

KENTUCKY SKY USE CASE 1

Based on feedback from experienced DCBS Social Service Workers, certain providers in the Eastern Mountain Service Region have limited knowledge of trauma-informed evidence based practices. The DCBS caseworkers have documented numerous examples where Emergency Department (ED) staff and physicians/office staff neglected to conduct and document trauma assessments on children and youth, exacerbated trauma when physical assessments were performed on pre-teen girls, and failed to seek medical records before ordering duplicate testing/services.

Describe how the Vendor would address and ensure the delivery of trauma informed care by the contracted provider network for the Kentucky SKY membership. In particular, address how it assesses providers' knowledge of trauma informed care, the approach for targeted provider education at regional and state levels, as needed, and plans for collaborating with DCBS staff. At minimum, address the following in its response:

- a. Evidenced based practices and trauma-informed care for the Kentucky SKY membership;
- b. Unique needs of children and youth in Foster Care;
- c. Access to and sharing of medical records
- d. Provider contracting;
- e. Provider education and ongoing support;
- f. Performance monitoring;
- g. Cultural competency; and
- h. Community engagement.

Introduction

Dr. David Hanna, Executive Director of Passport’s SKY program, receives a call from Natalie Kelly, a Licensed Clinical Social Worker in the Department for Community Based Services (DCBS) Commissioner’s Office. She reports a concern that providers in the Eastern Mountain Service Region have limited knowledge of trauma-informed, evidence-based practices. Ms. Kelly explains that it seems to be a regional issue and not limited to a single provider or provider group. Dr. Hanna listens and then asks a few questions to better understand the concern, for example, are the problems within the emergency department (ED) or primary care happening when a child has been abused and needs medical care, when a known foster child needs medical attention for a problem unrelated to his/her child welfare status or both? Dr. Hanna affirms Passport’s commitment to trauma-informed care (TIC) throughout the SKY program and promises to get back with her soon.

After talking with Ms. Kelly, Dr. Hanna consults internally with the Kentucky SKY Director of Provider Network management, the Director of Community Engagement and leadership in Passport’s Prestonsburg office to alert them of the concern. He asks them to check with local staff in the area, with these specific provider types emphasizing the importance of TIC in their routine interactions. He also consults with Passport’s Care Coordinators and Care Advisors who are co-located in the area. After gathering this preliminary information, the Kentucky SKY management team assesses together if there are barriers or obstacles with providers and determines what additional information or resources are needed. Even without waiting for a full plan, Passport sends an e-news bulletin to all providers in the region reminding them of the importance of TIC and providing brief tips for implementation.

Evidence-based Practices and Trauma-Informed Care for the Kentucky SKY Membership and Provider Contracting

As described in this proposal, Passport is committed to all Kentucky SKY providers practicing in a trauma-informed manner. In the scenario above, following the management team’s initial discussion, the dedicated Kentucky SKY provider liaison reviews the provider file to make sure that all providers, including ED practitioners and staff in primary care offices, have completed the required trauma-informed training. Passport incorporates this training in its initial provider orientations to the Kentucky SKY program and continues to emphasize its importance through workshops, lunch and learns and webinars. Kentucky SKY providers agree either through contracts or contract amendments to practice using a trauma-informed approach with SKY members. Because we understand that the development of trauma-informed competence is incremental, Passport also provides resources, such as SAMHSA’s “Concept of Trauma and Guidance for a Trauma-Informed Approach” and the American Academy of Pediatrics’ “Becoming a Trauma-Informed Practice,” as guidance for agencies doing a self-study of their own trauma-informed approach. To help us more closely monitor the provision of TIC by our providers, Passport implements member, legal guardian and foster parent/caregiver surveys specific to provider experiences. These surveys are specific to each provider, allowing for targeted support when needed. These member/family surveys supplement our ongoing monitoring of TIC, including “pop quizzes” and provider audits.

