

# **Overview of Recent SIAC Recommendations to the Kentucky Governor and the Legislative Research Commission**

July 22, 2015

**Per KRS 200.505, the State Interagency Council (SIAC) is required to consider issues and make recommendations annually to the Governor and the Legislative Research Commission regarding the provision of services to children with or at risk of developing an emotional disability.**

# FY2010 Recommendations

# Public Health

The SIAC recommended...

- that an Executive Order be made proclaiming that its member agencies embrace a public health approach to children's mental health and substance use services and supports through identification and recognition of how their services and supports promote well-being of children, youth, and families
- that System of Care values and principles be adopted and operationalized by all child serving agencies who are SIAC members

# Suicide Prevention

The SIAC recommended...

- That all Kentucky certified and classified personnel in the public school system receive a 3-hour suicide awareness and prevention training entitled Question Persuade and Refer (QPR); or at a minimum, include suicide prevention and postvention in each school crisis plan and ensure that an adequate number of school staff are trained
- That all human service state agencies make QPR training available and ensure that an adequate number of staff in each agency are trained
- That all community mental health centers ensure that staff clinicians and case managers receive clinical training designed to address competencies which support the assessment, management and treatment of the suicidal client
- That evidence-based practices in suicide assessment and treatment be included in all human services programs at Kentucky's accredited colleges and universities
- That all state licensing human services boards approve QPR training for continuing education units

# Transition Age Youth

The SIAC recommended...

- That all agencies serving transition age youth that have mental health and/or substance use disorders provide specialized, developmentally appropriate services and supports based on the Transition to Independence Process Model
- That for youth on extended commitment to the Cabinet for Health and Family Services for educational purposes, that Medicaid eligibility be extended to age twenty-one
- That the time period to ask for reinstatement of commitment under KRS 620.140(1)(d) for a youth that leaves state custody on the eighteenth birthday be changed to one year
- That KRS 200.505 be amended to include a youth representative as a voting member on the Council and that the position is held by a member elected through the Kentucky Partnership for Families and Children Statewide Youth Council

# FY2013 Recommendations

# Trauma-Informed Care

The SIAC recommended...

- That an Executive Order proclaiming that its member agencies embrace a Trauma Informed Care approach within children's services and supports that promote the well-being of children, youth and families
- That System of Care values and principles be adopted and operationalized by all child serving agencies who are SIAC members; and that the SIAC would serve as an agent in promoting a Trauma Informed Care approach informed by System of Care values and principles
- That the state support initiatives related to a trauma-informed approach and the departmental implementation plan recommended to sustain cross-system efforts

# Psychotropic Medications

The SIAC recommended...

- Increasing access to Evidence-Based Practices across child serving systems;
- Increasing use of mental health expertise and consultation to inform medication practices at the client and system level;
- Implementation of system-wide screening and assessment to identify mental health needs; using standardized, evidence-based assessments ;
- Enhancing systems for informed and shared decision-making ;
- Enhancing medication monitoring through improved Quality Assurance and Clinical Review Process (Medical) to include accurate health records ;
- Developing integrated data sharing systems to ensure care coordination and effective monitoring and oversight;
- Ensuring all stakeholders (children/youth/family/practitioners/child welfare workers, etc.) have access to complete and accurate information; and,
- Youth engagement and empowerment.

# Youth age Ten and Under

## Processed as Public or Status Offenders

The SIAC recommended that the most effective framework for dealing with children age 10 and younger who have allegedly committed a status or public offense would include the following:

- Instead of being formally charged, children age 10 and younger who are identified as being at risk for future delinquency should be given a comprehensive screening/assessment by a qualified individual, the results of which would indicate treatment/service needs which, if addressed, could prevent future delinquency
- Identification of the child's treatment needs should occur after consultation with other child serving professionals (Local or Regional Interagency Councils)
- The use of a child and family focused multidisciplinary team in cases where a child age 10 and under has been identified as at risk for future delinquency
- If circumstances exist which warrant a referral to the Department for Community Based Services for a Family in Need of Services Assessment or other action, such referral should be made
- Those seeking recovery for damages caused by children age 10 and under should be referred to alternative remedies, eliminating the need to charge children with a public offense for sole purpose of recovering damages

# FY2015 Recommendations

The SIAC identified three (3) priority areas which, along with the action items documented, comprised SIAC's annual recommendations to the Governor and the Legislative Research Commission.

