disabilities and their families.

This program serves children between the ages of three and eighteen who have an emotional disability diagnosis from a qualified health professional. Referrals to the program can be submitted by a parent or professional involved with the child or family. Each referral is presented to the Regional Interagency Council, who, after reviewing the referral, determines whether the child meets program eligibility criteria. Once admitted into the IMPACT program, the child and the child's family work toward meeting treatment plan goals with the ultimate goal being a successful graduation with treatment plan goals met.

The IMPACT program provides services not traditionally available, such as mentoring, school-based services, and intensive in-home therapy, as well as flexible funding for informal supports such as community activities, family support, and after-school and summer activities. The overall goal of Kentucky IMPACT is to prevent children/youth with serious emotional disabilities from being placed outside of their homes and to provide support and assistance to those who were transitioning home from such residential placements. Dating back to 1999, Kentucky IMPACT was one of the first statewide Wraparound initiatives in the country. As of September 2019, approximately 7,730 children/youth are being served by this program.

- G. *Waivers.* As part of its commitment to providing community-based services to individuals with disabilities, Kentucky has pursued Medicaid programs that provide tools to implement and expand home and community-based services. Under the current Medicaid program, there are six HCBS 1915(c) waiver programs available for those who qualify, each focused on keeping individuals out of institutions by providing community-based treatment.
1. *Traumatic Brain Injury Waivers.* The ABI Acute (ABI) and ABI Long-Term Care (ABI-LTC) waivers provide Medicaid-paid services to adults with an acquired brain injury. These services give participants the support they need to live in the community. Services under the ABI Acute and ABI Long-Term Care Waivers include adult day training, individual and group counseling, environmental and home modifications, respite care, and supervised residential care. Additional services provided under only the ABI Acute Waiver include companion services and personal care. Additional services provided under only the ABI Long-Term Care Waiver include community living supports and nursing supports. Benefits under this waiver are available to individuals who are 18 years or older, have suffered an acquired brain injury, are expected to benefit from waiver services, and meet the financial qualifications for Medicaid. Participants in the ABI waiver program have three options for how they receive their services: 1) traditional services; 2) participant-directed services (PDS); and 3) blended services. Choosing the PDS option gives waiver participants greater freedom of choice, flexibility, and more control over their supports or services. In 2013, 165 individuals were receiving services through the ABI waiver and 225 individuals were receiving services through the ABI-LTC waiver. Since that time, the number of available slots for each waiver has increased to 383 ABI waiver slots and 320 ABI-LTC waiver slots. There is currently not a waiting list for either of these waivers.
 2. *Home and Community Based Services Waiver.* The Home and Community-Based Services (HCBS) waiver provides Medicaid-paid services and supports to the elderly or to adults and children with physical disabilities to help them live at home rather than in an institutional setting. Services covered under the HCB waiver include adult day health care, attendant care, environmental and minor home adaptation, home delivered meals, and non-specialized and specialized respite care. To qualify for this waiver, an individual must be elderly or have a physical disability, meet nursing facility level of care as defined in 907 KAR 1:022, and meet the financial

- qualifications for Medicaid. Participants in the HCB waiver program have three options for how they receive their services: 1) traditional services; 2) participant-directed services (PDS); and 3) blended services. Choosing the PDS option gives waiver participants greater freedom of choice, flexibility, and more control over their supports or services. There are 17,050 HCB waiver slots available. There is currently not a waiting list for this waiver.
3. *Model II Waiver.* The Model II Waiver (MIIW) provides Medicaid-paid in-home services to individuals who use a ventilator for 12 or more hours a day. These individuals also require high-intensity nursing care 24 hours a day and, without MIIW services, would have to live in a hospital-based nursing facility. Services under this waiver include private duty nursing (PDN) for up to 16 hours a day from a registered nurse, a licensed practical nurse, or a respiratory therapist. The waiver participant's assessment, ventilator dependency needs, and provider staffing determine how many hours of PDN the participant receives. To qualify for MIIW services, the participant must be ventilator dependent for 12 or more hours a day, have a permanent tracheostomy for positive pressure ventilation, require 24-hour a day, high-intensity nursing care services, have a strong family support system including a primary and secondary caregiver, and meet the financial qualifications for Medicaid. There is currently not a waiting list for this waiver.
 4. *Michelle P. Waiver.* The Michelle P. Waiver (MPW) provides Medicaid-paid services to adults and children with intellectual or other developmental disabilities. These supports allow individuals to live at home rather than in an institutional setting. Services available under the MPW include behavioral supports, day training, environmental and minor home adaptation, personal care, occupational, physical and speech therapies, and respite. To be eligible for the MPW, an individual must have an intellectual or other developmental disability, require a protected environment while learning living skills, gaining educational experiences, and developing an awareness of his or her environment, and meet the financial qualifications for Medicaid. Participants in the MPW program have three options for how they receive their services: 1) traditional services; 2) participant-directed services (PDS); and 3) blended services. Choosing the PDS option gives waiver participants greater freedom of choice, flexibility, and more control over their supports or services. There is currently a lengthy waiting list for the MPW.
 5. *Supports for Community Living Waiver.* The Supports for Community Living (SCL) waiver provides Medicaid-paid services to adults with intellectual disabilities or other related conditions. These supports allow individuals to live at home rather than in an institutional setting. SCL offers a variety of services to support an individual's goals, choices, and priorities including residential support services, positive behavior supports, personal assistance, supported employment, community access, environmental accessibility adaptation, and vehicle adaptation services. To be eligible for the SCL waiver, the individual must have an intellectual or related condition and meet the intermediate care facility for individuals with an intellectual or other developmental disability (ICF/IID) level of care. The individual must also meet

the financial qualifications for Medicaid. Participants in the SCL waiver program have three options for how they receive their services: 1) traditional services; 2) participant-directed services (PDS); and 3) blended services. Choosing the PDS option gives waiver participants greater freedom of choice, flexibility, and more control over their supports or services. In 2013, there were 4,201 available SCL slots. Since then, the number of available slots have increased to 4,941. Currently, there are 107 people on the SCL waiting list.

