

UNIVERSITY OF KENTUCKY

Kentucky Homeplace

QUARTERLY REPORT

April 1, 2010 – June 30, 2010



Kentucky Homeplace
2008 National Rural Health Association Program of the Year
<http://www.mc.uky.edu/ruralhealth/homeplace.asp>

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Front page photos: The third annual Pike County Remote Area Medical (RAM) Expedition was held on June 19 – 20, 2010, and was the 600th RAM Expedition event. RAM is a non-profit, volunteer, airborne medical relief corps that provides free health care, dental care, eye care, veterinary services, and technical and educational assistance to people in remote areas of the United States, and around the world.

Top Row, 1st photo: Barbara Justice, Pike County FHCA; 2nd photo: Beth Smith, Carter County FHCA, and Shirley Prater, Elliott and Morgan counties FHCA; 3rd photo: Angela McGuire, Lawrence and Martin counties FHCA and Tammie Holbrook, Letcher County FHCA. Center Row: Dental workstations with UK and U of L dental faculty, students and staff. Bottom Row, 1st photo: U.S. Public Health workers; 2nd photo: RAM logo; 3rd photo: Beth Smith, Carter County FHCA assisting a client.

Pike County RAM Expedition

For the third year in a row, Kentucky Homeplace has participated with the Pike County RAM Expedition. Barbara Justice, Pike County FHCA, is one of many volunteers that work diligently with the committee that meets year round, planning the event. She was acknowledged during media coverage of the event for her work with the committee and the RAM event (see Barbara's write-up below). The work behind the scene to sponsor a RAM event is tremendous; lodging for the out-of-area volunteers must be found and either donated or paid for; food and drinks for volunteers, staff and the public must be planned for in advance and the food volunteers work from Friday afternoon through Sunday afternoon serving and cleaning up after the crowds. Parking, crowd control, facilities for RAM, all must be in place before the event happens.

The 2010 Pike County event provided free medical, dental and vision services to 990 patients from the surrounding area. There were 1,235 services rendered to those patients with a total care value of \$303,403.¹ The 568 volunteer staff included physicians, dentists, U.S. Public Health Service, faculty, dental students, and staff from University of Louisville, faculty, medical students and staff from the Pikeville College School of Osteopathic Medicine, dental students from the University of Kentucky, local government agencies and scores of volunteers. Kentucky Homeplace FHCAs (pictured on the cover page) Barbara Justice (Pike County), Beth Smith (Carter County), Shirley Prater (Elliott and Morgan counties), Angela McGuire (Lawrence and Martin counties), Tammie Holbrook (Letcher County), and Kathy Hamilton (Floyd County - not pictured) worked with RAM personnel to offer services for those who still needed assistance after RAM was over.

¹Statistics courtesy of Ron Brewer, Director Tennessee Rural America, and Carol Napier, Pike County RAM Expedition coordinator

Pike County RAM (Remote Area Medical) Barbara Justice, FHCA

The Pike County judge's office started work after the 2009 event to change the state law so that optometrists could see patients outside of their private offices in Kentucky. This had been a major barrier in providing the free eye exams and free eyeglasses for Kentucky RAM expeditions. Carol Napier and Dr. William Collins worked on getting additional services available to the families in need in the area. Approximately 12 to 15 optometrists volunteered their services to make the vision component of the remote a success.

Pike Central High School has been the location for the event for the past three years. People started to line up around 11:00 a.m., Friday, the day before the event opened on Saturday, at 6:00 a.m. Parking, bathroom facilities, drinking water and snacks were made available to the public. The event offered dental, vision, and medical services, such as physicals, pap smears, breast exams, limited lab work, diabetic screening and education, heart screening, men's health screening, etc. The U.S. Public Health Service participated in the event to assist with training on Disaster Preparedness.

Kentucky Homeplace has been involved from the beginning to help get the event established. During the event, we talk with patients that still needed help with things other than what RAM can offer during the expeditions – medications, medical supplies, hearing aids, education on illnesses, or follow-up with other medical providers. Patients that weren't able to be fitted with

appropriate eyeglasses or still had medical needs, visit Homeplace in the following weeks in our offices where we assist them in getting the services they need. We continue to take care of the patients (clients) as long as they need our services.

One gentleman we interviewed wasn't able to get his eyeglasses at the event, so we met with him to fill out an application through Homeplace. In completing his assessment, we discovered he didn't have insurance to cover his medications for diabetes and hypertension. He said he couldn't pay his bills and purchase the medicines he needed, so he did without his medications. We helped him complete paperwork to get his medications so he could better manage his diseases. This is the type of story we hear every day in our office. Our clients can't afford preventative care, so in the long run their health suffers and winds up costing so much more than it should have if they had care.

Kentucky Homeplace has become an important part in the local communities because we can help not only the low income but the working poor. The working poor have no insurance and therefore don't go to the doctor unless it is an emergency; or they go through the emergency room at the hospital. The more we talked with people during this event, the more evident it was that most of the people that were working couldn't afford the insurance or the co-pays, if they had insurance, to enable them to get the medical services they need. People came from Virginia, West Virginia, Tennessee and even Texas to get medical care at this event.

We were proud we were able to be a part of RAM because it opens our eye to the importance of Kentucky Homeplace and the impact we make on people lives every day.

Kentucky Homeplace

My fellow Kentuckians:

This quarter we completed another fiscal year for Kentucky Homeplace; please see the quarterly and the annual summaries of Homeplace services below. We have worked diligently educating clients on chronic disease management and healthier lifestyles, and stressed preventative care. While we can't show the impact of educating and changing behaviors in the summaries, longevity and quality of life will be enhanced through our efforts and presence in communities.

Quarterly Summary

Here's a summary of services for this quarter, April 1, 2010 – June 30, 2010: the number of unduplicated clients served was 6,510; the amount of medications accessed was \$6,659,977; other services values accessed totaled \$896,689; and number of services was 140,940. The top client medical conditions included hypertension, diabetes, high cholesterol, heart disease and mental health.

Annual Summary

Our annual summary of services for July 1, 2009 – June 30, 2010 was: total number of unduplicated clients was 11,674; individual clients are seen on the average of 3-4 times a year. The number of services was 478,986 with services values of \$3,266,255 (this total includes everything except for prescription medications); and medication values totaled \$22,544,684. Total value of dollars accessed on behalf of the Commonwealth's citizens was \$25,810,939.

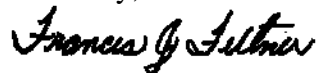
Budget Cuts for New Fiscal Year

Over the course of the past few years, the budget funding for Kentucky Homeplace has been uncertain. In January 2009, all FHCAs were laid off due to an unexpected 47% budget cut that month. The program infrastructure of regional coordinators and administrative staff continued to work and serve clients, however, on a very limited basis. Partial funding was restored in mid-May and FHCAs were recalled to work. The FHCAs worked diligently to reestablish Homeplace and to serve their clients and the communities.

As we started this new fiscal year, on July 1, 2010, we were notified that Homeplace had again suffered a budget cut – 20% or \$400,000. A budget cut of this magnitude leaves us with no option but to enact cuts which affect personnel. Little or free rent for most offices allowed for salary and operating expenses increases in the past. However, this current cut called for program reorganization in order to balance the budget. It was necessary to reclose nine counties which reduced the service area from 58 to 49 counties; lay off seven FHCAs and not refill one vacant position; and, effective August 2, 2010, Homeplace offices will operate on a four-day workweek, Monday – Thursday, 8:00 a.m. – 4:30 p.m.

