

State Interagency Council for Services to Children with an Emotional Disability

Meeting Summary for December 11, 2013

Members/ Designees Present:

Mary Reinle Begley (DBHDID), SIAC Chair
Teresa James (DCBS)
Eugene Foster (CCSHCN)
Bill Heffron (DJJ)
Peggy Roark (Parent Designee)
Jessica Krouse (Youth Member)
Allyson Taylor (DPH/ Commissioner's Office)

Guests:

Eric Friedlander (CHFS)
Steve Shannon (KARP)
Dana Nickles (CHFS)
Dr. Allen Brenzel (DBHDID)
Wendy Morris (DBHDID)
Natalie Kelly (DBHDID/ KICC)
Goldie Williams (Children's Services Dir./Comprehend Inc.)
Chris Whitsell (Children's Services Dir. /Bluegrass)
Kate Tilton (KPFC)
Larry Linden (Children's Services Dir. /North Key CC)
Jenny Claxon (DCBS)
Michelle Baize (DCBS)
Kathy Alsup (Seven Counties)
Cynthia Trent (DCBS)
Janet Doyle (DCBS)
Mary Beth Halcomb (DCBS)
Anastasia Cooper (DCBS)
Virginia Jones (DCBS)
Angela Cornett (DCBS)
Cheryl Franklin (DCBS)
Belina Turner (DCBS)
Adam Rohrer (DCBS)
Jason Mellenkamp (DCBS)

Members/ Designees Present:

Kari Collins (DBHDID)
Tina Webb (DCBS)
Catherann Terry (DMS)
Melissa Goins (AOC)
Laura McCullough (KDE)
Tal Curry (DPH)
Heather Dearing (CHFS/ FRYSC)

Guests:

Liz Wade (DCBS)
Jeff Sutherland (Humana Care Source)
Liz McKune (Passport)
LeAnn Magre (Wellcare)
Helen Homberger (Humana Care Source)
Leslie Jones (Protection & Advocacy)
Whitney Hayse (Protection & Advocacy)
Luglenda McClain (LRC/ Pathways/Gateway)
Sue Smith (DBHDID)
Kara Fresh (DBHDID/ IMPACT PLUS)
Christie Penn (DBHDID)
Angela Winkfield (Protection & Advocacy))
Andrea Keith (Seven Counties/ Salt River)
Dawna Eplion (Pathways)
Angela Parker (Mt. Comp Care Ctr./ Big Sandy)
Vestena Robbins (DBHDID/KICC)
Beth Jordan (DBHDID/KICC)
Beth Potter (KY SEED/ KICC)
Amy Cooper-Puckett (DBHDID/KICC)
Christopher Duckworth (KY SEED/ KICC)
Mark Hertweck (DBHDID)
Janice Johnston (DBHDID)
Michelle Kilgore (DBHDID)

Staff: Martha Campbell, SIAC Administrator (DBHDID) & Meghan Wright, Training Assistant (DBHDID)

Agenda Item	Discussion	Action/Priorities/ Recommendations
Welcome/ Introduction	Mary Reinle Begley, Commissioner of DBHDID and SIAC Chair, called the meeting to order. Members and guests introduced themselves.	
Review November 13th, 2013 SIAC Meeting Summary	SIAC members reviewed DRAFT summary of the 11/13/2013 SIAC meeting. There were no edits; SIAC approved/ accepted the meeting summary.	SIAC adopted meeting summary with no changes.
Cabinet Update: System of Care Realignment Heather Dearing (CHFS), Acting Director of FRYSCs/ SOC Expansion & Redesign Advisor	<ul style="list-style-type: none"> ➤ Continue SOC partnership efforts to increase community based care (including IOP) and family involvement. ➤ Utilize KICC Grant to support implementing screenings, assessments and treatments that are EBPs and can be measured for positive outcomes. ➤ Adopt age appropriate screening tools that will result in effective, quality assessments. ➤ Support SOC training across all child serving agencies, groups, councils. 	
System of Care “Youth Guided” Care Update- Jessica Krouse (Youth Representative)	<p style="text-align: center;"><u>Updates on SIAC's Youth Driven Activities</u></p> <ul style="list-style-type: none"> ➤ The Administrative Office of the Courts (AOC) is adding a youth member to their executive committee for the Citizen's Foster Care Review Board. ➤ KPFC hosted the Early Childhood Family conference in Lexington, Ky. on 11/22/2013 through 11/24/2013; over 100 parents and children attended the conference and members of KY Youth Move volunteered as staff support throughout the entire weekend. ➤ Kentucky's Safe Space Project will include youth members on its' planning and implementation committee. 	
System of Care “Family Driven” Care Update- Peggy Roark (SIAC Alternate Parent Representative	<p style="text-align: center;"><u>Updates on SIAC's Regional Family Driven Activities</u></p> <ul style="list-style-type: none"> ➤ Ms. Roark distributed a report reflecting Parent Support activities and Family Driven activities that occurred in the following regions during 11/ 2013: Green River Region/ North Key Region/ Salt River Region. ➤ Full report distributed to SIAC members/ designees as well as guests; the report documents services initiated by Parent Leaders at the local level. 	