Passport's Kentucky SKY Quality Improvement Director reviews claims data to identify high-volume providers of both primary care and ED services. Targeting high-volume providers first, all other considerations being equal, has the biggest impact in improving care for the foster care population. Using data and reports from staff in the area, Passport identifies four especially high-volume providers in the region that, based on feedback from staff, we think might be having difficulty with TIC implementation: one ED and three primary care offices. The Kentucky SKY Provider Liaison arranges for assessment/consultation visits from Kentucky SKY Behavioral Health Director Dr. Jessica Beal, a Clinical Child Psychologist. Dr. Beal has experience in providing training and consultation for medical providers incorporating TIC into their practices.

Using the information gathered during his initial discussions with staff working in the area, Dr. Hanna and the dedicated SKY Quality Improvement Director meet with Ms. Kelly to discuss their findings, to report on initial steps taken to address the problem and to develop a shared rapid cycle improvement project with clearly stated measurable outcomes. Ms. Kelly confirms that the providers targeted by Passport for assistance have been identified by DCBS staff in the region as being of concern, but she also mentions an additional primary care office in the region where despite relatively low volume of Kentucky SKY members, there have been several incidents of concern to DCBS staff in the region. This provider is added to those Dr. Beal will visit.

Unique Needs of Children and Youth in Foster Care and Cultural Competency.

Passport has extensive experience with the unique needs of children and youth in foster care. Much of this knowledge about foster children is documented in our statewide proposal. As it relates specifically to youth from the Eastern Mountain region, these foster care members have been especially impacted by the opiate crisis or other substance use in the region. Due to incarceration or parental death, in some school districts, as many as 80 percent of the students do not live with a natural parent. The instability in living circumstances and lack of consistent caregivers have also interfered with consistent medical care. Care may be more likely to be provided in acute circumstances, and providers may not be aware of members' medical histories, leading to repetition of evaluations or procedures. In response to the concern raised by DCBS, provider relations and community engagement staff make a concerted effort to inform providers of the availability of IdentifiSM and the ability of providers to obtain medical histories from Passport.

Many youth placed in foster care and residential placements in the Eastern Mountain region, disproportionately African-American, come from outside the Appalachia. These youth may be placed in private childcare foster homes or a residential program in the area. Often coming from a more urban background, for them, the area can appear isolated and dangerous. Passport would use its data analytics capacity to review whether there were significant cultural, age, race or other factors that seemed to be associated with a lack of trauma-sensitive care. Whether considering an African-American youth from urban Louisville or a Hispanic farm worker from central Kentucky, we incorporate training about cultural diversity into our efforts to address TIC. We would also begin to explore whether any of these population

characteristics were associated with a lack of TIC. Based on our findings, additional training or consultation with providers would be arranged, for example, training on trauma-informed approaches and racial disparity offered by Pastor Edward Palmer.

Provider Education and Ongoing Support

The Eastern Mountain Service Region is a large geographic area with significant diversity among counties, ranging from the relatively large university and industrial city of Pikeville with a medical center affiliated with the Mayo Clinic to the small community of Beattyville with limited business and community resources. Addressing the problem raised by DCBS requires a localized approach that is sensitive to the diversity of providers, communities, resources, etc., in the area.

As part of the rapid cycle improvement process, Dr. Hanna also contacts external partners such as Eastern Mountain Service Region DCBS staff and the peer resources of the Kentucky Partnership for Families and Children to identify if there are providers who deliver exemplary care in this area and who might serve as models for other providers. Passport reviews claims data to identify high-volume providers of both primary care and emergency medical services. Targeting high-volume providers first, all other considerations being equal, has the biggest impact in improving care for the DCBS committed population.

Simultaneously, Passport is aware of the strain on EDs and primary care physicians in an area with many needs and limited resources. We are especially aware of the secondary trauma that affects providers on the front lines of the battle against opioid use in Kentucky. Although Passport will focus on improving provider performance through training and contracting as outlined above, we also work to understand the perspective of these providers and to develop supportive systems that may contribute to their own difficulty in implementing TIC.