The entire quarterly report is posted on the UK Center for Excellence in Rural Health's Web page for your review at <http://www.mc.uky.edu/ruralhealth/>. The report is found on the left side of the page; click on Kentucky Homeplace, scroll to the bottom of the page and click on Quarterly Reports and then click on April - June 2010. If you still wish to have a printed copy, please call 1-800-851-7512 or email me at fjfeltn@uky.edu.

Sincerely,

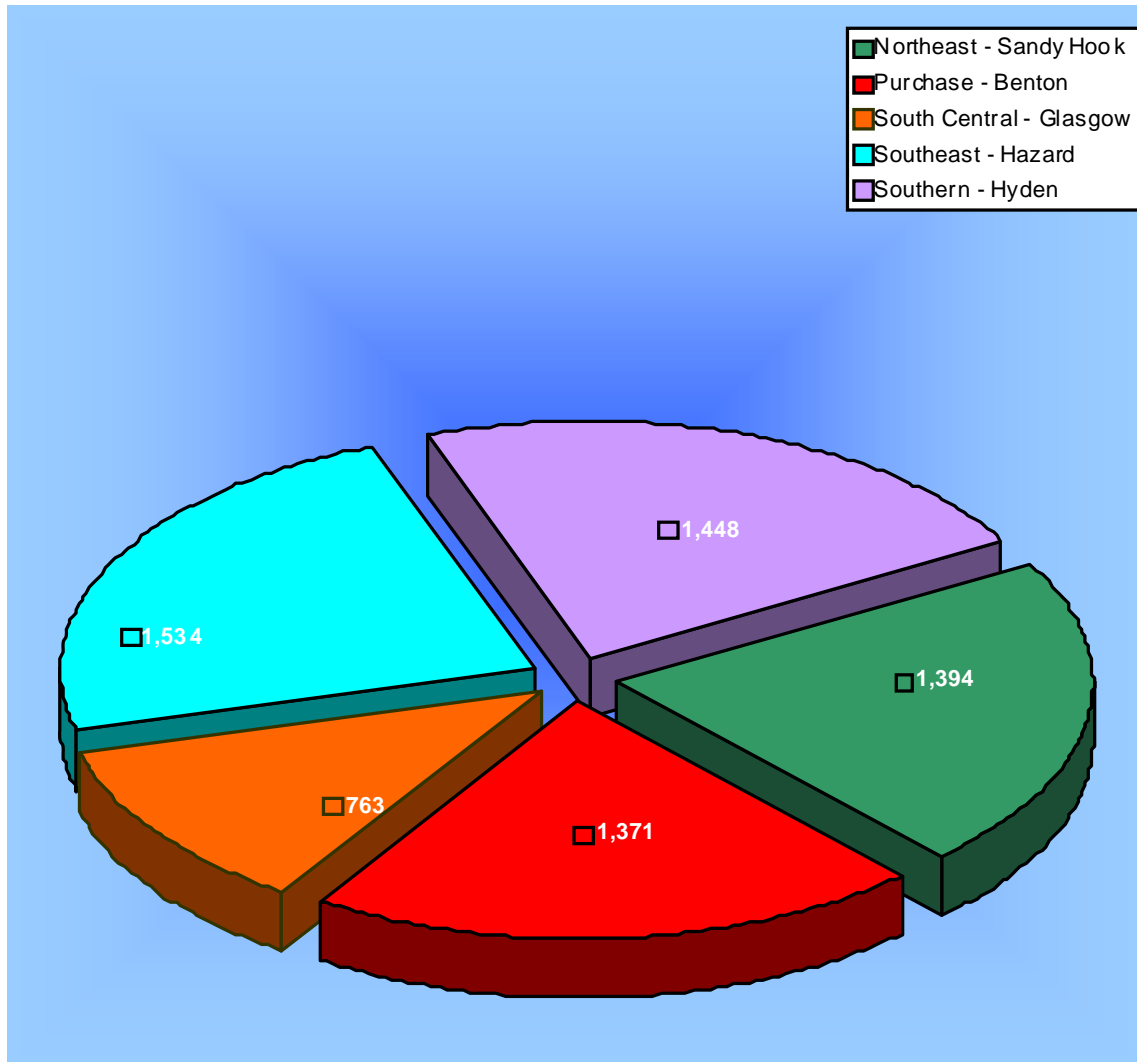


Fran Feltner, MSN, RN
Director, Lay Health Workers Division
Interim Director, UK Center for Excellence in Rural Health

Poverty Levels of Homeplace Clients						
April 1, 2010 – June 30, 2010						
Number of People in Household	100%	101-133%	134-150%	151-200%	201-250%	Totals
1	2,120	0				2,120
2	2,709	1				2,710
3	884	0				884
4	405	0				405
5	172	0				172
6	57	0				57
7	22	0				22
8	6	0				6
9	5	0				5
10	2	0				2
11	1	0				1
13	1	0				1
TOTAL	6,384	1				6,385
Column %	0.999843	0.000157	0%	0%	0%	100%
Source: Data extracted from the Kentucky Homeplace database						
*Total Clients 6,510 - Incomplete income data on 125 clients						

Age Distribution of Homeplace Clients		
April 1, 2010 – June 30, 2010		
Age Group	Number of Females	Number of Males
UNDER AGE 1	1	0
AGES 1 TO 4	0	3
AGES 5 TO 12	6	11
AGES 13 TO 14	0	3
AGES 15 TO 19	14	13
AGES 20 TO 24	96	80
AGES 25 TO 44	681	471
AGES 45 TO 64	2,318	1,406
AGES 65 TO 74	562	377
AGES 75 TO 84	220	145
AGE 85 AND OVER	62	33
TOTAL	3,960	2,542
Median Age:	54.2	53.8
Source: Data extracted from the Kentucky Homeplace database		
*Total Clients 6,510; incomplete data on 8 clients		