<p>Interagency Priorities & Discussion-</p> <p><i>[Priority 2/Goal 1]</i></p> <p>KAT-ED Grant: Financial Mapping Study and Recommendations</p> <p>Dr. Mary Armstrong, PhD, Financial Consultant (University of Florida)</p>	<p><u>State Adolescent & Dissemination Cooperative Agreement-KAT-ED Grant</u></p> <p>Purpose of Financial Mapping: identify federal, state and local funding streams (current/future) that support treatment and recovery services & supports for youth with behavioral health (mental health, substance use, co-occurring) disorders</p> <p>Goal of Financial Mapping: develop a strategic financing plan that will coordinate funds efficiently and support a comprehensive array of treatment and recovery services & supports</p> <p>KYs Expenditures for Behavioral Health Services for Children, Adolescents & Young Adults</p> <ul style="list-style-type: none"> ➤ Provide full range of accessible, affordable, and quality services responsive to age, gender, cultural and other characteristics ➤ Interventions should reflect current state of knowledge and technology, including evidence-based practices ➤ System features include accountability, accessibility, effectiveness, and control of service utilization and costs. <p>Mental Health Parity and Addiction Equity Act of 2008</p> <ul style="list-style-type: none"> ➤ Requires equity between medical benefits and behavioral health benefits in deductibles, copayments, out-of-pocket expenses, and limits to treatment <p>Patient Protection and Affordable Care Act of 2010</p> <ul style="list-style-type: none"> ➤ Comprehensive health care system reform ➤ Identification of essential health benefits including mental health and SU <p>Kentucky Context: Children’s Behavioral Health Redesign</p> <ul style="list-style-type: none"> ➤ Children’s Behavioral Health Redesign <ul style="list-style-type: none"> • Report by Sheila Pires et al. [Good and Modern System of Care] • April 2013 Partner Meeting ➤ Grant- improve services for youth w/ substance use disorders & their families <ul style="list-style-type: none"> • Requires financial mapping of substance use services in Years 1 and 3 • Kentucky expanded scope to include all behavioral health services ➤ Grant to expand system of care for all children, youth, and young adults ➤ Integrate redesign recommendations and financial mapping recommendations <p style="text-align: center;"><u>Findings</u></p> <p><i>Map 1: MH Services Under 6</i></p> <ul style="list-style-type: none"> • Kentucky spent about \$15.5 million for mental health services for children <6. • About half of expenditures (\$7.5 million) was spent on outpatient services, 2nd highest (\$3.7 million) case management, 3rd psychotropic meds (1.8 million). • Medicaid was major funding source (n = 18,145) w/ small expenditures from state funds (\$98,586) and the federal mental health block grant (\$13,008). <p><i>Map 2: MH Services for Ages 6-17</i></p> <ul style="list-style-type: none"> • Kentucky spent about \$170 million on mental health treatment services for 	<p style="text-align: center;">Repeat Financial Mapping in two (2 years)</p>
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children and youth between the ages of 6 and 17.

- Medicaid was the largest revenue source (89%) and served 75,028 youth.
- About \$15.1 million of expenditures was from state funds, including \$9 million from KECSAC.
- The third largest funding source was mental health block grant dollars (\$3.4 million).
- The highest allocation of expenditures was for outpatient services (40%), while the second highest was for psychotropic medications (32%) followed by case management (11%).

Map 3: MH Services for 18 through Under 21

- Expenditures \$16.1 million; Medicaid was primary funding source for 8,804 youth.
- Highest allocations (one-third each) of Medicaid dollars were for psychotropic medications and transportation; 3rd highest (17%) was for outpatient services.
- 2nd highest funding source was state funds; used for a variety of services and supports, including outpatient, therapeutic foster care, and case management.
- Other funding source was mental health block grant funds; used primarily for outpatient services.