# Psychotropic Medications

- Monitor and decrease over-reliance on psychotropic medications for children and youth
  - Connect the need for medications to screening and assessment
  - Publish report on where Kentucky stands among other states on prevalence
  - Work with Medicaid on tracking Managed Care Organizations (MCOs) and report findings to SIAC

# System of Care Expansion

- Expand System of Care values among SIAC member agencies
  - Continue to make a strong and dedicated shift to community-based services
  - Provide more extensive education on System of Care values to all partners (SIAC & other partners)
  - Assess the status of System of Care values among current SIAC partners
  - Establish a System of Care Center of Excellence

# Evidence-Based Practices

- Increased use of evidence-based practices
  - Hold providers accountable for implementing services/practices with fidelity
  - Provide training and technical assistance
  - Explore and support promising practices

# 2015-2016

Standing Committees have been asked to begin developing recommendations for SIAC to consider moving forward to the Governor and the LRC.

# Proposed Recommendations

Generated by Standing Committees

- System Structure & Governance
  - Revise KRS 200.501-200.509 and 605.035 to modernize and align with recent reform efforts
  - Reiterate previous recommendation pertaining to emphasis on promoting the adoption of a trauma-informed care framework across agencies and the inclusion of awareness training for educators and other child-serving professionals

# Next Steps

## August

- Standing Committees reconvene and explore recommendations

## September

- Standing Committees finalize recommendations

## October

- SIAC considers and votes on proposed recommendations

## November

- Recommendations are finalized and shared with Governor-elect

**Questions?**



**SIAC Standing Committees**  
**Mid-Year Report**  
July 22, 2015

# Standing Committee Overview

- Established late 2014 following System of Care Design Team recommendation
- Identified SIAC member-agency representatives to chair each committee
- Invited SIAC member-agency representatives and other stakeholders to participate
- Committees began meeting (at a minimum) twice every quarter, in conjunction with regularly scheduled SIAC meetings



# Standing Committee Overview

- Each committee
  - Chaired by a SIAC member-agency representative
  - Staffed by a SIAC member-agency representative
  - Has a coordinated, developed agenda with a process for tracking attendance, notes, and feedback
- To date...
  - Every committee has met, at a minimum, 4 times
  - Nearly 150 people (representing nearly 30 entities) have participated in the meetings over the course of six months



# SIAC Standing Committees

Continuous Quality Improvement

Finance & Resource

Service Array

System Structure & Governance

Training & Technical Assistance



**CONTINUOUS QUALITY  
IMPROVEMENT**

# Continuous Quality Improvement Committee Overview

## **Chairperson**

Rachel Bingham  
Executive Officer  
Family & Juvenile Services  
Administrative Office of the  
Courts

## **Committee Representative**

Chris Duckworth  
Department of Behavioral Health,  
Developmental and Intellectual  
Disabilities

## **Committee's Initial Charge**

- Identifying shared system, program, and practice-level performance indicators
- Planning for data collection, analysis, reporting, and feedback loops to support performance improvement

# Committee Activities

- Reviewed data elements currently collected by SIAC;
- Discussed “Risk and Protective Factors” by spheres of influence as a group;
- Created data resources inventory and requested completion of the matrix by each agency represented (see next slide for a graphic; meant to address CQI Task #3)
- Brainstormed list of Kentucky child well being and service need indicators;
- Drafted data dashboard (to be presented today);
- Share draft Behavioral Health “service continuum” from the Service Array Committee for incorporation into data dashboard.
- Defined next steps for the committee.



# Data Sources Inventory

## SIAC CQI Standing Committee: Data Sources Inventory

**CQI Committee Task Three:** Complete an inventory of all available data sources and contact persons in child-serving agencies and departments, as well as variables of interest, to be distributed to persons in decision-making positions.

In order to complete this task, please work within the agency you represent on SIAC to complete the information in the chart on data sources.