In April 2017, the Cabinet selected Navigant to assess the 1915(c) waiver programs. Navigant reviewed program oversight and administration, quality of care, and service delivery, and provided recommendations to improve provider and participant experience in Kentucky's waiver programs. Navigant's final report was released to the public on September 20, 2018. In response, the Cabinet created three (3) priority Groups (A,B,C), with a timeline for implementing activities related to each group. Activities for Priority Group A and Priority Group B began in fall 2018, and activities for Priority Group C are set to begin in late 2019.

The Department of Medicaid Services (DMS), the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and the Department for Aging and Independent Living (DAIL) will continue to explore new waiver options to serve individuals with intellectual and other developmental disabilities, individuals with SMI, and children with special health care needs. These agencies will work collaboratively to review, assess, and amend, as needed, existing waiver programs that serve these populations.

H. *Grants.* Kentucky relies on numerous federally funded grants to support its efforts in providing effective community-based services to individuals with disabilities. The following grants have been utilized to decrease the institutionalization of individuals with disabilities and to create quality community-based services:

1. *Federally Funded Non-Competitive Grants.* Kentucky has applied for and been awarded the following federally funded non-competitive grants:
 - a) *Mental Health and Substance Abuse Prevention and Treatment Block Grant.* Kentucky's allocation of funding for 2018 was \$8,889,372 for Mental Health (MH) and \$20,380,520 for Substance Abuse Prevention and Treatment (SAPT), the majority of which was allocated to the 14 CMHCs for services. These are Title XIX funds to promote transformation of state behavioral health systems of care. The mental health funds are restricted for funding community-based services for adults with serious mental illness and children with severe emotional disabilities. There is a required 10% set-aside to be used to implement programming for First Episode Psychosis. The substance abuse funds are restricted for community-based treatment for individuals with substance use disorders (outpatient or community-based residential). There is a required 20% set-aside to be used to implement substance abuse prevention programming. For 2020 & 2021, funding amounts are anticipated at \$8,894,128 MH and \$20,375,923 SAPT. DBHDID submitted an application for a two-year cycle on September 3, 2019. On December 1st, DBHDID submitted a 2018 year-end

Behavioral Health Report to the Substance Abuse and Mental Health Services Administration (SAMHSA).

- b) *Behavioral Health Services Information System (BHSIS) State Agreement.* Section 505(a) of the Public Health Services Act (42 U.S.C. 290aa-4) requires the Secretary of Health and Human Services to collect data on a number of key behavioral health indicators. The funding and data submission protocols from BHSIS were developed to meet the statutory requirements for the data. The system consists of four national data sets that are maintained in collaboration with the Single State Agencies and the State Mental Health Authority. These data sets and the state and national results are available on the SAMHSA web site. The current funding amount is \$62,156/year and the current agreement expires on December 15, 2019.
 - c) *Projects for Assistance in Transitioning from Homelessness (PATH).* Kentucky's current award for PATH is \$469,000/year. DBHDID contracts PATH funds aimed at homeless services with seven CMHCs. Services funded by this grant include targeted case management, mental health treatment, mental health screenings, and 24-hour crisis management.
2. *Federally Funded Competitive Grants.* Kentucky has applied for and been awarded the following federally funded competitive grants:
- a) *2019 Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program – TAYLRD 2.0.* As part of the President's overall "Now is the Time" initiative, SAMHSA created a continuum of outreach, engagement, awareness, and prevention/intervention strategies known as Transition Age Youth Launching Realized Dreams (TAYLRD). DBHDID is dedicated to building on the existing infrastructure created by TAYLRD to enhance evidenced-based programming for youth and young adults with or at risk of developing serious behavioral health issues as well as their families. This grant is titled TAYLRD 2.0 (Transition Age Youth Launching Realized Dreams), as it is an expansion and continuation of Kentucky's 2014 Healthy Transitions Grant entitled TAYLRD.

With the assistance of this grant, Kentucky will increase the capacity of state and community sites to provide seamless and youth-directed supports and services to transition age youth 16-25 years of age with, or at risk of developing, serious behavioral health disorders (mental health and/or substance use) and their families. An array of behavioral health services that are developmentally appropriate, culturally- and linguistically-competent, and build on protective factors will cater to the individual needs of transition age youth in an environment that is easily accessible and inviting to them.

Since 2014, efforts aimed at healthy transitions have provided open access to a variety of behavioral health services and supports in a contemporary environment that is engaging to young people. The 2017 Healthy Transitions National Evaluation Draft Preliminary Findings Report indicates that at least 1,041 young people came in to TAYLRD pilot sites over the first 2 years. Of these individuals, 85% engaged in two or more sessions. These sites have now expanded from 4 original pilot sites to 16 sites across Kentucky. TAYLRD 2.0 will be an expansion of this drop-in center model of behavioral health care. The

drop-in center approach to behavioral health care will increase the possibility that transition age youth will receive the right services at the right time. At least two drop-in centers will be supported in each implementation site which will include both formal and informal services such as peer support, employment, education, and career planning, medication management, age specific behavioral health treatment, coordination of care, life skills, and health care navigation. Referrals to specialty behavioral health services through local providers will also be available. The current funding amount is \$1 million per year for March 31, 2019 through March 30, 2024.

- b) *Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High risk for Psychosis (CHR-P) iHOPE-Clinical High Risk.* DBHDID is dedicated to building on existing infrastructure to enhance evidence-based programming for youth and young adults with, or at clinical high risk of developing, psychosis as well as their families. This project, titled iHOPE-Clinical High Risk (iHOPE-CHR), focuses on youth and young adults between 12-25 years old who are at clinical high risk for psychosis as assessed by The Structured Interview for Psychosis Risk Syndromes (Miller et al 2003). By providing earlier interventions targeted to their developmental and individual clinical needs in a stepped-care model, these young people and their families will be able to maintain their roles in life, decrease the duration of untreated psychosis and decrease the potential of conversion to psychosis. The stepped-care model of services for this population will be provided by LifeSkills, Inc. CMHC. . The current funding amount is \$400,000 per year for September 30, 2018 through September 20, 2022.
- c) *Kentucky Care Integration (KCI) – SAMHSA 2017 Promoting Integration of Primary and Behavioral Health Care.* People with chronic health conditions are more likely to have related behavioral health concerns. The purpose of this cooperative agreement is to: (1) promote full integration and collaboration in clinical practice between primary and behavioral healthcare; (2) support the improvement of integrated care models for primary care and behavioral health care to improve the overall wellness and physical health status of adults with a serious mental illness or children with a serious emotional disturbance; and (3) promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

DBHDID will implement KCI promoting primary and behavioral health care integration via collaborative clinical practice, improved care models, and a comprehensive service continuum for focus populations who have physical health conditions or are at risk of developing chronic diseases, including adults (18 +) with substance use disorder, serious mental illness, and children/adolescents (ages 17 and under) with serious emotional disturbance. KCI will provide integrated services, including evidence-based screening/assessment, diagnosis, prevention, and treatment according to a shared, individualized care plan, as well as outreach, engagement, and retention strategies. The current funding amount is \$2 million per year for September 30, 2017 through September 29, 2022.