Map 4: MH Services Across Age Groups

- Total expenditures for MH services across all ages was \$201,528,968.
- The primary funding source was Medicaid (90%), followed by state funding sources (8%) and federal mental health block grant funds (2%).
- About 42% of these funds were spent on outpatient services, including individual and group therapy.
- Psychotropic medications were the second highest expenditure (30%).
- About 12% of the expenditures were for case management services.

NOTE: MH Maps do not include Medicaid \$s for EPSDT, IMPACT Plus, Inpatient or PRTFs, or children in DCBS

Map 5: SU Services for Ages 10-17

- KY spent about \$3.2 million for substance use services, recovery supports and prevention for children and youth between the ages of 10 and 17.
- The largest funding source (43% of the expenditures) was the federal substance abuse prevention and treatment block grant.
- The second highest funding allocation (34%) was DPH funds to support school-based abstinence education grants in middle schools.

Medicaid funds represented about 20% of total expenditures; the majority of these funds (78%) were used for residential crisis stabilization services.

Map 6: SU Services for Ages 18 to under 21

- Total expenditures for substance use treatment services and prevention programs for youth 18-20 years of age were \$771,656.
- About 56% of these expenditures were for prevention programs.

Only 35% of expenditures were financed by Medicaid, and served only 1094 youth.

Map 7: SU Services Across Age Groups

- Total expenditures for substance use services and recovery supports was \$3,999,861 as compared to the \$124+million spent on mental health.

- About 17% of expenditures were for prevention programs and services.
- Map 8: Co-Occurring Disorders for Ages 10-17*
- Total expenditures for youth 10-17 with co-occurring disorders were \$5,867,191.
 - Over 75% of the funds identified in this map are state funds that are not matched with any federal funds. The major state funder is DJJ followed by AOC.
 - Medicaid financing represents only 22% of the identified funds (n = 1274); these funds are used primarily for residential crisis stabilization and outpatient services.
- Map 9: Co-Occurring Disorders for Ages 18 to under 21*
- Total treatment and recovery support expenditures were \$253,762.
 - About 86% of these funds are paid for by Medicaid (n = 376); these funds were used to pay primarily for outpatient and residential crisis stabilization services.
- Map 10: Co-Occurring Disorders Across All Ages*
- Total expenditures across all ages for youth with co-occurring mental health and substance use disorders was \$6,120,953.
 - Approximately 72% of these expenditures was from state funds not matched by a federal funding source.
 - Medicaid financing represented only 24% of the total expenditures; the highest proportion of Medicaid funds (75%) was for outpatient services.
- Map 11: Youth of all ages with MH, SU, Co-occurring Disorders*
- Total expenditures across all ages for youth with mental health, substance use, or co-occurring disorders was \$480,380,737.
 - Medicaid is the largest funding source (94%).
 - Highest Medicaid expenditure (37%) is for out of home settings, 2nd is for individual therapy (19%), 3rd highest is for psychotropic medications (13%).
 - Very little Medicaid \$s are for substance use screening, assessment, treatment, and recovery support services.

Policy and Practice Recommendations

This set of policy recommendations is limited to findings from the financial mapping project. Recommendations should be reviewed/considered in conjunction with findings from the 4/2013 report prepared for KYs CHFS: *A Good and Modern Behavioral Health System: Children, Youth, and Young Adults and Their Families*.

EPSDT

- EPSDT was used primarily to pay for treatment in out-of-home settings (residential/inpatient) for youth with various problems (mental health or substance use disorders, sexual offenders) rather than for a comprehensive array of in-home and community-based mental health and substance abuse treatment services and supports not covered in Kentucky's Medicaid State Plan.
- Addressed in July 8th memo from Medicaid clarifying that EPSDT can be used for community-based screenings and related diagnostic and treatment services.
- Track EPSDT over next 3 years to make sure providers are billing for substance use services, and broaden its use to the funding of community-based substance use/mental health treatment & recovery support services.

Utilizing System of Care Expansion grant, work with consultants, to implement recommendations as summarized under Policy and Practice Recommendations.

IMPACT Plus

- The Cabinet should explore ways to broaden Kentucky's Medicaid provider network; strategies have been initiated to address this issue.
- Kentucky's State Medicaid Plan should include all the IMPACT Plus services; most states now cover these comprehensive community-based services in their state plans.
- Of the \$40 million in IMPACT Plus expenditures, only \$18,000 was allocated for youth with primary substance use disorders. It is reasonable to estimate that many of the IMPACT Plus youth have substance use problems that are currently either not detected and/or not being treated.