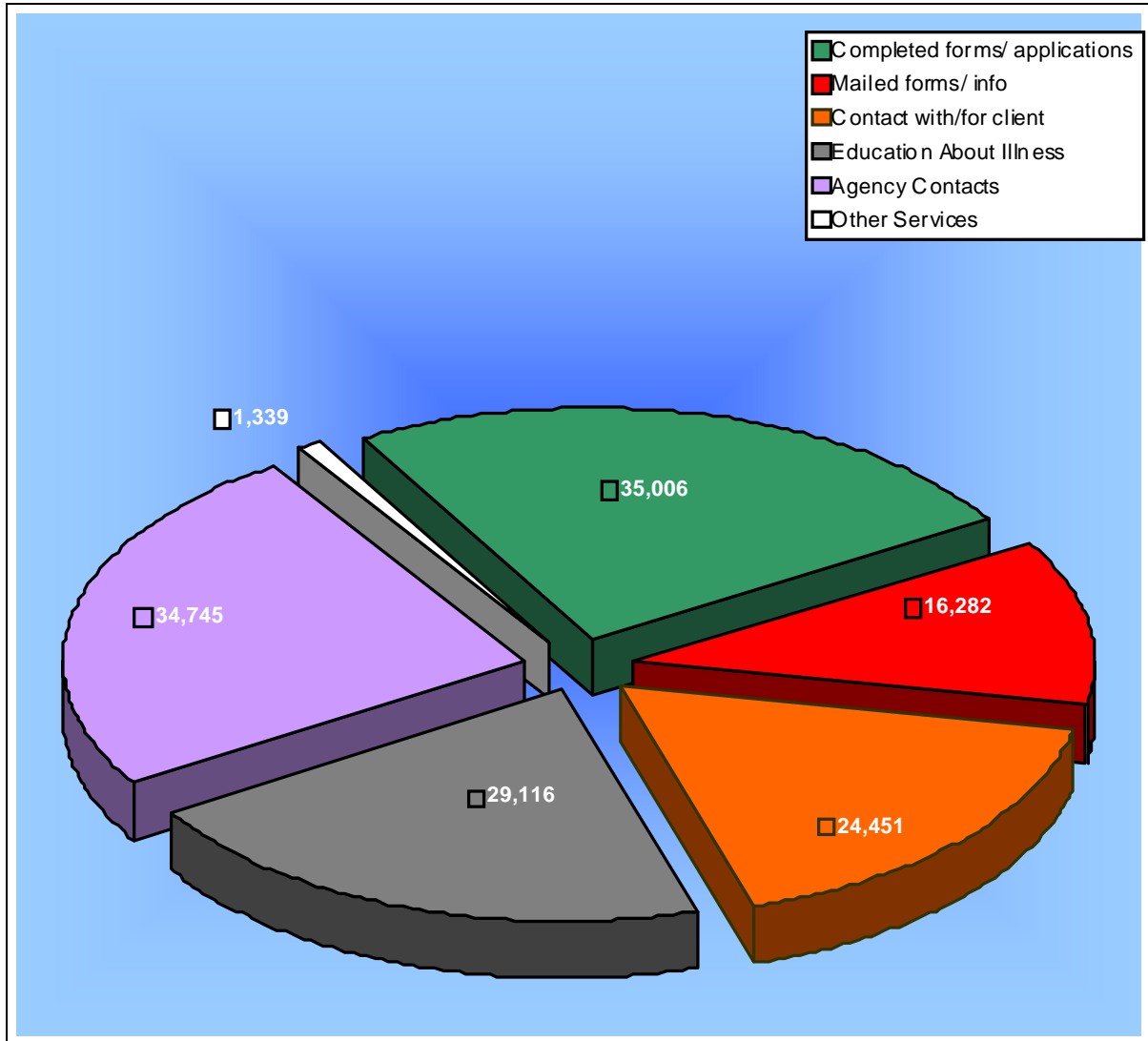
Total Clients Served By Region April 1, 2010 – June 30, 2010



TOTAL UNDUPLICATED CLIENTS FOR QUARTER: 6,510*

*This total represents unduplicated clients seen this quarter– in the regional summaries, some clients are seen more than once each quarter or are seen by multiple FHCAs and that duplicated number is reflected in their summaries.

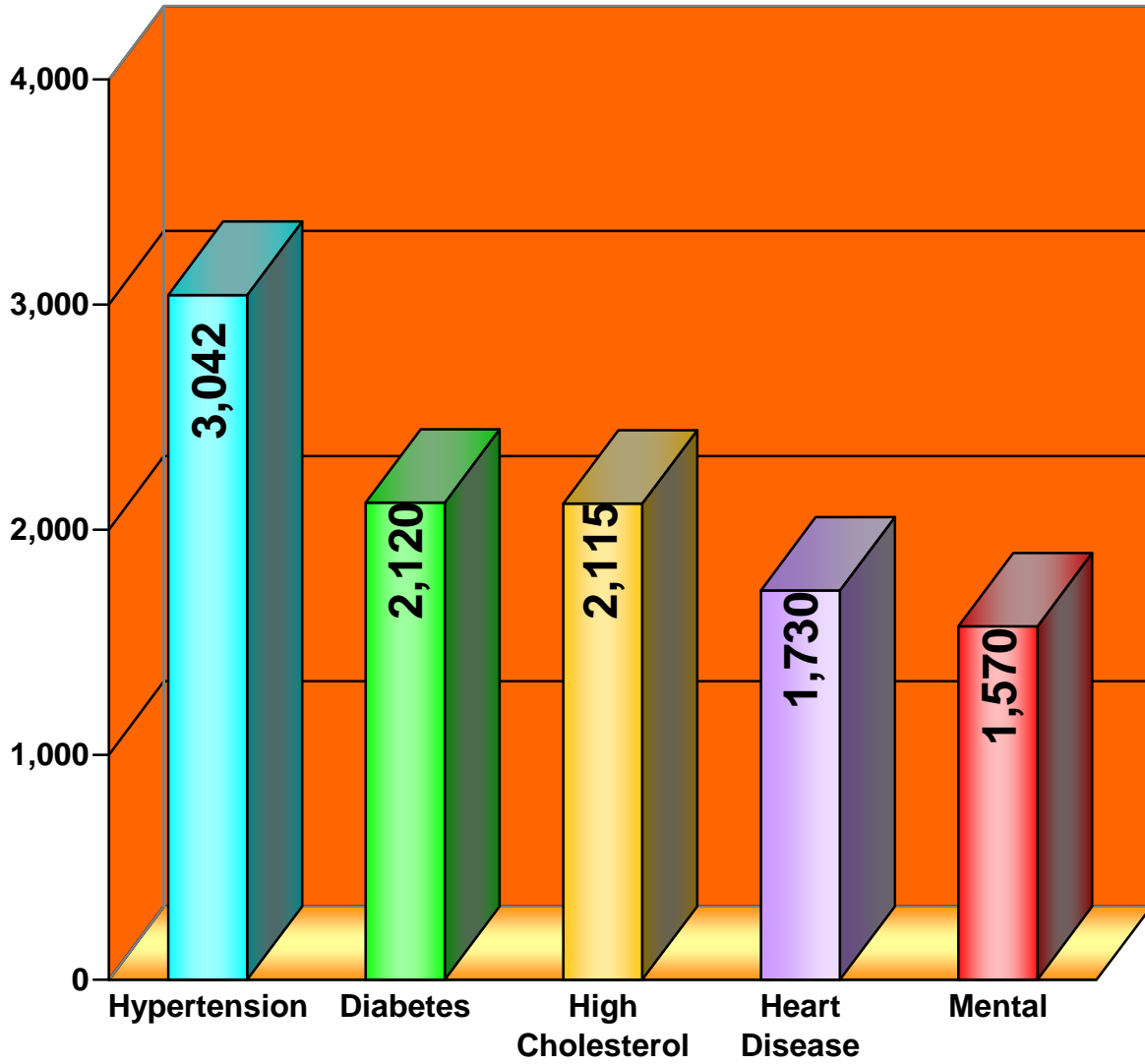
Client Services April 1, 2010 – June 30, 2010