Agency Reporting this information: \_\_\_\_\_

<b>Name of Data Report</b>	<b>Data/Indicators Included</b>	<b>How to Access this Data</b>  Please include contact person, name of data system, and/or link, if appropriate	<b>Is this Data Report Available to the Public?</b>  Yes or No	<b>Note the Timeframes Covered by this Report</b>  For example: <i>Is this available on an annual basis? Is this a one-time report? Is this compiled by a calendar year or Fiscal Year?</i>



# Data Dashboard

## SIAC Continuous Quality Improvement Data Dashboard

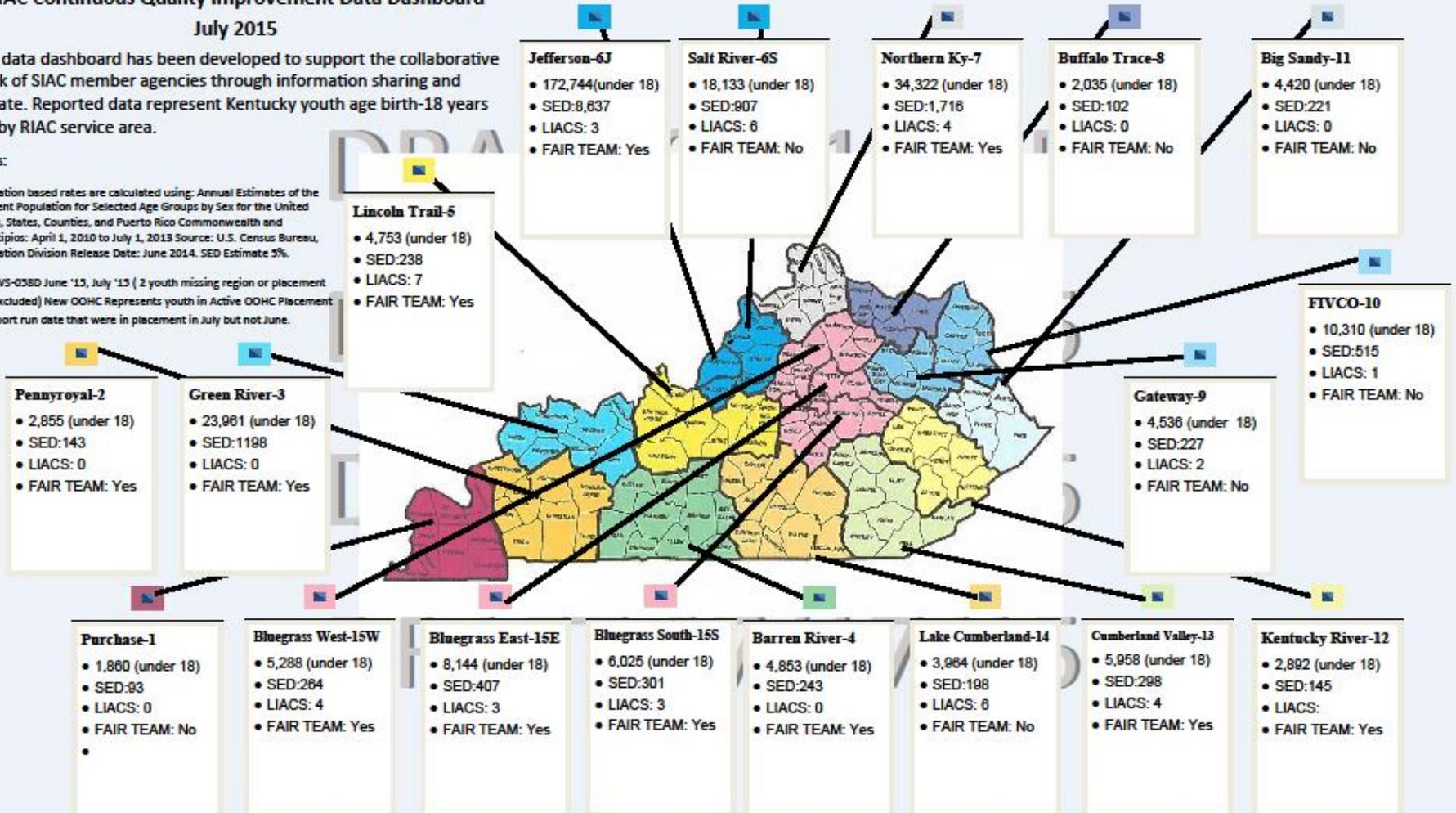
July 2015

The data dashboard has been developed to support the collaborative work of SIAC member agencies through information sharing and debate. Reported data represent Kentucky youth age birth-18 years old by RIAC service area.

