

INTERIM JOINT COMMITTEE ON HEALTH, WELFARE, AND FAMILY SERVICES

Minutes of the 6th Meeting of the 2019 Interim

September 30, 2019

Call to Order and Roll Call

The 6th meeting of the Interim Joint Committee on Health, Welfare, and Family Services was held on Monday, September 30, 2019, at 1:00 PM, in Room 154 of the Capitol Annex. Senator Ralph Alvarado, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Ralph Alvarado, Co-Chair; Representative Kimberly Poore Moser, Co-Chair; Senators Julie Raque Adams, Danny Carroll, David P. Givens, Denise Harper Angel, Alice Forgy Kerr, Stephen Meredith, and Max Wise; Representatives Danny Bentley, Tina Bojanowski, Adam Bowling, George Brown Jr, Tom Burch, Deanna Frazier, Robert Goforth, Joni L. Jenkins, Scott Lewis, Mary Lou Marzian, Josie Raymond, Steve Riley, Steve Sheldon, Nancy Tate, Russell Webber, and Lisa Willner.

Guests: Representative Jerry T. Miller, District 36; Tresa Straw, Chief of Staff, Cabinet for Health and Family Services; Eric T. Clark, Commissioner, Elizabeth Caywood, Deputy Commissioner, Lisa Dennis, Chief of Staff, Paula Saenz, Transitional Services Branch Manager, Lorraine Wilbur, Social Service Specialist, Department for Community Based Services, Cabinet for Health and Family Services; Cameron Galloway, Tamara Vest, Voices of the Commonwealth; April Abell, Executive Director National Kidney Foundation; Beth Burbridge, Living Organ Donor; Thomas H. Waid, M.D., Medical Director, Kidney and Kidney/Pancreas Transplant Program, and Dylan Adamson, M.D., Transplant Surgeon, University of Louisville Hospital, KentuckyOne Jewish Hospital Downtown.

LRC Staff: DeeAnn Wenk, Ben Payne, Chris Joffrion, Dana Simmons, Becky Lancaster, Hillary McGoodwin, and Sean Meloney.

Approval of the Minutes

A motion to approve the minutes of the September 9, 2019 meeting was made by Representative Jenkins, seconded by Representative Marzian, and approved by voice vote.

Legislative Hearing on Executive Order 2019-0719 - Reorganization of the Cabinet for Health and Family Services

Tresa Straw, Chief of Staff, Cabinet for Health and Family Services, gave a summary of the changes within the Cabinet for Health and Family Services. The organizational enhancements being made are designed to improve efficiency and provide a more effective management structure. She stated that combining and compressing programmatic functions will improve the Cabinet's ability to serve Kentucky. A motion to accept Executive Order 2019-0719 was made by Representative Burch, seconded by Representative Sheldon, and accepted by voice vote.

Discussion of Prefiled Bills

2020 Regular Session BR 179

AN ACT relating to the promotion of living donor human organ and bone marrow donation, sponsored by Representative Jerry T. Miller, District 36. Beth Burbridge, living organ donor, shared her experience of donating one of her kidneys to her neighbor's son in Kentucky. Kentucky is 1 of 13 states that do not have any protection for living organ donors. Her company required her time off to come from her vacation time and any additional time off would be unpaid. The organ donation surgery was considered an elective surgery. She stated that BR 179 will help Kentuckians who need an organ. The bill will also help the people who are considering living organ donation. The bill will provide some financial relief for living organ donors through tax deductions.

April Abell, Executive Director National Kidney Foundation, stated that over 30 million people have chronic kidney disease (CKD). In Kentucky there are 75,300 Medicare patients diagnosed with CKD. Kentucky has approximately 5,372 people on dialysis and 711 on the kidney transplant waitlist. In 2018, there were 201 kidney transplants, with 55 having living donors, in Kentucky. 38 Kentucky patients died while on the waitlist in 2018.

Thomas H. Waid, M.D., Medical Director, Kidney and Kidney/Pancreas Transplant Program, stated that if a patient has CKD and is on dialysis, the chance of living for 10 years is 18 percent. If a patient receives a live donor transplant the chance of living for ten years increases to 54 percent. The cost of dialysis is approximately \$90,000 per year. The cost of the kidney transplant is approximately \$90,000; however, the patient should recoup all of the cost within the first 18 to 20 months. After the 18 to 20 months, everything is cost effective from that point. In the United States, there are 110,000 people on waiting lists for kidney transplants. There will be approximately 22,000 transplants in 2020; however, only 33 percent will be from live donors. Encouraging living donations is very important to increase the amount of transplantations. The number of live donors has been declining since 2007. There have been cases where live donors' health or life insurance policies were canceled, disability claims were canceled, or time off was denied under the Family Medical Leave Act, because live donation is considered an elective procedure. The University of Kentucky provides 30 additional days of medical leave for organ donation and 5 additional days of medical leave for bone marrow donation for employees.