TOTAL FOR THE QUARTER: 140,939

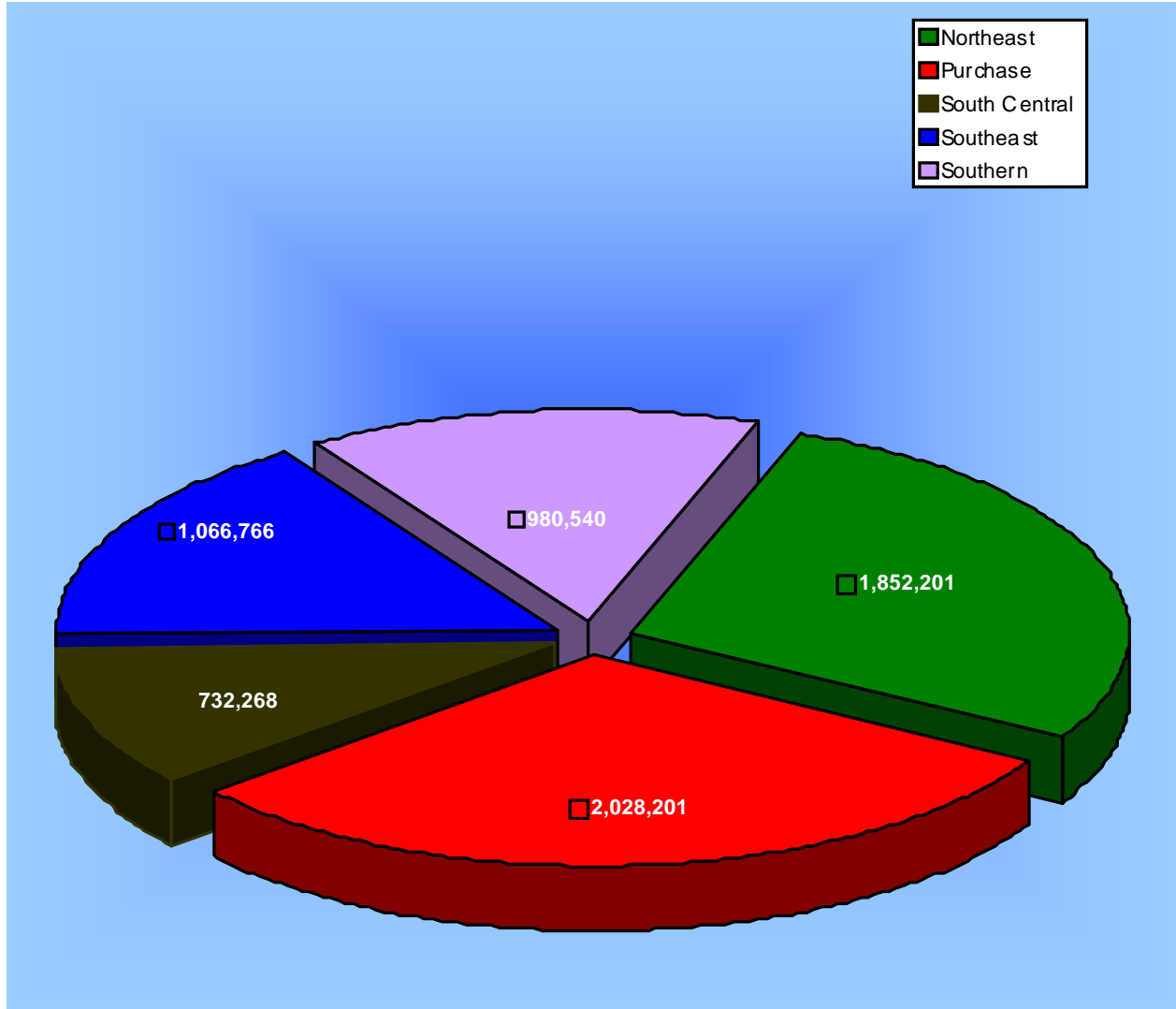
There were 399 home visits made this quarter; this number is included with the client contact numbers shown above.

Top Five Client Problems By Condition April 1, 2010 – June 30, 2010



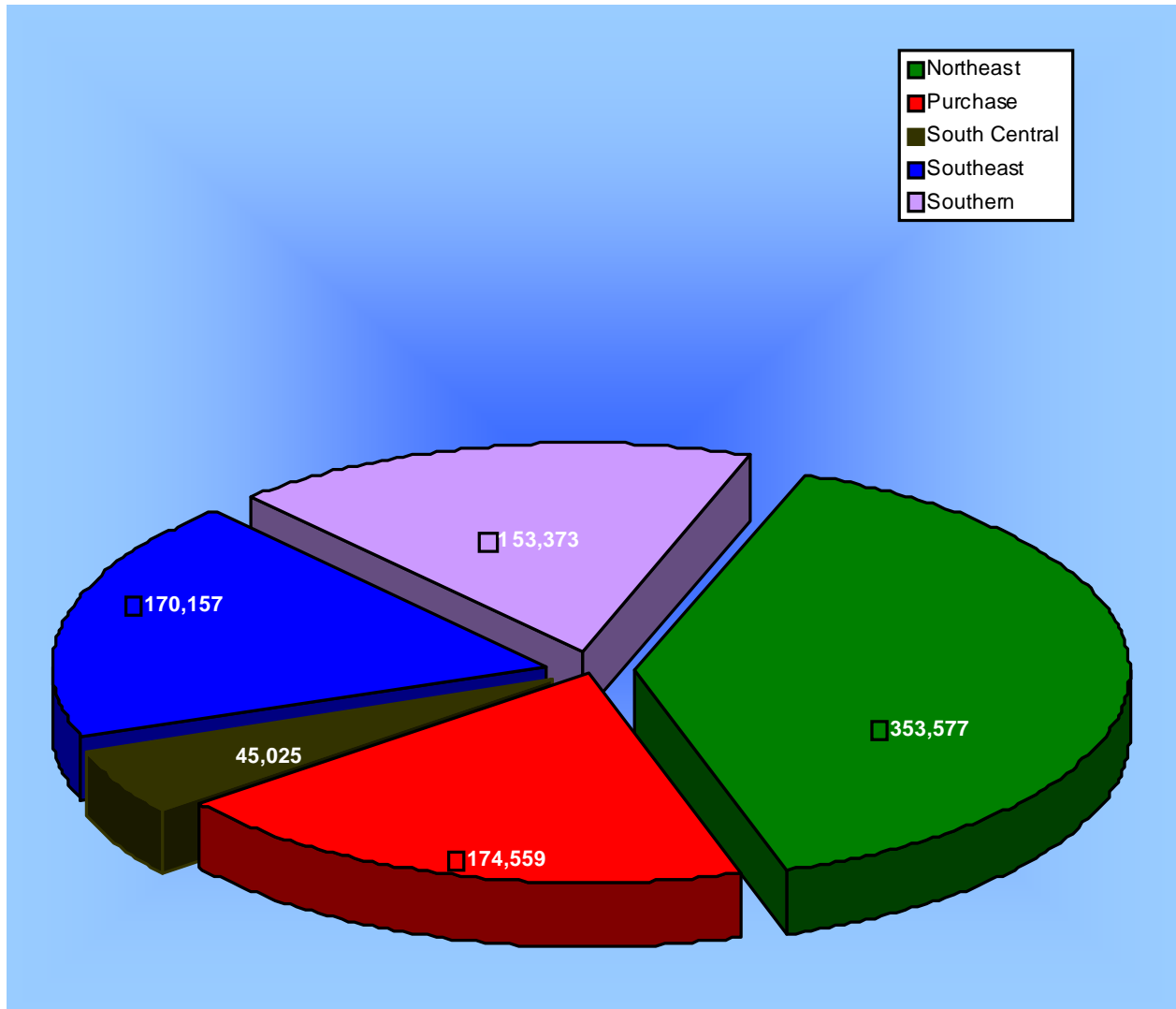
Client Medications Value

April 1, 2010 – June 30, 2010



TOTAL MEDICATION VALUE: \$6,659,976

Client Services Value April 1, 2010 – June 30, 2010



TOTAL SERVICES VALUE: \$896,691*

*Services Value represents any services and supplies other than medications.

REGIONAL SUMMARIES

Northeast Region

Janet Kegley	Regional Coordinator
Lana Bailey	FHCA (Greenup)
Lela Adkins	FHCA (Bath, Round)
Angela McGuire	FHCA (Lawrence, Martin)
Elizabeth Smith	FHCA (Carter)
Shirley Prater	FHCA (Elliott, Morgan)
Kim Sansom	FHCA (Boyd)
Judy Bailey	FHCA (Johnson, Magoffin)
TBA	FHCA (Menifee, Montgomery)*

*Lela Adkins currently covers these counties

This quarter our Family Health Care Advisors served 1,394 clients. A total of 35,790 services were provided to these clients, with service values of \$353,577. In addition, \$1,852,201 worth of medication was accessed on their behalf.