Psychotropic Medications

- Over \$60.9 million was spent on psychotropic medications, including prescriptions for 3300 children under the age of 6 totaling \$1.8 million in expenditures

Areas for further investigation:

- Determine proportion of these children who are in KY's child welfare system
- Consider what type of quality assurance mechanisms are in place at several junctures: the initial decision to prescribe a psychotropic medications, a follow-up assessment in three months to assess whether the treatment is effective, the presence of any side-effects, and periodic assessments regarding the use of medication rather than other types of interventions.
- Consider implementation of a "flagging" system to identify young children on anti-psychotics, polypharmacy, and prescriptions for off-label uses.
- Education for prescribing physicians using best practice guidelines

Use of Medicaid in DCBS

- Through Title V/Title XIX agreement, DCBS used \$57.4 million for residential placements and therapeutic foster care.
- Consider the following when reviewing Title V/Title XIX Agreement:
 - What types of standardized enrollment/assessment protocols are in place to make sure children and youth in these settings need this level of care?
 - What quality assurance mechanisms are in place for these programs?
 - Review how other states are using innovative strategies to contract with Managed Care Organizations for behavioral health services for children and youth in foster care

Use of Medicaid in DCBS for TCM

- Through the Title V/Title XIX agreement, DCBS utilizes about \$28.5 million of Medicaid funds for targeted case management.
- Consider the following when reviewing the Title V/Title XIX Agreement:
 - What types of enrollment/assessment protocols are in place to ensure children and youth receiving TCM need this level of service?
 - Is TCM used to pay salaries of child welfare case managers? If yes, CMS has ruled in several states that this is an inappropriate use of funds.

Use of Substance Use Block Grant Funds for Youth

- Currently, Kentucky does not have a policy about the dedication of federal Substance Abuse Prevention and Treatment Block Grant funds for youth.
- SAMSHA recently suggested that states initiate such a policy.
- The Cabinet should consider implementing a policy that dedicates a portion of block grant funds each year for youth substance use treatment services and recovery supports.

Low Level of Expenditures for SU Treatment

- KY has a very low level of expenditures for youth with substance use problems and for youth with co-occurring substance use and mental health problems.
- This can be addressed through several avenues:
 - Encourage providers to use EPSDT for substance abuse assessment and treatment services
 - Addition of substance use treatment services to KYs Medicaid state plan
 - Community education about the prevalence of substance use problems and identification of youth with substance use problems

System Re-design

Given the existence of several separate systems supported by Medicaid, such as IMPACT Plus and behavioral health services for youth in the child welfare and juvenile justice systems, consideration should be given to designing a unified and comprehensive system of care that uses evidence-based and promising practices for all of Kentucky’s youth, including standardized screening and assessment tools, wraparound with fidelity, a crisis response system, and care coordination.

A priority for this system re-design is to reduce the number of children and youth, and the lengths of stay in out-of-home settings (acute inpatient care, inpatient care, PRTFs, and residential programs).

Share Financing Report findings with Juvenile Code Task Force and other interested parties.

Identify funding streams that support treatment and recovery services & supports for youth with behavioral health (mental health, substance use, co-occurring) disorders

	<p>In other states, proportion of Medicaid \$s for this level of care is 24%; in KY it is 39% of the total mental health</p>	<p>Develop strategic financing plan that will coordinate funds efficiently and support a comprehensive array of treatment and recovery services & supports.</p>
<p>Administrative Considerations and Discussion</p> <p>Commissioner Mary Reinle Begley, SIAC Chair (DBHDID)</p>	<p><u>SIAC’s Role as Governing Body for KY’s System of Care for Children/Youth</u></p> <p>“As the governing body of Kentucky’s system of care for children and youth, the SIAC is responsible for promoting children’s social, emotional and behavioral well-being where they live, learn and plan.”</p> <p>Commissioner Begley opened the discussion to identify future SIAC Agenda items that will enable/ inform SIAC members to vote/ take action on their legislated charge as the governing body of KY’s system of care.</p> <p>What data/information does SIAC need to fulfill its legislated charge?</p> <ul style="list-style-type: none"> ➤ CHFS and SIAC Chair Periodic reports to SIAC from the RIACs ➤ AOC Promote services to prevent the emotional disability of a child/ youth; work with RIACs hesitant to intervene if a youth has been diagnosed and is being served within the system. ➤ DJJ Review quarterly expenditures of the RIACs Broaden services and build these services into the state plan Average age of ch/youth served by RIACs appears to be younger and not to include a system to deal with SA use in older adolescents. If an effective system is developed to work with older adolescents, RIACs can likely be successful in appropriately referring/ linking this age group to appropriate services. ➤ CSHCNs Revise SIAC Priorities: Identify what we want to tract and them measure utilizing the CQI Committee which is a Standing Committee to the SIAC 	<p>Regional Updates to SIAC from RIAC Chairs</p> <p>Promote Prevention</p> <p>SIAC Administrator to provide quarterly RIAC expenditures to SIAC</p> <p>In redesign, address services for older adolescents.</p> <p>Revisit SIAC priorities & revise; work with CQI committee to identify</p>