- d) *Grants for Expansion and Sustainability of the Comprehensive Community mental Health Services for Children with Serious Emotional Disturbances.* DBHDID is dedicated to building upon Kentucky's 30-year history of developing a comprehensive system of care for children and youth who meet criteria for having a serious emotional disability (SED), and their families, by expanding infrastructure and service delivery to those with child welfare involvement, defined for the purposes of this grant as those families for whom a child abuse and/or neglect investigation results in a substantiation or services-needed finding. The purpose of this grant is to improve mental health outcomes for children and youth who meet criteria for SED. Kentucky will build upon and expand these efforts through the below goals:
1. Enhance interagency infrastructure to support the implementation, expansion, and integration of the System of Care approach for the population of focus.
 2. Improve availability of and access to high quality, culturally- and linguistically-competent, evidence-based/evidence-informed mental health services for the population of focus in the geographic catchments.
 3. Implement strategies to promote and sustain the voice of children, youth, and their families with child welfare involvement at all levels of the system of care.
- e) *Community Health, Education, and Exercise Resources (CHEER).* CHEER is a CDC grant to improve the health of Kentuckians with cognitive and mobility limitations. The current funding amount is \$165,000 per year for five years.
- I. *State Supplementation.* State Supplementation is a money payment made to an aged, blind, or disabled individual who is age 18 years or older. These individuals have insufficient income to pay for care in a licensed Personal Care Home (PCH) or licensed Family Care Home, to maintain residence in a Community Integration Supplementation arrangement, or to purchase Caretaker Services to prevent institutionalization.
- In 2013, the Cabinet for Health and Family Services worked to create Community Integration Supplementation (CIS), a subcategory of State Supplementation. CIS was implemented on November 15, 2013 to assist individuals who are currently residing in a PCH, or at risk of entering a PCH or other institution, with obtaining an alternative community-integrated living arrangement. Individuals must be at least 18 years of age, have the need for care and support above and beyond room and board, reside in a private residence with tenancy rights or currently reside in a personal care home but intend to move to a private residence with tenancy rights, and have a serious mental illness. There are currently 1,361 individuals receiving CIS.
- J. *Medical Transportation.* Medicaid covered non-emergency medical transportation is provided for Medicaid members who do not have access to transportation that suits their medical needs and need to be transported to a Medicaid-covered service. This service allows members living in community-based settings to receive community-based treatment services in the least restrictive setting appropriate for their needs.

Consistency with Olmstead. To continue the movement toward community integration and inclusion for persons with disabilities, Kentucky continues to explore, develop, and implement programs designed to administer services and supports in the most integrated setting

appropriate to an individual's needs. The Cabinet serves as the single agency for both community-based and facility-based services, and coordinates policies and budgets to promote options across the continuum.

- K. *State Statutes and Other Legislation.* In addition to federal legislation prohibiting discrimination against individuals with disabilities, Kentucky has implemented state statutes and other legislation that prohibit discrimination and require the provision of services to individuals with disabilities.
1. *Employment First.* On May 15, 2018, Governor Matt Bevin signed Executive Order 2018-328, establishing Employment First policies for people with disabilities. This Order will serve to break down barriers to employment for people with disabilities and requires all state agencies to work toward ensuring people with disabilities have opportunities to work in the community while receiving competitive wages.
 2. *Achieving a Better Life Experience (ABLE) Accounts.* The Achieving a Better Life Experience Act allows people with disabilities who became disabled before they turned twenty-six to set aside up to \$15,000 a year in tax-free savings accounts without affecting their eligibility for government benefits. An "ABLE Account" is an account established within any state having a qualified ABLE program as provided in 26 U.S.C. sec. 529A which allows families to save for children with disabilities without disqualifying them from government benefits like Social Security and Medicaid. In April 2016, Kentucky amended KRS 205.200 to prohibit the inclusion of contributions to, distributions from, or current amounts in ABLE accounts when determining an individual's eligibility for a means-tested public assistance program and the amount of assistance or benefits the individual is eligible to receive under the program.
 3. *Larry's Law.* In August 2011, Joseph Larry Lee, who had been diagnosed with schizophrenia, bipolar disorder, and a traumatic brain injury from childhood, wandered away from the personal care home in which he was residing. Mr. Lee's remains were found approximately one month later on a nearby riverbank. In 2016, in response to Mr. Lee's death, Kentucky enacted KRS 216.765, which requires an individual to have a medical examination that includes a physical examination, medical history, and diagnosis within fourteen days prior to admission to a personal care home.
 4. *Tim's Law.* In 2014, Tim Morton, a man who had been diagnosed with schizophrenia died at age 56 from neglected health problems. Mr. Morton's family had been unable to get him to undergo treatment. In response to Mr. Morton's death Kentucky enacted a series of statutes (KRS 202A.0811 - 0831) in 2017 which allow courts to order assisted outpatient treatment for individuals diagnosed with serious mental illness who have been involuntarily hospitalized at least twice in the past twelve months, are unlikely to adhere to outpatient treatment on a voluntary basis, and are in need of court-ordered assisted outpatient treatment as the least restrictive alternative mode of treatment presently available and appropriate. Kentucky has the ability to use Tim's Law as a means of providing treatment to persons with serious mental