The Northeast Region has been busy this quarter. Everyone is working well using the different databases; (KPAP, KPC and Homeplace). Some of the FHCA's attended the RAM Project in Pikeville this past quarter and was delighted to be a part of it. Several counties had a Diabetic Community Day to assist their clients with shoes and power scooters. Kentucky Homeplace was the featured agency at the Hands Program in Greenup County. We now have two counties that are working alongside free clinics each week in the Northeast Region.

The Northeast Region had training with HealthSouth to learn of resources that will assist their clients in some way. The region attended a Diabetic Training given by the Big Sandy Health Department in Boyd County. We have been working on getting the new office opened for the Rowan County FHCA and will be moving into the new building sometime in August. Our region has many plans for the upcoming quarter and we are looking forward to working with our community leaders to help our clients access their needs.

Southeast Region

Ralph Fugate	Regional Coordinator
Tammie Holbrook	FHCA (Letcher)
Nancy Combs	FHCA (Perry)
Paul Vance	FHCA (Knott)
Julia Keene	FHCA (Breathitt)
Barbara Justice	FHCA (Pike)
TBA	FHCA (Pike)
Pollyanna Shouse	FHCA (Wolfe, Powell)
Kathy Hamilton	FHCA (Floyd)

This quarter our Family Health Care Advisors served 1,554 clients. A total of 28,033 services were provided to these clients, with service values of \$170,157. In addition, \$1,066,766 worth of medication was accessed on their behalf.

We welcomed Kathy Hamilton to the Southeast Region as the Floyd County FHCA in February and Kathy attended the Lay Health Workers orientation and training in Hazard in May. Kathy's main office is located within the McDowell Hospital, and she has started seeing clients at the Floyd County Health Department every Wednesday from 9 a.m. - 2 p.m.

Kathy and Barbara Justice attended the Elder Abuse Conference in Paintsville. Kathy, Barbara, Kristie Childers, Tammie Holbrook, Angela McGuire, Elizabeth Smith, and Shirley Prater worked the RAM expedition that was held at Pike County High School. FHCAs participated in interagency meetings, cancer coalition meetings, and Red Cross meetings in their counties. They either hosted or participated in Community Health Days in their areas. Pollyanna Shouse arranged three commodity give-away days in Wolfe County and held three diabetic clinic days where over 100 clients received diabetic shoes.

Southern Region

Helen Collett
Michelle Ledford
Glenna Hampton
Linda Thacker
Shirley Madrey
Paul Frederick
Nichole Ritchie
Lucinda Blair
April Nalle
Samantha Bowman

Regional Coordinator
FHCA (Clay)
FHCA (Bell)
FHCA (Lee, Owsley)
FHCA (Harlan)
FHCA (Knox)
FHCA (Leslie)
FHCA (Jackson)
FHCA (Laurel)
FHCA (Estill)

This quarter our family health care advisors served 1,477 clients. A total of 22,429 services were provided to these clients, with service values of 153,373, and \$980,540 worth of free medication was provided in this service area.

We are pleased to welcome Samantha Bowman as FHCA for Estill County. Samantha previously worked with the Estill County Emergency Department grant and also with Kentucky Homeplace. We look forward to expanding our program to touch the lives of individuals in Estill County.

The Knox County office was relocated to a larger space behind the hospital. This new space allows for better client interaction and offers space for community health days.

FHCA attended interagency meetings and held community health days within their counties. Several FHCAs represented Homeplace at local festivals and special events throughout the region.

Western Region

Sherry Morris
Donna Hooper
Angelic Carpenter

Regional Coordinator
FHCA (Fulton, Hickman and Carlisle)
FHCA (McCracken, Ballard)

Western Region Continued

Mary Beth Rohrer	FHCA (Graves)
Tessa Vail	FHCA (Marshall, Livingston)
Carla Gray	FHCA (Calloway)
Rhonda Wadsworth	FHCA (Lyon, Caldwell)
Jerrell Rich	FHCA (Webster, Union and Crittenden)
Jacqueline Anderson	FHCA (Christian, Trigg)

The Western Region provided 38,815 services to 1,371 clients. They accessed \$2,028,201 in medications and \$174,559 in other services. FHCAs represented Kentucky Homeplace at a wide variety of events in their areas. We attended interagency meetings, Domestic Violence and Child Abuse Coalition Meetings, Relay for Life events, and Breast Cancer Coalition meetings. FHCAs also worked with Head Start Organizations, Family Resource Centers, and presented at diabetes education classes and area health fairs.

As back to school time approaches, we look forward to continue working with regional Head Start and Family Resource agencies to help with immunization education and eye exams for our younger clients as they prepare to head back to school.

South Central Region

Beth Wells	Regional Coordinator
Janice Compton	FHCA (Monroe, Metcalfe)
Sharon Cherry	FHCA (Edmonson, Hart)
Lisa Lack	FHCA (Logan, Butler)
Jeanen Williams	FHCA (Barren, Warren)
Mary Poole	FHCA (Allen, Simpson)

This quarter our FHCAs served 813 clients. A total of 15,872 services were provided to these clients, with service values of \$45,025, and \$732,268 worth of free medication provided in this service area.

The South Central Region is very pleased to welcome Mary Poole as our new FHCA for Allen and Simpson counties. Mary's office will be located in Allen County. Walking programs were held in Barren and Monroe counties during this quarter. We attended interagency and coalition meetings in many of our counties. Lisa Lack continues to provide outreach at Good Samaritan.

Client Encounters

Actual situations encountered by Family Health Care Advisors April - June 2010

A 46-year-old woman came to my office for assistance with her medications. While doing the initial assessment, I discovered that she was taking the wrong dosage of her seizure medication. She stated that she had been taking one tablet twice daily, but the directions on her prescription bottle said two tablets, twice daily. She then told me that even though she was taking her medication daily, she was still having seizures 3-4 times a week. I called the pharmacy to verify that two tablets daily was the correct dosage. Then, I explained to her that the misunderstanding over the medication dosage could be the reason for her seizures. I called her two weeks later to check on her and she said that since she had been taking the correct dosage, she had not had another seizure. She was so thankful and thanked me so much for helping her get her medication dosage straightened out.

I had a client in her mid-50's come into my office to get help with medications. During the initial assessment, she said that she had not had a Pap smear in over 10 years. She said she was scared and didn't want to know if anything could be wrong with her. I explained that we could get her Pap test and mammogram free of charge at the health department. I also explained to her that if any of her results were positive, that the Kentucky Cancer Program would cover her cost. Then, I told her that the local health department was hosting a free Woman's Health Screening Day, and there would be prizes and giveaways throughout the day. This was incentive enough for her to go, so we scheduled her Pap test for the day of the screenings. I got her mammogram scheduled for the following week.

After her first appointment, she came into my office wanting to show me the gifts she had been given the day of the screening. Later, when both of her tests came back negative for cancer, she was so happy she had the screenings done and doesn't have to worry anymore. She said that from now on, she will have her screenings done every year.