	<ul style="list-style-type: none"> ➤ KDE <ul style="list-style-type: none"> Develop a flowchart to include (as data is available): <ul style="list-style-type: none"> Documentation, according to RIACs, of unmet needs Statewide information on the number of youth who have 'Beyond Control' charges or status offenses, collect by region (RIACS) or district Statewide information on the number of youth referred "between" systems Examine relationship b/t SIAC/RIAC; identify what RIACs need to be effective Consultation/referral for children/ youth RIAC's have no resources for.... Track behaviors & interventions offered; document any/all gaps ➤ DBHDID-Redesign Referral Process to RIACs/LIACs <ul style="list-style-type: none"> Consider revising the referrals to RIACs for services from a "KY IMPACT application/ referral' to a '<i>RIAC application/referral</i>'... with the expectation that the RIAC will review the application through the lens of each agency on the RIAC and/or the LIAC. ➤ DCBS <ul style="list-style-type: none"> Conduct open, two-way dialogue between/among RIACs, LIACs and SIAC Identify what data can be helpful in ongoing discussions/reviews of outcomes. Utilize available resources to determine the best way to collect data. ➤ Dr. Brenzel <ul style="list-style-type: none"> We haven't given RIACs data about their own children/ youth in order to help them. Once we provide RIACs with data about the children/ youth in their regions, we can give them a report card which will inform the work in their community by identifying where they are.... When using data to inform, we must know what is important and what we are going to do with it. CQI, Standing Committee to the SIAC, can assist with this... <p style="text-align: center;"><u>Common Goals:</u></p> <ul style="list-style-type: none"> ➤ EDU <ul style="list-style-type: none"> Reduce barriers in linkage to Education ➤ Parent Representative/ Peggy Roark <ul style="list-style-type: none"> Overcoming individual family barriers; by having the parent come to the table it brings a new perspective. KY has a problem with its rate of sending our youth to residential care and out of state for treatment; KY must use all who comprise the system of care to focus on community based care and keep them here in KY ➤ DBHDID <ul style="list-style-type: none"> Once a child becomes diagnosed, escalation may occur before things get better and children get hurt in this process. Community has already failed when a child gets to that place... considering at risk children before they ever get there; using prevention services to identify and address kids before they become a statistic ➤ Eric Friedlander (CHFS) 	<p>relevant information to tack & measure.</p> <p>Collect Regional data on 'unmet needs'; statewide data on status offenders & youth referred to multiple agencies w/in the system.</p> <p>Open & maintain communication between SIAC, the RIACs & LIACs, utilizing meaningful data; utilizing SIAC Administrator & RIAC Specialist when hired by KICC.</p> <p>Utilize the CQI Standing Committee to assist in developing data that can be used at the regional level (RIACs).</p>
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	<p>Consider the amount of change being discussed; change we have and will be implementing; look at PEW and the Juvenile Justice Task Force recommendations as the recommendations are similar to financial mapping recommendations. We have focused a lot of systems on strengths based for children, youth and families... now it is time to focus on strengths in our systems.</p> <ul style="list-style-type: none"> ➤ Commissioner James (DCBS) <p>Keep an open mind and have open conversations with staff and colleagues about the barriers to seeking treatment and helping families navigate the system.</p> <ul style="list-style-type: none"> ➤ Commissioner Begley (DBHDID) <p>We are working to change service delivery in the state. Think about how we can do this better, what do we need to get out of your way and what tools do you need to make it happen and to be able to give better direction.</p> <p>If you don't know where you are going, then you can wind up anywhere.</p>	
Other Business	System of Care Realignment Strategy Session will be held 1/21/14 & 1/22/14 for SIAC members and designees as well as other key stakeholders with critical roles in developing/ re-designing KY's System of Care.	
Adjourn	Motion to adjourn; seconded/approved	
Next Meeting Date:	Wednesday, February 26, 2014 from 1:00pm to 3:00pm DBHDID/100 Fair Oaks Lane, Conference Rooms A & B/ Frankfort, KY.	January SIAC cancelled due to System of Care Strategy Session.