Dylan Adamson, M.D., Transplant Surgeon, University of Louisville Hospital, KentuckyOne Jewish Hospital Downtown, stated that living donation is the only operation that is performed on patients that are completely healthy. The kidney donation surgery is done laparoscopically using minimally invasive techniques; however, a sizable incision is made to remove the kidney with no surgical damage. The recovery is minimally six weeks including two days spent in the hospital.

Representative Miller stated that the intention of the bill is that for the listed organs, state employees would be given 240 hours of paid leave for organ donation. For a bone marrow transplant state employees would be given 40 hours of paid leave. The bill allows all Kentuckians a \$10,000 tax deduction related to the organ donation. He hopes that the bill will inspire companies in Kentucky to offer the same benefits for its employees to encourage live organ donation.

In response to questions and comments from Representative Jenkins, Representative Miller stated that he was not aware of previously proposed legislation regarding live organ donation. The bill covers donations of the human intestines, kidneys, liver, lungs, or the pancreas.

In response to questions and comments from Senator Meredith, Dr. Waid stated that the overall number of patients who are requiring a transplant continues to grow in excess of the organ supply. In the United States, there are approximately 600,000 patients who are in at least one form of end stage renal disease management. Ms. Abell stated that life insurance denials for donors may have helped to cause the plateau in organ donation. The Living Donor Protection Act protects individuals who are donating an organ from being discriminated against. Dr. Adamson stated that is very specific as to who can donate a kidney. A donor cannot have a history of high blood pressure, diabetes, or other procedures that could have affected the kidneys. Ms. Burbridge stated that BR 179 would support those who choose living organ donation. She was in a financial scenario where she was able to donate but knows that finances may also prohibit others from donating. Representative Miller stated that he will find out if Kentucky is lagging behind in the number of living organ donations.

In response to questions and comments from Representative Marzian, Representative Miller stated that he does not know how many state employees have donated organs. He stated that the majority of states with living organ donation laws give time off for the state employees to donate organs. There is no language in BR 179 that prohibits insurers from canceling a life insurance or health insurance policy.

Child Welfare Transformation

Eric T. Clark, Commissioner, Department for Community Based Services (DCBS), Cabinet for Health and Family Services (CHFS), stated that in the United States there are over 400,000 children in foster care. In 2018, DCBS decided to put a focus on the

transformation of the child welfare system. The 2018 Regular Session House Bill 1 (HB 1) was referred to as landmark child welfare legislation and touched many aspects of the system from prevention of child removal to adoption. The federal government also passed landmark child welfare legislation with the Family First Prevention Services Act. HB 1 was incorporated into the daily work of DCBS. In 2018, a DCBS project management team began convening workgroups dedicated to various components of Kentucky's child welfare continuum. Stakeholders were brought into the nine workgroups where scopes of work and strategies were further developed. DCBS published a Child Welfare Transformation annual report on July 1, 2019. Kentucky is leading the nation as a model on how to transform a child welfare system.

Commissioner Clark stated that all states have to comply with the Family First Prevention Services Act by October of 2021. The three transformation goals are to: (1) safely reduce the number of children entering out-of-home care; (2) reduce caseloads for workers; (3) and improve the timeliness to appropriate permanency. DCBS has studied performance based contracting. DCBS wants to be a data-informed, outcome-driven agency. He shared a graph that shows an increase of 26.1 percent in the number of youth in out-of-home care over a four year period. The highest number of children in out-of-home care, 9,916, was in November of 2018. As of September 30, 2019, there were 9,721 children in out-of-home care. The most recent six month trend shows decreases in April, July, and August. There are fewer children placed in out-of-state residential facilities than in previous years. Elizabeth Caywood, Deputy Commissioner, Department for Community Based Services, Cabinet for Health and Family Services, stated that despite the stresses on the system in terms of the quantity of children in the system, DCBS is serving more children in-state and in the least restrictive care setting.

Commissioner Clark stated that there has been a 24.2 percent increase in the total number of foster homes. The spike in foster homes is a direct result of DCBS's diligent recruitment efforts. Compared to state fiscal year (SFY) 2015, SFY 2019 DCBS saw an increase of 15.5 percent, 325 children, in the number of children reunified with a parent or primary caretaker. The average time to permanency reunifications is eight months. The average time to permanency adoptions is 36 months. Compared to SFY 2015, SFY 2019 DCBS saw an increase of 37.5 percent in the number of children adopted; a total of 343 adoptions. The past due Child Protective Services (CPS) cases that have not been completed within the procedural timeframe, although a DCBS worker intervention has been initiated, averages 30 cases per social worker statewide. Fayette and Jefferson counties have a much higher average caseload. Jefferson County social workers have an average of 80 cases per worker. High average caseloads reflect the underlying issues with staff recruitment and retention, in addition to the overall increased volume in the service demand placed on DCBS. DCBS has hired an additional 40 social workers statewide since 2018.