This quarter, I spent a lot of time with community partners. After two years of working with our Interagency Council and with a task force board, we now have opened a free health clinic. The clinic is open one night a week for two hours, operated by volunteers who donate their time and talents. We have been open five weeks, and had nothing but success. I learned this county has a 10-year continuum plan with state, federal, and local officials in order to reduce the amount of homelessness in the area, and to access health care services for the uninsured. The Free Health Clinic was also on the 10-year plan. I am working two nights a month at the clinic to access indigent medication and medical programs for these patients.

The influx of patients that have high blood pressure and diabetes has been phenomenal. These patients knew they had these health care problems, but because they didn't have insurance, they couldn't afford treatment. I was amazed at some of the numbers I saw as far as sugar levels, and blood pressure numbers. Patients would just say "you get used to it after a while because that was our only choice." Patients fall between the cracks for assistance programs through hospitals, or outreaches, so they just gave up trying. We are now preparing to track the diabetic patients that come through the free clinic and offer services for them one night a month, such as Diabetic

Educations classes, products/diabetics supplies that are brought in once a month (diabetic shoes, glucose meters, testing supplies, booklets to track sugar levels), educational pamphlets and classes on the effects of diabetes to the rest of the body. We are hoping to have a foot specialist volunteer to do foot checks and someone to do vision screens. I am so excited about the clinic opening and I am so proud to represent Homeplace as being an active partner in the community.

My client, an elderly lady, needed knee (Hyalgan) injections. She couldn't afford the medication, which cost \$600 a month. She has both Medicare and Medicaid, but her doctor wanted to charge her the full price for the injections. He told her that she could try and get the medication and he would do the injections and charge her a small fee for doing them. A friend of a friend told her that Homeplace might be able to help her.

I checked to see if it was something we could get for her. I called a local doctor's office and they said they did the injections and would only charge the client \$28 per injections. The client decided to go to this doctor for her knee injections. I made her an appointment and she got her injections for a price she could afford.

Then she wanted to know if we could help her with eyeglasses. She said it had been some time since she had had an eye exam. I helped her get an exam and applied for eyeglasses. We also made her appointment to see the dentist because she needed dentures. My new client left with a smile on her face, happy to not have to pay full price for the knee injections and to be able to afford to get glasses and dentures with the money saved.

A lady called and identified herself as the sister of a man who had a double transplant. Her brother had just placed his two empty anti-rejection pill bottles in front of her. The client has had two kidney transplants, the last one just two years ago. His wife takes usually takes care of his medicines, however, they were now separated. His wife had informed him just days before that he no longer had insurance. Their Medicaid card had been taken away. He called the pharmacy and was told that one of the anti-rejection medicines was over \$500, and he knew he couldn't afford to purchase it. The pharmacy verified his Medicaid Card was no longer valid.

I scheduled the client for an appointment and his brother-in-law brought him to the office. He had now been without anti-rejection medicine for five days. After talking to the client and making numerous phone calls to the Transplant Center at The University of Cincinnati Hospital trying to get samples, calling community organizations, checking on his Medicaid Card, Social Security Office, and Medicare I found out that he did have insurance. The Part D Insurance had taken the place of the Medicaid Card.

I called the Part D Insurance Company and they said they would pay for his anti-rejection medications. I called the local pharmacy gave them the information and they said they would have them ready for him to pick up. The client and his brother-in-law said they didn't know to call anyone to check about insurance or about the numerous agencies I had contacted. They left the office on the way to get the medicines thanking me for all my work.

I went to see one of my clients on a home visit and learned she had been using an agency to get her medicines. She lives with her mother who gets \$698/month Supplemental Security Income

(SSI); and the client receives \$200/month for food stamps. They were having a hard time financially. She said she had to pay \$25 for an office call on a sliding scale and then an additional \$10 for each prescription she received from the company. She said she didn't know how she was going to get her medicine anymore because the \$10 each medication was just killing them financially. After reviewing her medications, I found that I could help her get her medications for free through the prescription assistance programs. She started crying; she couldn't believe this was true. She said she had been in the hospital and one of the workers there told her about Kentucky Homeplace. She thanked me over and over for talking with her.

I had a walk-in client who had been referred from the Food Stamp office. She had recently moved to Kentucky, having left a violent relationship in another state. She had left her home very hurriedly without any of her personal belongings. She was staying with a friend and had no source of income and had \$2 in her purse. I talked with her for a long time and her situation was a pitiful. She could hardly talk because she was crying so hard. I really wasn't sure what I could do to help her.

I called one of the local agencies and spoke with them about seeing her for counseling. They scheduled an appointment for her. I called a housing program and my client was eligible for a subsidy; but she had to have her birth certificate and her social security card, which she had left behind when she had fled her situation.

She had been in a shelter before and didn't want to go back. She wants to work and was so embarrassed to ask for help. I told her not to feel that way; we were here to help get her back on her feet. She said she was on the edge of a nervous breakdown and we had given her a light of hope. At last, she cleared her eyes and thanked us for being there for her. After we went through getting all the things started for her, she couldn't believe there was anything like our program to help. She had no one that she could talk to, and just the little time I had spent with her, made a world of difference in her life.

My tale for this quarter is from our trip to the RAM (Remote Area Medical) Expedition in Pikeville. Several Family Health Care Advisors from the Southeast and Northeast regions were able to attend this year, and we worked with people from Kentucky, Virginia, West Virginia, Tennessee and even Texas. We saw a huge magnitude of people waiting for hours in line to get their vision checked and new eyeglasses. People who haven't ever had glasses, or went years without new ones, are helped immediately at RAM. These people waited in line, desperate to have free vision, dental and medical care. Some people had several teeth pulled but some had all their teeth pulled that day. Oral cancer screenings revealed several people with potential problems.

I know from my own experience that when money is tight, we prioritize and our (my) vision and dental care goes unchecked. I think, as an FHCA, that each one of us should volunteer for at least one of these events. We see people every day in our offices, but you really don't realize how great the need is for these services until you go to one of these events. We had one gentleman that came up from Nashville to have 21 teeth extracted because he couldn't afford to have it done at home. In all, it was a very long day, but I enjoyed it tremendously. We were able

to work along side other FHCA's from another region and offer assistance to those who still needed assistance.

I was referred by Social Services to a 35-year-old male. He is diabetic and was not taking his medications. I did a home visit and found that he doesn't have a primary doctor because he has no insurance. I referred him to the Disproportionate Share Hospital (DSH) Program at a local hospital. He was able to see a doctor for care, and I helped get his medications, glucometer and test strips through patient assistant programs. He also needed an eye exam and I was able to obtain an eye exam and free eyeglasses through the Gift of Sight Program at Lens Crafters.

I received a referral for a client needing help obtaining dialysis. He would not be eligible for Medicare until three months after his first dialysis treatment. The private dialysis treatment center was adamant that they wouldn't accept him without prior payment. He was confused and didn't understand why he couldn't get his dialysis treatments. After speaking with his doctor about his situation, I found that they felt he wasn't being compliant with his healthcare. They had urged him to do home dialysis, which the patient wasn't at all comfortable with doing independently.

I spoke with the dialysis center and they would need payment in advance prior to dialysis since he did not have insurance. I called the hospital and was informed by the social worker that they only do inpatient dialysis if he presented to the emergency room with an urgent need. I contacted the client and informed him that the hospital would do inpatient dialysis and that he should report to the emergency room if he began having symptoms resulting from the need to receive dialysis and he would be admitted for inpatient dialysis. I instructed him to contact his doctor to obtain information regarding these signs and symptoms. The doctors office indicated they would do all they could to help this patient and he had an appointment with them the following week. I advised the doctor of the information that I had given the client regarding the emergency room and that I would be happy to work with him and the client in any way possible.