- illness and to create greater awareness within the judicial system of the benefits of treatment over punishment.
5. *Autism Spectrum Disorder*. In 2016, Kentucky established legislation that would make the Advisory Council on Autism Spectrum Disorders and the state Office of Autism permanent in an effort to ensure there are no gaps in services provided to individuals with an autism spectrum disorder.
- L. *Administrative Regulations*. In addition to the administrative regulations already in place, the Cabinet has taken steps to perpetuate the deinstitutionalization of individuals with disabilities.
1. *908 KAR 2:065*. In 2016, 908 KAR 2:065 was created to establish housing assistance guidelines and the range of community transition services to be made available to qualified individuals diagnosed with serious mental illness residing in, or at risk of residing in, personal care homes.
- M. *State Interagency Council for Services and Supports to Children and Transition-age Youth*. State Interagency Council for Services and Supports to Children and Transition-age Youth (SIAC) is a group consisting of state agency representatives, a youth, a parent of a child or transition-age youth with a behavioral health need, and a member of a nonprofit family organization. SIAC oversees coordinated policy development, comprehensive planning, and collaborative budgeting for services and supports for children and transition-age youth with or at risk of developing behavioral health needs and their families. Regional Interagency Councils operate as the locus of accountability for the system of care, providing structure for coordination, planning, and collaboration of services and supports at the local level for children, adolescents, and transition-age youth and their families, to help them function better at home, in school, in the community, and throughout life.
- N. *Supportive Housing Assistance*. Beginning in 2018, the Cabinet began working with Technical Assistance Collaborative (TAC) to expand integrated community living options for people with serious mental illness in compliance with *Olmstead* and Title II of the Americans with Disabilities Act. The focus of this collaboration was to identify opportunities for Kentucky to create and maximize permanent supportive housing.
- O. *Olmstead Committees*. Regional *Olmstead* committees, consisting of Cabinet representatives, CMHC staff, hospital staff, and other community stakeholders meet monthly at each state-run or state-contracted adult psychiatric hospital to discuss individual needs and allocate resources specific to each catchment area.
- P. *Olmstead Funding*. Each of the state designated acute psychiatric hospital catchment areas receive \$200,000 each year to serve individuals in their area that meet *Olmstead* criteria. The allocation of these funds is determined by each catchment area *Olmstead* Committee. These funds are typically used to assist individuals with meeting basic needs such as clothing, furniture, therapeutic equipment, and other expenses related to community-integrated living expenses.
- Q. *Olmstead Housing Initiative*. The *Olmstead* Housing Initiative (OHI) is a partnership between Kentucky Housing Corporation and DBHDID. OHI addresses the pressing need for housing for people who are currently in, or at risk of entering, institutions. OHI is a

36-month bridge program, which enables participants to become leased in permanent housing. Participants who cannot find permanent housing options in the 36-month time frame may continue OHI assistance upon approval of DBHDID until permanent housing can be secured. Assistance through OHI includes rental assistance, payment of security and utility deposits directly to landlords and utility companies, moving expenses, household furnishings, pest eradication, and expenses interfering with transitioning such as unpaid previous utility bills.

- R. *Kentucky Vocational Rehabilitation Services.* Kentucky Vocational Rehabilitation Services provides assistance, including job training and counseling, to individuals with disabilities who are having difficulty obtaining and/or maintaining employment. People who are already receiving Supplemental Security Income or Social Security Disability Insurance are immediately eligible for vocational rehabilitation services. These services can begin for an individual in their last two years of high school (11th and 12th grade) to help identify needed services early in an individual's employment trajectory.
- S. *Transportation Initiative.* The Transportation Initiative was developed by the University of Kentucky's Human Development Institute and is funded through the support of the Commonwealth Council on Developmental Disabilities. The Transportation Initiative seeks to ensure that transportation options are available to Kentuckians with disabilities. Accessible transportation options are essential for individuals with disabilities to attain quality life outcomes in employment, education, healthcare, and community life. A lack of public, accessible transportation options in underserved areas presents a barrier for employment and economic independence and leads to isolation and decreased health outcomes. The Transportation Initiative engages citizens and assists individuals with transportation planning, including independent driving, use of fixed route bus systems, community paratransit, transportation through waiver services, natural supports, learning how to use Uber/Lyft, and social skill planning to set up a ride share arrangement with a coworker. The Transportation Initiative is made possible by the collaboration of state and local agency partners, community organizations, support from the private sector, and the work of tireless disability advocates.
- T. *Kentucky Leadership and Self-Advocacy Project.* The Kentucky Leadership and Self-Advocacy Project collaborates with other training and mentoring efforts for people with intellectual or developmental disabilities, such as the Special Olympics, to promote self-advocacy. The organization holds quarterly community workshops that provide information on the importance of healthy eating and exercise, and aims to provide self-advocacy and leadership information to individuals with disabilities and their families.

II. Assessment and Transition

- A. *Assessments.* The Kentucky Olmstead Compliance Plan includes goals to increase public awareness and knowledge about serious mental illness, first episode psychosis, intellectual or other developmental disabilities, and implements timely assessments for persons currently residing in, or at risk of being admitted to, institutions.

1. *Supports Intensity Scale*. The Supports Intensity Scale (SIS) is a standardized assessment tool designed to measure the pattern and intensity of supports required by a person aged 16 years or older with an intellectual or other developmental disability to be successful in community settings. The SIS evaluates practical supports that people with developmental disabilities need to lead independent lives.
 2. *Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)*. The LOCUS, an assessment tool designed by the American Association of Community Psychiatrists (2009), is administered by psychiatric hospital or CMHC staff to determine an individual's necessary level of care. CMHCs are contractually required to determine Level of Care for each individual with serious mental illness served, using the LOCUS. The LOCUS assesses the following six parameters, which are ranked from least intense to most intense:
 - a) Risk of Harm
 - b) Functional Status
 - c) Medical, Addictive and Psychiatric Co-Morbidity
 - d) Recovery Environment
 - e) Treatment and Recovery History
 - f) Engagement and Recovery Status
 3. *Larry's Law*. In August 2011, Kentucky enacted KRS 216.765 which requires an individual to have a medical examination that includes a physical examination, medical history, and diagnosis within fourteen days prior to admission to a personal care home. By requiring a medical examination and diagnosis prior to personal care home admission, Larry's Law helps to identify persons with a traumatic brain injury who may require more intensive services than can be provided by a personal care home. (See also *Larry's Law*, page 12.)
- B. *Transition from Institutional Settings*. Kentucky's Olmstead Compliance Plan provides for the use of multiple services which facilitate the transition of individuals from institutions to community-integrated settings appropriate for their needs.
1. *Second Amended Settlement Agreement*. On October 1, 2013, the Cabinet and the Kentucky Department for Protection and Advocacy (P&A) entered into the Interim Settlement Agreement (ISA). The Cabinet agreed to support voluntary transitions to integrated community-based housing over a three-year period of up to 600 individuals who reside in a personal care home or who are at risk of reentry to a personal care home. This agreement was to further the state's compliance with the "integration mandate" of the Americans with Disabilities Act (ADA). On October 1, 2015, the Cabinet and P&A amended the original agreement to further provide access to housing assistance to additional persons with necessary behavioral health supports. The Amended Settlement Agreement (ASA) extended the agreement another two years, expanded the target to 675 individuals, and provided for the creation of a regulation (908 KAR 2:065) by the Cabinet to perpetuate the terms of the agreement. On October 1, 2018, the two parties entered a Second Amended Settlement Agreement (SASA) extending the timeframe in which the agreement will monitor the provision of housing assistance with necessary behavioral health supports. The SASA monitoring will occur for another three years, with an additional fourth year