Community Engagement

Passport has an office in Prestonsburg (Floyd County), community engagement staff based in Jackson (Breathitt County) and many other staff with roots in the Eastern Mountain region. We believe that our active engagement in the community helps us to develop the informal networks that provide valuable information for our members. We maintain a presence at many community events such as the Hillbilly Festival in Pikeville and the Black Gold Festival in Hazard. Community engagement also enables us to tap into resources for foster youth, such as the John Turner Educational Foundation in Breathitt County, which might not be as well known outside the region.

As relates to this use case, we will use our community connections to identify and reach out to local opportunities to reach EDs and primary care practitioners. For example, Saving Our Appalachian Region conducts events on the opioid crisis for health care workers in the region, including hospital/ED staff and primary care providers. We will provide speakers and otherwise use these connections to bring additional TIC information to providers. In conjunction with DCBS and Mountain Comprehensive Care Center, Passport arranges to sponsor a major training event held in Hazard, Kentucky, bringing in a national speaker to address TIC. Although the impact of events such as these is hard to measure, the attendant publicity raises

the profile of TIC throughout the region. Our community engagement staff also work closely with Division of Family Resource and Youth Services Centers (FRYSC) throughout the region to promote TIC information distribution to students and families. While not directly impacting health care providers, such efforts raise awareness and help establish appropriate expectations throughout the community. Many primary care providers in the region are affiliated with the Kentucky Primary Care Association, and we use our contacts there to plan activities that will promote TIC within their membership.

Access to and Sharing of Medical Records

In addition to the issues outlined above, Passport's rapid cycle improvement project identifies that some children and youth receive multiple traumatic physical assessments when they move between placements. Passport approaches this problem in two ways. First, our Care Coordinators continue to focus on the availability of health records available through IdentifSM and Kentucky Health Information Exchange (KHIE) in their routine visits with providers. Passport is committed to integrated care coordination services, which promote better communication and less duplication of care. Second, provider representatives in the region discuss ways of avoiding service duplication a focus of their regular visits. They remind providers to use KHIE to reduce duplication and of the easy availability of consultation from Passport if there are questions about a member's medical history. We obtain current release of information authorizations and make sure they are appropriately executed. Our team recognizes that information sharing helps the care team to understand the member's medical history, aid in closing care gaps and assist in coordinating appropriate care and treatment for our members. The Kentucky SKY team, to the extent possible, makes certain that care plan information and health record data is shared across the care team, including the member's primary care provider. This goal is accomplished through electronic communication, the member portal, phone calls and routine meetings with guardians and other state agency representatives.

During our provider orientation and ongoing training sessions, we stress the available mechanisms under HIPAA guidelines for disseminating health information, the importance of sharing information to reduce further trauma to our members and ways to encourage the adoptions of electronic health records.

Performance Monitoring

Planning together, DCBS representatives from the Central Office and the Eastern Mountain region, along with the Passport team, develop an agreed upon plan for identified providers for targeted intervention while maintaining an overall focus on the region. The joint team also agrees on specific metrics, including assessment of provider practices using the American Academy of Pediatrics and SAMHSA materials referenced earlier. They also agree to monthly surveys of each of 13 DCBS offices in the region to monitor the experience of youth in state custody. The rapid cycle improvement team uses this information to continue to refine their approach to improving practice in the region. Throughout the improvement process, Dr. Hanna keeps Ms. Kelly or her designee apprised.

Conclusion

Within a few weeks, Passport has put in place a plan that is supported by DCBS and whose effectiveness can be evaluated with agreed upon metrics. The plan will continue to evolve as new perspectives are added through provider feedback, DCBS collaboration and monitoring the experience of members in the region. Six months later, in a regular meeting with Ms. Kelly and others, Passport is able to report that DCBS Social Services Workers and supervisors in the Eastern Mountain region are reporting significant improvement in the use of TIC with Kentucky SKY members.