Department for Community Based Services Social Worker Caseloads, Career

Ladders, Recruitment, and Retention

Eric T. Clark, Commissioner, Department for Community Based Services, Cabinet for Health and Family Services, stated that DCBS is working on a series of videos with a mission to recruit more quality staff and build current employee morale. DCBS offers a special entrance pay rate for social workers and clinicians. DCBS has a Public Child Welfare Certification Program where students sign a contract to work for DCBS for two years after obtaining their degree in exchange for DCBS paying for their schooling. The stipend program is for current employees to get their Master's degree paid for while they work for DCBS. The front line social workers received a raise last year and technology solutions to make the administrative parts of the job easier while in the field. DCBS has increased the starting salary for social workers from \$32,000 to \$34,000 a year. DCBS has a career ladder in place for social workers with the titles of Social Service Worker I and II and Social Service Clinician I and II.

Commissioner Clark stated that CHFS supports the workforce in DCBS. DCBS must create a culture of safety that attracts and retains social workers in Kentucky in spite of high caseloads and low pay. The three transitions to a culture of safety are from: (1) a culture of blame to a culture of accountability; (2) continuously applying quick fixes to addressing underlying systemic issues; and (3) seeing employees as a problem to control to a solution to harness. DCBS is empowering workers to speak for themselves and to talk about the challenges they face while working. DCBS will support the workers and take a holistic view to address underlying systemic issues that relate to the workforce.

Commissioner Clark stated that The Family First Prevention Services Act provides Title IV-E federal funding toward prevention services and makes efforts to reduce the number of children living in congregate or residential care facilities. Kentucky spent \$476 million on children in out-of-home care and only spent \$18 million on prevention services and supports to keep children from entering foster care during the same time period. Of the families that received preservation and prevention services, 96 percent remained together. There were approximately 5,000 children prevented from going into foster care due to the prevention services. DCBS is the child welfare agency not the child welfare system. Everyone including the schools, courts, Department for Juvenile Justice, treatment and recovery programs, Department for Public Health, mental and behavioral health centers, and the faith-based community all belong to the child welfare system.

In response to questions and comments from Representative Burch, Ms. Caywood stated that there are 20 children that are in facilities that are out-of-state.

In response to questions and comments from Representative Moser, Ms. Caywood stated that the number of children in out-of-home care represents the number of children that are in the custody of CHFS. There are children who are placed with relatives and fictive kin that are in the custody of CHFS. The children that have been diverted from foster care that are living with relatives and fictive kin but not in the custody of CHFS are not included

in the total number of children in out-of-home care. She stated that the DCBS data system has been set up to do foster care reporting and claiming. DCBS has not been good about capturing the number of children who are placed with relatives or fictive kin and who are not in the custody of CHFS. DCBS does have programming technology that is in process that will start capturing that data in approximately one month. Commissioner Clark stated that some of the prevention services offered by CHFS are The Kentucky Health Access Nurturing Development Services (HANDS) program and the Sobriety Treatment and Recovery Team (START) program. He stated that Kentucky's social workers salaries are lower and not comparable to surrounding states such as Ohio, Indiana, Tennessee, and West Virginia.

In response to questions and comments from Senator Alvarado, Commissioner Clark stated that he does not know how much money it would take to match the surrounding states social worker salaries. DCBS social workers received a pay increase with HB 1. DCBS wants to reevaluate the approach of only social workers receiving the pay increases. There are workers within DCBS that did not receive a pay increase and it has created a morale issue for those employees. A smaller increase but more far reaching would have a better effect on the department.

In response to the questions and comments from Senator Meredith, Commissioner Clark stated that for every dollar spent on prevention services there is approximately a three dollar return on investment. DCBS is confident that every dollar put into prevention services will reduce the amount spent on out-of-home care. The 2022 budget for out-of-home care should be less than \$476 million. Ms. Caywood stated that DCBS has increasing operating costs in out-of-home care.

In response to questions and comments from Representative Sheldon, Commissioner Clark stated that in the TWIST data system, DCBS tracks the prevention services and the families that receive the prevention services. DCBS can cross-reference that data with the outcomes of what happened to that child in foster care to know how the preventative services impact families. Ms. Caywood stated that DCBS does not have the capacity to serve the statewide demand for prevention services. DCBS continues to track whether the families are still intact at three, six, and 12 month intervals.