limited to assessment of the success of the transitions in the previous year. The SASA target is 350 people in addition to the 926 persons already served with housing assistance under ISA and ASA. This is a total transition target of 1,275 individuals transitioned since October 1, 2013 to integrated community-based housing directly from personal care homes or from situations where they are at risk for entering into personal care homes

Since October 1, 2013, the Cabinet has worked diligently to increase integrated community-based housing opportunities for these individuals. As of August 2019, the Cabinet has provided housing assistance to 926 individuals to encourage community integration for these individuals. Per the SASA, the Cabinet will continue to focus on providing housing assistance in support of this integrated community-based housing initiative through September 30, 2021.

2. *Justice System*. DBHDID works with the Kentucky Department of Corrections to decrease the institutionalization of lower-level youth offenders, and to support the reintegration of individuals with serious mental illness post incarceration.
 - a) *Mental Health Court*. Specialty Court programs, including Mental Health Court, provided by the Administrative Office of the Courts, provide drug testing, treatment, and case management at no charge to participating defendants. Each court incorporates a multidisciplinary team consisting of treatment providers, Specialty Court staff, criminal justice officials, and community representatives who design a program specific to each jurisdiction. In order to participate in Mental Health Court, an individual must have a mental illness diagnosis with or without a history of psychiatric hospitalizations. Benefits of specialty court programs include lower recidivism rates, decreased medical costs, reduced incarceration costs, and an increased likelihood that participants will become healthy and productive community members.
 - b) *Crisis Intervention Teams (CIT)*. CIT is a collaboration between law enforcement, mental health providers, and consumer advocacy groups for the purpose of providing a better response to persons with mental illness. This specialized training focuses on teaching signs and symptoms of mental illness, verbal de-escalation skills and active listening skills, and increasing awareness of medications used to effectively treat individuals with mental illness. Over 1,130 Kentucky law enforcement officers have received CIT training. In State Fiscal Year 2019, law enforcement officers responded to 53,597 encounters involving persons with mental illness, substance abuse disorders, intellectual disabilities, developmental disabilities, dual diagnoses, or unknown/undesigned diagnosis. Of those encounters, only 853 resulted in the person being charged.
 - c) *Law Enforcement Response to Special Needs Populations*. To improve officer and consumer safety, DBHDID provides a 40-hour course for law enforcement titled “Law Enforcement Response to Special Needs Populations” twice a year. This course serves as an elective for any law enforcement officer in the state who wants to learn more about engaging with persons with mental illness, intellectual or other developmental disability, autism, deaf or hard of hearing, substance use disorder, and/or a co-occurring diagnosis. A peer support specialist and an

individual in recovery participate as an instructor in this training to provide law enforcement with further insight into the struggles individuals with disabilities face.

- d) *Re-Integration Programs.* Once released from a penal institution, re-entry back into the community can often be difficult. To assist with re-integration after penal institutionalization CMHCs throughout the state offer follow-up care for individuals released from jail or prison who seek a smoother transition into the community after incarceration.

One CMHC, Centerstone, receives special funding for community re-entry services for individuals with serious mental illness, substance use disorders, or co-occurring serious mental illness and substance use disorders who are being released from prison. These reintegration services include assistance with applications for medication supports, therapy, physical health appointments, and housing supports. The program begins with individuals prior to their release from prison, and continues post transition to provide assistance with obtaining supports that will enable the individual to remain in the community. DBHDID's Adult Mental Health Services and Recovery Branch and the Department of Corrections' Mental Health Division will continue to work together to develop data sharing and collection mechanisms to help facilitate smooth transitions for all parties.

- e) *Juvenile Justice.* Within the Judicial Branch of the Commonwealth, the Administrative Office of the Courts' Court Designated Worker (CDW) program serves as the gatekeeper to the juvenile court system. With the mission of preventing delinquency among Kentucky's youth, the CDW program provides education, treatment referral, and accountability through a statewide delivery of coordinated services. The Kentucky Department of Juvenile Justice is responsible for statewide detention services, residential placement and treatment services, probation, community aftercare and reintegration programs, and youth awaiting adult placement or court. The goal of the juvenile justice system is to increase the number of youth with co-occurring mental and substance use disorders diverted out of the court system and into appropriate community-based treatment services.

- 3. *Long-Term Care Facilities.* Since 2006, Kentucky has worked diligently to decrease the number of individuals with disabilities residing in its long-term care facilities. Due to the increase in availability of community-based services, there has been a decline in occupancy of Intermediate Care centers (IC), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and Personal Care Homes (PCH).²

- a) *Intermediate Care Centers.* The majority of Kentucky's IC center consumers are over the age of 75 and require care and services above the level of room and board but not extending to the need for medical services typically provided by nursing homes or skilled nursing facilities. According to data gathered and published on an annual basis by the Office of Health Data Analytics, there were

² Based on comparison of census for these facilities from 2013-2018 using information from the Kentucky Annual Long-Term Care Services Report published each year by the Kentucky Office of Health Data Analytics.

72 licensed IC center beds with 72.55% occupancy in 2013. Occupancy dropped to 64.13% by 2018 for the same number of licensed beds.