### Notes:

Population based rates are calculated using: Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipalities: April 1, 2010 to July 1, 2013 Source: U.S. Census Bureau, Population Division Release Date: June 2014. SED Estimate 5%.

\*\*\*TWS-038D June '15, July '15 ( 2 youth missing region or placement info excluded) New OOH Represents youth in Active OOH Placement on report run date that were in placement in July but not June.



# Next Steps & Action Items

- Creation of a “Data Dictionary”
- Development of data request process (this work is currently underway)
- Complete work on the data dashboard
- Coordinate with other committees to fulfill data requests and assistance with analysis and ad hoc reporting needs



# FINANCE & RESOURCE



# Finance & Resource Committee Overview

## **Chairperson**

Adria Johnson

Deputy Commissioner

Department for Community  
Based Services

## **Committee's Initial Charge**

- Reviewing expenditure and utilization analysis
- Developing a strategic financing and sustainability plan which braids and blends funding, wherever possible

# Committee Activities

- Reviewed the Financial Mapping completed in 2013 by Mary Armstrong, PhD.
  - Requirement of the State Adolescent Treatment Enhancement and Dissemination grant awarded to the Department of Behavioral Health, Developmental and Intellectual Disabilities from the Substance Abuse and Mental Health Services Administration (SAMSHA).
    - Required to be repeated in Year 3.
    - Purpose: Inform development of a financing plan that will maximize and coordinate resources to support comprehensive service array.



# Committee Activities (continued)

- Reviewed the Decision Rules and Service Array from the first Financial Mapping to determine if changes were needed.
  - Considered changes in Kentucky Landscape, such as:
    - Medicaid Expansion (service array/benefits and provider network)
    - Prevalence of neonatal abstinence syndrome
- Reviewed the process around data collection
  - Conversation facilitated by Robin Rhea with the CHFS Secretary's Office