I am helping an Amish family obtain medication for their nine-year-old daughter for Attention Deficit Hyperactivity Disorder (ADHD) through the Indigent Program. Due to their strict religious beliefs, they will not accept medical help through government programs so the child cannot apply for K-Chip.

I went to Pikeville Central High School to help with RAM. This was an amazing experience. To see help for the people in our area by so many professionals was just great. I worked in two different stations: one was an exit interview with patients that were there to get glasses; and the other was an exit interview with patients that just had dental services. The patients I spoke with getting glasses were mostly already clients of Homeplace. There were a few that I interview that were not, but will most definitely become clients in the future.

The community service volunteers with the National Guard were a great help with directing the patients to us as a resource. Everyone seemed to really care about the patients and wanted to help wherever needed. In the dental part, we also received great help and directions from the dentists and administrators that had to release all the patients. They directed everyone to the Homeplace

table for an exit interview. I interviewed several clients of Homeplace from Corbin, Lawrence, Greenup, Pike, Montgomery and Carter counties.

From my understanding it took about \$30,000 plus volunteers to pull this off. I spoke with clients that had lined up in parking lot at 6:00 pm the day prior to event for services. They said that they were given snacks and drinks as they waited. Lunch was provided to the volunteers and all others that went through the lunch line at no cost. As we were in our work stations, other volunteers came around to see if we needed food, drinks, supplies, etc.

This experience would be a great benefit to all of Homeplace; there were so many other areas that we were not able to address with the few FHCA's that we had working that weekend. It was definitely something that I would like to be involved in again in the future if they come back to our area. It was very organized, pleasant and rewarding at the same time.

I have been working with an elderly couple for several years. The husband had a stroke years ago and hadn't recovered completely. The wife called me asking for help with home repairs. I did a home visit and completed the necessary paperwork to complete enrollment in Kentucky Homeplace. They needed a handicapped ramp, roof repairs, insulation, and windows replaced. After contacting several agencies, I learned of different grants that are available and worked with the housing agency to complete the paperwork. I spoke with the client and she is so thankful that I put her in touch with the housing agency. They received a heating unit, new roof, insulation, six windows, two handicapped ramps and smoke alarms. The total value of these free services was \$17,891.

In the previous quarter, I was working with a 19-year-old client that had to quit working and going to school because of an emergency surgery. She had complications from the surgery and had not been able to work for over six months. She has since improved, and was ready to look for employment. This quarter, I referred her to and worked with Workforce Investment Act (WIA) Program to get her temporary employment.

I got a call from a young man that told me he needed some assistance to help him get his medication and I scheduled him for an appointment the next day. He was very clean cut, very courteous and made full eye contact with me. We proceeded to complete the interview up to the point where we needed to put in a family doctor. He told me he didn't have a family physician, but had been taking prescription blood pressure medication. I explained to him that we had to have a doctor fill out these forms and write a prescription or we could not access these medications.

He looked me in the eye and told me that he just go out of jail. He said he had a college degree and allowed drugs to ruin his life. He was trying to find a job and somewhere to live so he could get his life straightened out. I asked him where he lived and he told me he was staying with some friends and didn't know how long he could stay there. I set him up to go to the free clinic to get his healthcare and prescriptions. Then I could help him get him his medicine on a regular basis.

After he left, I just couldn't get him off my mind so I called the local United Effort and explained to them about his situation and they agreed to help him get a small apartment. Then, I called my

client to give him the good news. He was amazed that someone was actually going to help him. I think all this help from people that didn't know him and was willing to give him a second chance really opened his eyes.

KENTUCKY HOMEPLACE SITE INFORMATION

ADMINISTRATION	PERSONNEL	TITLE	TELEPHONE	ADDRESS
Kentucky Homeplace 750 Morton Blvd Hazard, KY 41701 606-439-3557, Ext 83654 1-800-851-7512 Fax: 606-435-0427	Fran Feltner, M.S.N., R.N. fffeltn@uky.edu	Director of Lay Health Workers Division	606-439-3557, Ext. 83654	Kentucky Homeplace 750 Morton Blvd Hazard, KY 41701
	Margaret Russell marussel@email.uky.edu	Administrative Coordinator II	606-439-3557, Ext. 83656	Kentucky Homeplace 750 Morton Blvd Hazard, KY 41701
	Maria Brashear maria.brashear@uky.edu	Staff Support Associate	606-439-3557, Ext. 83533	Kentucky Homeplace 750 Morton Blvd Hazard, KY 41701

SOUTHEAST REGION	FHCA	COUNTY	TELEPHONE	ADDRESS
Ralph Fugate Regional Coordinator 750 Morton Blvd Hazard, KY 41701 606-439-3557, Ext 83684 800-851-7512 Fax: 606-436-0638 rfu222@uky.edu	Contact: Ralph Fugate Regional Coordinator rfu222@uky.edu	Letcher Perry	606-439-3557, Ext 83684 800-851-7512 Fax: 606-436-0638	Kentucky Homeplace 750 Morton Blvd Hazard, KY 41701
	Paul Vance pvanc2@uky.edu	Knott	606-785-9884 Fax: 606-785-0270	Kentucky Homeplace 59 Cowtown Rd Hindman, KY 41822
	Julia Keene jkeen0@uky.edu	Breathitt	606-666-7106 Fax: 606-666-5984	Kentucky Homeplace 1137 Main Street Jackson, KY 41339
	Barb Justice bajust0@uky.edu	Pike	606-433-0327 fax: 606-433-0440	Kentucky Homeplace P.O. Box 2243 Pikeville, KY 41502 478 Town Mtn Road Pikeville, KY 41501
	Kathy Hamilton kha225@uky.edu	Floyd	606-377-6463 Fax: 606-377-7862	Kentucky Homeplace McDowell ARH Hospital 9879 Rt. 122 PO Box 237 McDowell, KY 41647
	Pollyanna Gilbert pshoul@uky.edu	Wolfe	606-668-7900 Fax: 606-668-3539 877-213-7165	Kentucky Homeplace Wolfe County Courthouse 10 Court Street PO Box 236 Campton, KY 41301
	Pollyanna Gilbert pshoul@uky.edu	Powell	606-663-8000 Fax: 606-663-8001 877-213-7165	Kentucky Homeplace 68 East Elkins Street Stanton, KY 41301

SOUTHERN REGION	FHCA	COUNTY	TELEPHONE	ADDRESS
Helen Collett Regional Coordinator 22728 Hwy 421 Suite 107 Hyden, KY 41749 606-672-2827 1-888-220-3783 Fax: 606-672-2741 collett@uky.edu	Contact: Helen Collett Regional Coordinator collett@uky.edu	Leslie Estill	606-672-2827 1-888-220-3783 Fax: 606-672-2741	Kentucky Homeplace 22728 Hwy 421 Suite 107 Hyden, KY 41749
	Michelle Ledford kmledf2@uky.edu	Clay Jackson	606-599-1039 Fax: 606-598-4315	Kentucky Homeplace 105 Main Street Manchester, KY 40962
	Glenna Hampton gha223@email.uky.edu	Bell	606-337-6886 Fax: 606-337-7183	Kentucky Homeplace Total Care 121 Virginia Ave Pineville, KY 40977
	Linda Thacker linda.thacker@uky.edu	Lee	606-464-2156 Fax: 606-464-9420 1-877-847-9821	Kentucky Homeplace 1970 Old Highway 11 PO Box 1540 Beattyville, KY 41311
	Linda Thacker linda.thacker@uky.edu	Owsley	606-593-6023 Fax: 606-593-6087	Kentucky Homeplace 200 Mulberry Street Booneville, KY 41314
	Shirley Madrey smadr2@uky.edu	Harlan	606-574-0239 Fax: 606-574-9268	Kentucky Homeplace 313 Central Street Harlan, KY 40831
	Paul Frederick pfred2@uky.edu	Knox	606-277- 0018 Fax: 606-277-0078	Kentucky Homeplace 315 Hospital Drive Suite #1 Barbourville, KY 40906
	April Nalle april.nalle@uky.edu	Laurel	606-878-1950 Fax: 606-878-1598	Kentucky Homeplace 188 Dog Patch Trading Ctr London, KY 40741