- b) *Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)*. Intermediate Care Facilities for Individuals with Intellectual Disabilities provide individualized healthcare, including comprehensive habilitation services, to individuals who need assistance with functional status and independence. ICF/IIDs are only available to those who require and are currently receiving aggressive and consistent active treatment and health services. According to data gathered and published on an annual basis by the Office of Health Data Analytics, there were 888 licensed ICF/IID beds with 51.46% occupancy, an average annual census of 457 residents, in 2013. That number dropped to 632 licensed beds with 64.26% occupancy, an average annual census of 406 residents, by 2018. The majority of Kentucky's ICF/IID consumers are under the age of 65.
- c) *Personal Care Homes*. Personal care homes provide shelter, supervision and assistance with personal care, and meals for people who are unable to care for themselves due to physical, behavioral health, or cognitive disabilities. Personal care homes do not provide medical services typically provided by nursing homes or skilled nursing facilities. According to data gathered and published on an annual basis by the Office of Health Data Analytics, there were 6,144 licensed personal care home beds with 77.19% occupancy, an average annual census of 5,149 residents, in 2013. The number of licensed personal care home beds in operation increased to 7,285 beds by 2018, with 6,866 of those in operation; however, the occupancy rate decreased to 70.96%, an average annual census of 4,872 residents.

III. Diversion

Kentucky's Olmstead Compliance Plan contains multiple programs designed to meet the needs of individuals with disabilities in the least restrictive settings appropriate. Under this framework of available services, individuals with disabilities can live as independently as possible in the community of their choice. The following programs are used to divert individuals at risk of institutionalization:

- A. *Direct Intervention: Vital Early Responsive Treatment System*. The Direct Intervention: Vital Early Responsive Treatment System (DIVERTS) is offered to adults with serious mental illness who are institutionalized or at risk of institutionalization, regardless of payor. DIVERTS services are made available to persons with serious mental illness who are transitioning to community-integrated living arrangements. These services assist with recovery while preventing admission and/or re-admission to psychiatric hospitals, long-term care institutions, or other congregate settings. DBHDID contracts with the fourteen CMHCs to provide DIVERTS services in all 120 counties of the state. DIVERTS services include:

1. Assessment
 2. Service Planning
 3. Person Centered Recovery Plan
 4. Person Centered Recovery Transition Planning
 5. Assertive Community Treatment (ACT)
 6. Individual Placement and Support Supported Employment
 7. Supportive Housing
 8. Housing Specialist
 9. Housing Plan
 10. Peer Support
 11. Targeted Case Management
 12. Community Residential Support
 13. Comprehensive Community Support
 14. Purchased Goods and Services
 15. Crisis Services
- B. *Early Intervention.* Early intervention is critical to treating mental illness before it results in serious impairment, unemployment, homelessness, poverty, and suicide. The duration of untreated mental illness, defined as the time interval between the onset of a mental disorder and when an individual first receives treatment, has been a predictor of outcomes across different mental illnesses. Evidence indicates that a prolonged duration of untreated mental illness may be viewed as a negative prognostic factor for those who are diagnosed with mental illness. Earlier treatment and interventions not only reduce acute symptoms, but also may improve long-term prognosis. To combat the effects of untreated mental illness, Kentucky continues to explore and implement programs aimed at early diagnosis and treatment of mental illness to improve symptoms, reduce relapse, and create better outcomes for individuals with, or at risk of developing, serious mental illness.
- C. *Person-Centered Planning.* The Person Centered Recovery Planning (PCRP) model focuses on the idea that people can and do recover from mental illness. Thus, people should and can have choices in decisions that affect their treatment and their lives. PCRP creates a partnership between the clinician and the person receiving services, which allows them to create their own support network by developing meaningful relationships with other members of their community. Beginning in 2004, Kentucky began moving toward this recovery model with the idea that everyone who receives behavioral health services in Kentucky should participate in designing their own Person Centered Recovery Plan.

Historically, treatment plans for adults with serious mental illness have followed a medical model. These plans were often written without the presence or input of the individual receiving services. This resulted in adults with serious mental illness often feeling excluded from their own treatment plan. More recently, the practice of simply managing symptoms has evolved into the use of a more holistic approach to treatment and recovery. In order to reach the individual's stated goal and create a more meaningful life in recovery, the PCRP looks at how the individual receiving services and the clinician

can work together to increase competitive employment and decrease inpatient days, self-harm, ER visits, and arrests. Kentucky's CMHCs have received training related to the use of the PCRCP model and currently use this model of treatment with the individuals they serve.

- D. *Crisis Response System.* Kentucky has developed an extensive and multifaceted emergency response system for persons in a behavioral health crisis. The emergency behavioral health and crisis services system has grown into a complex network of program elements. Today, it stretches over all 120 Kentucky counties and encompasses a network of providers and professionals at regional CMHCs, state psychiatric hospitals, and private hospitals with specialized psychiatric services. Kentucky will continue to work with law enforcement, mental health professionals, individuals with disabilities, housing coordinators and other community members to create services that will provide rapid crisis evaluations, increase Peer Support Services, improve crisis lines to include chat and text capabilities, and expand telehealth delivered services.

CMHCs are required to provide an immediate on-site response to any situation where an individual is at risk of being institutionalized. Crisis teams are notified of admissions to state psychiatric facilities and immediately begin working with the facility to make arrangements for supports needed upon discharge to prevent facility readmission. CMHCs also assist with transitioning individuals from congregate living arrangements to independent, community-based housing by providing community supports, assisting with money and medication management, and coordinating appointments with healthcare specialists.

- E. *Supportive Housing Assistance.* In addition to the Olmstead Housing Initiative, Kentucky works with private landlords and other property holders to establish reliable, quality housing for individuals currently residing in, or at risk of entry into, institutions. Each contracting housing agency agrees to take steps to bridge the housing gap for individuals with disabilities by making affordable housing available to individuals with psychiatric disabilities, co-occurring psychiatric disabilities and substance use disorders, and intellectual or other developmental disabilities. As with the OHI, these individuals are given priority status over other applicants.
- F. *Individual Placement and Support: Supported Employment.* Individual Placement and Support (IPS) is a model of supported employment for people with serious mental illness, intellectual or other developmental disabilities. IPS helps individuals with disabilities work at regular jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment. Considering IPS to be crucial to its recovery oriented system of care, DBHDID has been successfully implementing the evidence-based model of Supported Employment: Individual Placement and Support since 2010. The work began with a grant from the Robert Wood Johnson Foundation and four IPS pilot sites. The program has expanded to nineteen IPS sites today, with the number of Employment Specialists increasing from one IPS Employment Specialist to the current 218 Employment Specialists providing services.