# Financial Mapping

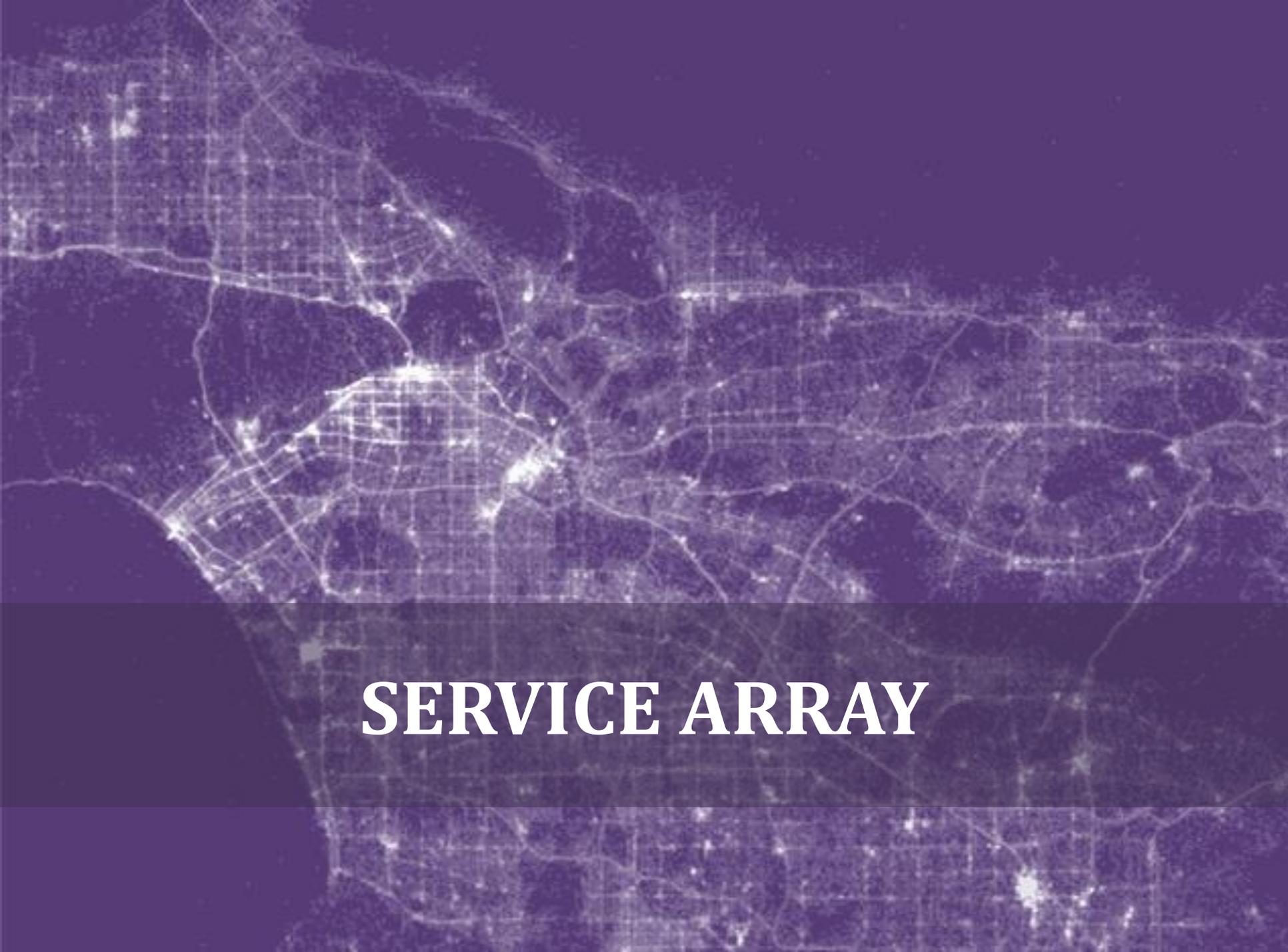
- Currently deciding on Decision Rules & Service Array for the process
  - Expanded age categories to include all 0 to 20, with a specific breakout of Newborn 0 to 3 months
  - Expanded service array to include NICU, substance withdrawal/opiate withdrawal



# Next Steps & Action Items

- Financial mapping consultant Mary Armstrong will begin meeting with individual agencies the end of the month
- Requesting SIAC approval to form an ad-hoc committee to further define the process surrounding data collection, as related to DMS (Diagnostic and Statistical Manual of Mental Disorders) Codes, and any limitations within current systems.



An aerial night photograph of a city, likely New York City, showing a dense network of streets illuminated by city lights. A semi-transparent grid pattern is overlaid on the city's street layout, highlighting specific areas. The background is a dark, deep purple color.

# **SERVICE ARRAY**

# Service Array Committee Overview

## **Chairperson**

Melissa Goins

Executive Director

Division of Family Resource &  
Youth Services Centers

## **Committee Representative**

Diane Gruen-Kidd

Department of Behavioral  
Health, Developmental and  
Intellectual Disabilities

## **Committee's Initial Charge**

- Identifying services supports, and practice models needed to achieve shared outcomes (including, but not limited to, service capacity, service mapping, EBPs, etc.)
- Developing a plan for reducing the use of ineffective practices
- Identifying how services and supports will be organized so that all key stakeholders can support, promote, and participate

# Committee Activities

- Reviewed “Description of a Modern Addictions and Mental Health Service System” by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Spent time working in both small groups and had large group discussion to refine a statewide Service Array continuum for Kentucky.