SOUTH CENTRAL REGION	FHCA	COUNTY	TELEPHONE	ADDRESS
Beth Wells Regional Coordinator 119 Park Ave. Glasgow, KY 42141 270-659-2893 1-800-890-6368 Fax: 270-659-0456 bwel12@uky.edu	Sharon Cherry scher2@uky.edu	Edmonson Hart	270-597-2246 1-800-507-2132 Fax:270-597-2317	Kentucky Homeplace Edmonson Health Dept 221 Mammoth Cave Rd Brownsville, KY 42210
	Mary Poole mary.poole@uky.edu	Allen Simpson	270-237-3168 Fax: 270-237-3179 1-877-661-6956	Kentucky Homeplace 1421 Old Gallatin Rd Scottsville, KY 42164
	Jeaneen Williams jwill6@uky.edu	Barren Warren	270-659-2053 Fax: 270-659-0046 1-877-284-1271	Kentucky Homeplace 119 Park Ave Glasgow, KY 42141
	Janice Compton jcomp2@uky.edu	Monroe Metcalfe	270-487-9354 Fax: 270-487-1357 1-877-284-1272	Kentucky Homeplace 512 West 4th Street PO Box 1088 Tompkinsville, KY 42167
	Lisa Lack lisa.lack@uky.edu	Logan	270-726-8350 Fax: 270-726-8027	Kentucky Homeplace Logan Health Dept 151 South Franklin Russellville, KY 42276
	Lisa Lack lisa.lack@uky.edu	Butler	270-526-6267 Fax: 270-526-4512	Kentucky Homeplace Ashley Plaza, Suite D9 811 Main Street Morgantown, KY 42261

NORTHEAST REGION	FHCA	COUNTY	TELEPHONE	ADDRESS
Janet Kegley Regional Coordinator Senior Citizens Center Main Street PO Box 67 Sandy Hook, KY 41171 606-738-4729 1-888-223-2910 Fax: 606-738-6315 jkkegl2@uky.edu	Bailey, Lana lbail3@email.uky.edu	Greenup	606-473-6496 Fax: 606-473-1039	Kentucky Homeplace Greenup Co. Health Dept US Highway 23 PO Box 916 Greenup, KY 41144
	Lela Hickman Adkins lnhi222@uky.edu	Bath Menifee Montgomery	606-674-2728 Fax: 606-674-2729 1-877-660-3750	Kentucky Homeplace 44 Miller Drive Box 6 Owingsville, KY 40360
	Lela Hickman Adkins lnhi222@uky.edu	Rowan	606-783-1084 Fax: 606-783-1079	Kentucky Homeplace SCR Outreach Building 135 N. Hargis Ave. PO Box 605 Morehead, KY 40351
	Angela McGuire amc224@email.uky.edu	Lawrence Martin	606-638-1079 Fax: 606-638-4941 1-877-213-7161	Kentucky Homeplace 108 Bulldog Lane, Rm. 161 Louisa, KY 41230
	Beth Smith easmith123@uky.edu	Carter	Phone: 606-474-2742 Fax: 606-474-2592	Kentucky Homeplace 101 Fraley Miller Plaza, Suite B PO Box 546 Grayson, KY 41143
	Shirley Prater sdpr223@ukyu.edu	Elliott	606-738-5927 Fax: 606-738-6078	Kentucky Homeplace Senior Citizens Center Main Street PO Box 67 Sandy Hook, KY 41171
	Shirley Prater sdpr223@ukyu.edu	Morgan	606-743-4005 Ex: 312 Fax: 606-743-4002	Kentucky Homeplace 151 University Drive West Liberty, KY 41472
	Contact: Janet Kegley Regional Coordinator jkkegl2@uky.edu	Boyd	606-738-4729 1-888-223-2910 Fax: 606-738-6315	Kentucky Homeplace Senior Citizens Center Main Street PO Box 67 Sandy Hook, KY 41171
	Judy Bailey jbail2@uky.edu	Johnson	606-789-4232 Fax: 606-789-3937	Kentucky Homeplace Johnson County Recreation /Community Center 232 Preston Street Paintsville, KY 41240
	Judy Bailey jbail2@uky.edu	Magoffin	606-349-8842 Fax: 606-349-8841	Kentucky Homeplace Magoffin Co. Health Dept 132 East Mountain Pkwy P.O. Box 1569 Salyersville, KY 41465

WESTERN REGION	FHCA	COUNTY	TELEPHONE	ADDRESS
Sherry Morris Regional Coordinator Marshall Co Courthouse 1101 Main Street P.O. Box 378 Benton, KY 42025 270-527-4350 1-800-862-0603 Fax: 270-527-4352 smorr5@uky.edu	Donna Hooper dkhoop2@email.uky.edu	Fulton Hickman Carlisle	270-472-3674 Fax: 270-472-1917 1-877-213-7162	Kentucky Homeplace 510 Mears Street PO Box 1198 Fulton, KY 42041
	Angelic Carpenter angelic.carpenter@uky.edu	McCracken	270-443-9576 Fax: 270-442-0839	Kentucky Homeplace 1524 Park Ave Paducah, KY 42003
	Angelic Carpenter angelic.carpenter@uky.edu	Ballard	270-335-3358 Fax: 270-335-3382 1-877-213-7164	Kentucky Homeplace Ballard County Courthouse P.O. Box 318 132 North 4 th Street Wickliffe, KY 42087
	Mary Beth Rohrer mbrohr2@uky.edu	Graves	270-251-0153 Fax: 270-247-7865	Kentucky Homeplace Annie Gardner Foundation 620 South 6 th Street PO Box 575 Mayfield, KY 42066
	Tessa Vail tcturn2@uky.edu	Marshall	270-527-4351 Fax: 270-527-3563 1-877-847-9822	Kentucky Homeplace P.O. Box 378 1101 Main Street Benton, KY 42025
	Tessa Vail tcturn2@uky.edu	Livingston	270-527-4351	Kentucky Homeplace 509 Mill Street Smithland, KY 42081
	Carla Gray cgray0@uky.edu	Calloway	270-767-9829	Kentucky Homeplace 602 Memory Lane Murray, KY 42071
	Jacqueline Anderson jacqueline.anderson@uky.edu	Christian Trigg	270-887-4311 Fax: 270-887-0621	Kentucky Homeplace Jennie Stuart Medical Ctr 320 West 18 th Street Hopkinsville, KY 42240
	Rhonda Wadsworth rwadsworth08@uky.edu	Lyon Caldwell	270-365-2415 Fax 270-365-5316	Kentucky Homeplace Trover Clinic 605 S. Jefferson Street Princeton, KY 42445
Contact: Sherry Morris Regional Coordinator smorr5@uky.edu	Webster Union Crittenden	270-527-4350 1-800-862-0603 Fax: 270-527-4352	Kentucky Homeplace Marshall Co Courthouse 1101 Main Street P.O. Box 378 Benton, KY 42025	