IPS supported employment is maintained and grown through a continued partnership between DBHDID, the Office of Vocational Rehabilitation (OVR), and the

fourteen CMHCs throughout Kentucky. IPS is implemented using coaches, training, and fidelity monitoring. Kentucky receives support through membership in the IPS International Learning Community. Currently, twenty-four states in the United States are represented in this international learning community. The IPS team of coaches, trainers, fidelity monitors, and state leaders attend the annual learning community meeting and facilitate an annual Kentucky IPS conference. The Kentucky IPS implementation team meets with OVR monthly.

- G. *Assertive Community Treatment.* Assertive Community Treatment (ACT) is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia. A team of professionals whose backgrounds and training include social work, rehabilitation, counseling, nursing, and psychiatry provide assertive community treatment services. Among the services ACT teams provide are targeted case management, initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, substance use services, and other services and supports that are critical to an individual's ability to live successfully in the community. ACT services are available 24 hours a day, 365 days a year.

IV. Data and Research

Kentucky's Olmstead Compliance Plan includes goals for the collection and analysis of data as well as goals for quality assurance. Based on the data gathered and recommendations received from the following data sources, Kentucky will continue to work to improve the quality and delivery of services for individuals with physical and behavioral health disorders or conditions, and intellectual or other developmental disabilities.

- A. *Department for Behavioral Health, Developmental and Intellectual Disabilities.* The Department for Behavioral Health, Developmental and Intellectual Disabilities collects data from a variety of sources to monitor the institutionalization of individuals with disabilities in hospitals, long-term care facilities, penal institutions, and other congregate living arrangements.
1. *Community-Based Data.* DBHDID collects data from Community Mental Health Centers and other funded providers on a monthly basis. This data supports efforts to monitor client-level demographic and diagnostic statistics, service utilization, and provider and human staffing used to provide direct behavioral health services (including services for mental health, substance abuse, and intellectual or other developmental disabilities). DBHDID uses this data as a source for federal block grant reports, National Outcome Measures, Treatment Episode Data Set, Client Level Data reporting, Uniform Data Reporting System, and a variety of other uses related to program development and implementation.
 2. *Facility Data.* DBHDID collects data from its state-owned and state-operated adult psychiatric facilities, and its state owned and contracted Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), including client level admission and discharge information, demographics, diagnostic data, and living

- arrangement status at admission and discharge. This data is used by DBHDID as a source for National Outcomes Measures, Client Level Data reporting, Uniform Data Reporting System, and a variety of other uses such as State Mental Health and Developmental Disability Authority Profiles and surveys.
3. *System Data.* Kentucky hosts three data-related standing teams that involve state and community partners. Each team plays a key role in defining data elements, defining processes to ensure accurate, complete, and timely data collection and defining indicators and measures of quality. Contributions of all three teams lead to successful implementation of data collection, issues resolution and measure development. The Data Users Group evaluates issues related to data collection, data analysis, data quality, data architecture, and structures that support the provision of quality services. The Joint Committee for Information Continuity provides direction and assistance in the continued development of the information system to manage a public behavioral health system. Finally, the Quality Management and Outcomes Team provides direction for the collection of information relevant to desired outcomes, methods of measurement, and design of processes for continuous outcomes management across DBHDID.
 4. *Fidelity Monitoring.* Fidelity is the constancy with which a program is implemented so that key components and characteristics of the program are not compromised. Programs that are implemented with fidelity are more likely to result in consistent outcomes for participants. Kentucky uses fidelity monitoring to provide additional ACT training, technical assistance, program enhancements, and needed supports to ensure that individuals with SMI, intellectual or other developmental disabilities who are receiving ACT services are receiving appropriate services for their needs.
 5. *Data Tracking Tool.* Pursuant to the terms of the Second Amended Settlement Agreement (SASA), DBHDID has established a Data Tracking Tool (DTT) to assist in the management of referrals under the SASA and to track the number of individuals who transition out of institutions and into community-integrated housing under the agreement. Upon receipt of a referral, notifications are sent to DBHDID as well as to the local Community Mental Health Center. Staff within these agencies collaborate to ensure the person referred receives the appropriate community-based services, which may include moving from a personal care home into community-based housing as well as ACT team services. Each referral in the DTT is maintained throughout the transition process and for one year after completion of transition in order to identify barriers to successful community transition. The DTT is the central point of data collection and reporting for the SASA. (See also *Second Amended Settlement Agreement*, page 15).
 6. *Kentucky National Core Indicators.* Each year, the National Core Indicators Quality Improvement Committee collects and reviews multiple sets of data in order to better understand and improve services available to people with intellectual and other developmental disabilities. The Kentucky Quality Improvement Committee (KQIC) was established in 2010 at the request of DBHDID to review Kentucky's service programs and make recommendations regarding quality assurance of Kentucky's

developmental disability programs. In 2018, KQIC made recommendations in four main areas: employment; health and wellness; relationships and community inclusion; and psychotropic medication usage. Since then, DBHDID has worked to enhance programs that provide these services.

B. *Other Data Sources.*

1. *Office of Health Data Analytics.* The Office of Health Data Analytics collects data from nursing facilities, personal care homes, nursing homes, intermediate care centers, Alzheimer’s facilities, and Intermediate Care Facilities for Individuals with Intellectual Disabilities related to the following areas:
 - a) Census data, including the number of licensed beds, beginning census, admissions, discharges, ending census, total patient days and occupancy percentage for each bed type;
 - b) Payor source data including the primary payor source in number of patient days for each bed type;
 - c) Patient age distribution data, including the age of patients residing in each facility on December 31 of each calendar year; and
 - d) Patient death distribution data, including the age of patient deaths in each facility each calendar year.