# Service Array Continuum

## PROMOTION

## TREATMENT

## SUPPORTS

<ul style="list-style-type: none"> <li>• Health Risk Assessments</li> <li>• 24/7 Behavioral Health Hotline</li> <li>• Tobacco Cessation</li> <li>• Parent Training and Education</li> <li>• Psycho educational Group</li> <li>• Wellness Recovery Support/Crisis Planning</li> <li>• Awareness Campaign/Community Outreach</li> <li>• Caregiver Education (schools, childcare centers, PCPs, etc)</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitated Referrals</li> <li>• Behavioral Health Screening</li> <li>• Substance Use Disorders Screening</li> <li>• Screening, Brief Intervention, and Referral to Treatment (SBIRT)</li> <li>• Psych Testing</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile Crisis</li> <li>• Behavioral Health Assessment</li> <li>• Substance Use Disorders Assessment</li> <li>• Diagnostic Interview &amp; Evaluation</li> <li>• Health &amp; Behavioral Assessment</li> <li>• Psychological Testing</li> <li>• Neuropsychological Testing</li> <li>• Member/Family Education</li> <li>• Family Functioning Assessment</li> <li>• Psychiatric Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Individual Therapy*</li> <li>• Group Therapy*</li> <li>• Family Therapy*</li> <li>• Collateral Therapy*</li> <li>• Peer, Youth and Family Support</li> <li>• Applied Behavior Analysis</li> <li>• Community Support Associate</li> <li>• Service Planning/case management</li> <li>• Summer &amp; After School Programs</li> <li>• Behavioral Health Skills Development &amp; Training</li> <li>• Therapeutic Rehab Program</li> </ul>	<ul style="list-style-type: none"> <li>• Medication Management*</li> <li>• Medication Assisted Treatment</li> <li>• Comprehensive Medical Services</li> <li>• Lab Services</li> <li>• Physical Examinations</li> <li>• Emergency Department</li> <li>• Medical Detoxification</li> </ul>	<ul style="list-style-type: none"> <li>• High Fidelity Wraparound</li> <li>• Substance Use Disorders Intensive Outpatient Program (IOP)</li> <li>• Behavioral Health IOP</li> <li>• Crisis Intervention/Stabilization</li> <li>• Emergency Evaluation</li> <li>• Partial Hospitalization</li> <li>• Intensive Children's Services</li> <li>• Day Treatment</li> <li>• Targeted Case Management for SED, SMI, SUD, Complex Chronic Care</li> <li>• Therapeutic Foster Care</li> </ul>	<ul style="list-style-type: none"> <li>• Residential Crisis Stabilization</li> <li>• Acute Psychiatric Hospitalization</li> <li>• Non-medical Detoxification</li> <li>• Psychiatric Residential Treatment Facilities levels I (Ages 6-21) and II (Ages 4-21)</li> <li>• Transition Support</li> <li>• Residential Private Child Care (non-PRTF)</li> <li>• Independent Living Program</li> <li>• Emergency Shelter</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient Behavioral Health (longer term)</li> <li>• Special Services including Autism, Sexually reactive, Brain Injury, Eating Disorders, or Other Special Hospital based</li> <li>• Residential Substance Abuse Treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital Aftercare Program and Discharge Planning</li> <li>• Care Coordination and Health Promotion with Medical and Other Service Providers</li> <li>• Comprehensive Care Management</li> <li>• Supported Education</li> <li>• Supported Employment</li> <li>• Supported Housing</li> <li>• Transition Supports between levels of care</li> <li>• Transportation</li> <li>• Respite</li> <li>• Flexible Funds (IFBSS)</li> </ul>
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\*Includes Integrated/co-located Medical and Behavioral Health Services and Tele-Health

# Next Steps: Request for SIAC

- Does the proposed continuum, in the opinion of SIAC members, include the minimum list of services for a good and modern system of care for Kentucky's children?
- If so, the Service Array Subcommittee recommends that the SIAC adopt this continuum, as a working document, to be the baseline service array that should be accessible to every child in Kentucky
  - If there are proposed edits by stakeholders and/or standing committee what is the process for adding or deleting services?



# Next Steps: Request for SIAC

- What is the best way for SIAC to gather information regarding service accessibility and delivery?
  - Through the standing committees?
  - Potential data sources?
  - Do we use the full continuum or prioritize services as a first step?



The background of the slide is a faded, blue-tinted aerial photograph of a city's street grid. The streets form a complex pattern of lines and blocks, with some larger, more prominent structures visible. The overall tone is professional and technical.