In response to the questions and comments from Senator Danny Carroll, Lisa Dennis, Chief of Staff, Department for Community Based Services, Cabinet for Health and Family Services, stated that in 2018, DCBS invested in work tablets and mobile technology for social workers. DCBS continues to work with the internet technology (IT) office to build better supports for the staff to work more efficiently. DCBS has developed training tools to help the staff with the new technology. DCBS is looking at ways to modernize the workforce through the child welfare transformation. The case management is standardized throughout the state. The public foster care agencies complete the primary case management with the family. The private providers are subject to licensure and contractual

requirements. DCBS has a set standard of practice and protocols however, there are some regional variances to meet the needs of the families. Commissioner Clark stated that there are funds that are re-allocated from one region of the state to another region. DCBS has brought in additional resources through a private provider for additional social workers in Jefferson County to build support and to have the past due cases addressed. He stated that DCBS has a good relationship with law enforcement. In some parts of the state, DCBS's relationship with the courts and county attorneys can be very challenging.

In response to the questions and comments from Senator Wise, Commissioner Clark stated that DCBS promulgated regulations in relation to 2019 Regular Session House Bill 446 and the regulations are in effect. DCBS moved from a one year to a three recertification of foster parents.

Transition Age Youth

Paula Saenz, Transitional Services Branch Manager, Division of Protection and Permanency, Department for Community Based Services, Cabinet for Health and Family Services, stated that in October of 2018, DCBS created a transitional services branch in the Division of Protection and Permanency to focus exclusively on improving the services to older youth in foster care. The new name for Kentucky's independent living program is Kentucky Resources for Independence Success and Empowerment (RISE). Kentucky RISE is an internet portal for transition age foster youth, foster parents, and other stakeholders to access information about the array of resources and services available to current and former foster youth. DCBS added supports for foster youth and foster parents to receive financial assistance for driver's insurance and education.

Ms. Saenz stated that DCBS purchased the LYFT curriculum, an online skills program, for foster youth aged 16 and older. LYFT has 25 study units and 5 different modules to include personal finance, communication, independent living, keeping a job, and resiliency. DCBS implemented significant improvements for the foster youth who chose to extend their commitment to foster care. DCBS put intentional focus on strategies to build skills for self-sufficiency, including increasing savings accounts, stable housing, post-secondary education, and permanent connections. DCBS has expanded services for foster youth who age out of care at the age of 18. Services can be provided until the age of 23.

Cameron Galloway, Voices of the Commonwealth, stated that the Voices of the Commonwealth Leadership Council exists to educate foster youth about the options, resources, and services available to them while striving to advocate for positive change within the Commonwealth of Kentucky's foster care system. The Voices of the Commonwealth has 15 members across the state. The Voices of the Commonwealth advocate for changes to policy and legislation, provide training and recruitment of foster parents, educate and empower foster youth, plan regional events, and work with the DCBS leadership on policy development.

Tamara Vest, Voices of the Commonwealth, stated that the Voices of the Commonwealth have been working on initiatives at the youth continuous quality improvement (CQI) meetings, foster parent pre-service trainings, a targeted recruitment workgroup, a transition age workgroup, the Family First Prevention Services Act regional convening, and the National Chafee grantee meeting. The second phase of the transformation workgroups will continue to support the regional youth CQI meetings across the state, improve and recruit high quality foster homes, empower foster youth to be their own best advocates, advocate for change in policy and legislation, educate the public around the needs of foster youth, and partner with DCBS on policy development.

Lorraine Wilbur, Social Service Specialist, Department for Community Based Services, Cabinet for Health and Family Services, stated that Fostering Success is a 10-week workforce development initiative sponsored by DCBS. Fostering Success provides current and former foster youth the opportunity to participate in a paid internship while receiving professional development and career planning support. There were 118 youth that applied to the program with 82 participating. Each youth has a job coach to provide professional development support. Each youth participates in an internship at DCBS offices across the state or with one of the 85 private and public partners. Future initiatives for the Voices of the Commonwealth are to expand the partnership with Workforce Development and to develop partnerships with post-secondary colleges and universities.

In response to questions and comments from Representative Bojanowski, Ms. Wilbur stated that the Family Scholar House in Louisville provides housing and educational services to youth who had a foster care experience. DCBS has similar services across the state for foster youth. DCBS has an aftercare program that partners with community action to provide housing and other services.

In response to the questions and comments from Senator Danny Carroll, Ms. Wilbur stated that DCBS contracts with the University of Kentucky to provide the job coaches. The job coaches are employees of University of Kentucky. There are nine job coaches, one for each of the DCBS regions of Kentucky.

Adjournment

There being no further business, the meeting was adjourned at 3:00 PM.