This information is published each year in the Annual Kentucky Long Term Care Utilization and Service Report. The following comparison of data gathered and published in 2016 and 2018 compares occupancy rates and patient age distributions for the following facility types (FT): Intermediate Care Centers (ICC), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and Personal Care Homes (PCH).

2. *Commonwealth Council on Developmental Disabilities.* The Commonwealth Council on Developmental Disabilities collaborates with other state agencies to collect information relevant to implementation of the Kentucky Olmstead Compliance Plan. In response to the Governor’s Employment First Initiative, the Kentucky Works subcommittee, has created programs which track data related to employment barriers for individuals with disabilities. In addition to the creation of a database of employers who offer employment opportunities, the subcommittee works to research funding opportunities for employment programs, develop curriculum to aid family engagement, and present initiatives to new audiences interested in improving employment opportunities for people with disabilities.
3. *Kentucky Post School Outcomes (KYSO).* The Kentucky Post School Outcome Center monitors the “percent of youth who had Individual Education Programs, are no longer in secondary school and who have been competitively employed, enrolled in some type of postsecondary school, or both within one year of leaving high school. The data represents information voluntarily reported in response to a statewide survey each year. This information is used to develop appropriate school curriculum for individuals with learning and other disabilities that will ensure positive post school outcomes.

CONSUMER INFORMATION AND COMMUNITY AWARENESS

In addition to collaborative programs with various public universities throughout the state, the following programs create public awareness and knowledge of services available to those with behavioral health disorders and intellectual or other developmental disabilities.

- A. *Mental Health First Aid*. Mental Health First Aid is a program that teaches the public, including law enforcement and employers, the skills necessary to identify, understand, and respond to the signs and symptoms of serious mental illnesses and substance use disorders. Those who take the class learn how to connect individuals in crisis with appropriate community-based services such as peer support, self-help care, and professional assistance.
- B. *Youth Mental Health First Aid*. Youth Mental Health First Aid is aimed at teaching teachers, parents, peers, neighbors, human service workers, and others how to provide assistance to adolescents in crisis. Topics covered include eating disorders, anxiety, depression, psychotic disorders, disruptive behavior disorders, and substance use disorders.
- C. *Employment Education Project*. The Employment Education Project works with community leaders, employers and businesses on the following consumer information and community awareness projects:
 - a) Collaboration with Higher Education Recruitment Consortium on a series of webinars for colleges and universities about employment of people with disabilities, the first of which occurred in October 2019.
 - b) Collaboration with Kentucky Works to create an education video providing information on the impact of employment on SSI benefits for youth and families.
 - c) Collaboration with My Choice Kentucky to create trainings and spread awareness of supported decision-making. These trainings provide individuals with assistance for rights restoration, avoiding guardianship, and information on guardianship reform.
- D. *Kentucky Peer Support Network*. Making friends can be especially hard for students with significant disabilities. The University of Kentucky Human Development Institute, through funding from the Commonwealth Council on Developmental Disabilities, trains schools throughout the state to establish peer support networks which provide ongoing support and friendships to students with significant disabilities in and outside of the classroom.
- E. *Community Services Project, Inc.* Community Services Project, Inc. (CSP) is a Community Rehab Program with the Kentucky Office of Vocational Rehabilitation. CSP assists individuals, including those with disabilities, veterans, and Youth in Transition) with finding fulfilling employment opportunities in work settings of their choosing. CSP offers job placement assistance, career counseling, and job coaching to teach skills needed to perform a job or a task.

CONCLUSION

Kentucky's Olmstead Compliance Plan is not intended to be a static document establishing set goals for state agencies which provide services for people with disabilities. This Plan is designed to serve as a "living plan" for realizing the Commonwealth's vision of people with disabilities working, learning, living and enjoying life in the most integrated settings appropriate to their individual needs. As these programs are implemented, Kentucky will continue to expand on the programs demonstrating positive outcomes on quality of life, and seek out new programs and opportunities to increase community integration for individuals with disabilities.

APPENDIX A: COMMUNITY ORGANIZATIONS AND RESOURCES

In addition to services provided by government programs, the following community-based organizations offer services to individuals with disabilities. These programs provide additional support to help individuals with disabilities overcome the many barriers often faced in the community, including isolation, lack of companionship, and boredom. Although not implemented or organized by the Commonwealth, community organizations play a key role in successful community integration. The following are examples of available community organizations.

Autism Society of the Bluegrass. The Autism Society of the Bluegrass provides support groups, education, and advocacy of individuals diagnosed with Autism. Offered services include Parents' Day Out, Parent Resource Center, and support with education decisions.

Cerebral Palsy Guidance. The Cerebral Palsy Guidance Team provides guidance and assistance to parents of children with cerebral palsy. Services include support groups, legal assistance, and special education assistance.

Down Syndrome of Louisville. Down Syndrome of Louisville offers support, education and advocacy for individuals with Down Syndrome of all ages. The organization holds monthly activities that provide social opportunities, such as dance parties, fitness classes, shopping events, and music festivals to help with the development of lifelong friendships. Weekly classes are held to teach independent living skills with a focus on cooking, cleaning, community, and communication. Down Syndrome of Louisville also provides assistance with education decisions, including the selection of career paths or assistance with college applications.

The ARC of Kentucky. The ARC of Kentucky advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. This program holds community awareness events such as charity walks, and health and fitness programs. The program also provides "Wings for All" events that focus on teaching individuals and their families how to confidently navigate airports, TSA inspections, in-flight safety protocols and other aspects of air travel.

Miracle League of Louisville. The Miracle League of Louisville is a baseball league and complex for children with physical, cognitive, and/or emotional disabilities. This one-of-a-kind, fully-inclusive complex allows children of all abilities to safely play baseball in an organized league. The adjacent playground and splash-pad brings children, families and the community to the Miracle League for a common goal...to play together.

Special Olympics Kentucky. Special Olympics Kentucky provides year-round sports training to children and adults with intellectual disabilities. Meets, games, and tournaments are held for both summer and winter sports to encourage physical fitness, greater self-confidence, friendships, and positive self-image.

Kentucky Deaf-Blind Project. The Kentucky Deaf-Blind Project, established by the University of Kentucky, provides statewide technical assistance and training to persons who have a

combination of vision and hearing challenges. Services are offered to persons from birth to 22 years of age, and also to their families and service providers.