# **SYSTEM STRUCTURE & GOVERNANCE**

# System Structure & Governance

## Committee Overview

### **Chairperson**

Mary Reinle Begley

Commissioner

Department of Behavioral Health,  
Developmental and Intellectual  
Disabilities

### **Committee Representative**

Kate Dean

Department of Behavioral Health,  
Developmental and Intellectual  
Disabilities

### **Committee's Initial Charge**

- Identifying the administrative and/or system infrastructure needed to support the service delivery system and capacity-building requirements
- Developing a long-term governance structure for the children's system of care

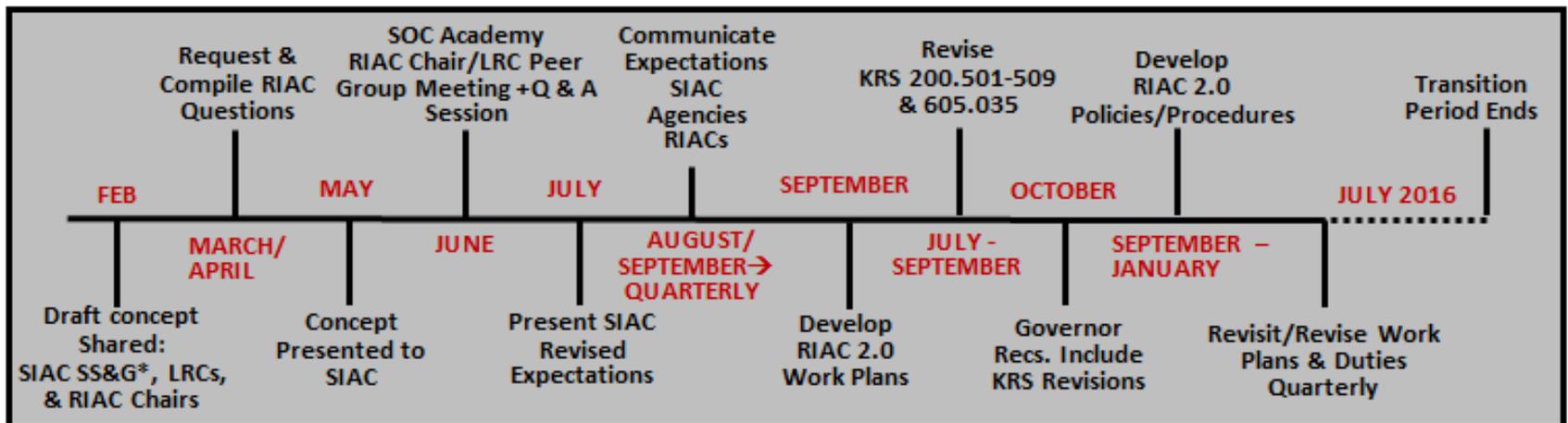
# Committee Activities

- Review and discussion regarding the Second Generation Model for RIACs
- Facilitated discussion regarding:
  - Utilization of the Second Generation Model functions by leadership and front line workers
  - Promotion of utilization of the RIACs
  - What additional tools or information are needed to actualize the Second Generation Model within respective agencies



# Next Steps

- Communicate revised expectations
- Develop RIAC work plans for transition to new model
- Revise KRS 200.501-200.509 & KRS 605.035
- Revise SIAC SOP
- Develop RIAC SOP
- Develop Communication Plan



# Action Items

- SIAC shall appoint an ad-hoc workgroup comprised of 5-7 members to draft recommended changes to KRS 200.501 – 200.509 and KRS 605.035 to bring these statutes into alignment with the many changes that have occurred within the children's system of care.



# Training & Technical Assistance



# Training & Technical Assistance Committee Overview

## **Chairperson**

Beth Potter

KICC Project Director

Department of Behavioral  
Health, Developmental and  
Intellectual Disabilities

## **Committee's Initial Charge**

- Identifying or developing a system to monitor the implementation of evidence-based practices (for the purposes of identifying coaching and/or training needs)

# Committee Activities

- Education/Awareness activities for group  
(e.g., SOC Philosophy, structure & purpose of SIAC and RIACs, and mission of the group)
- Created a training inventory
- Discussed System of Care Academy and other major agency-specific training events



# Next Steps & Action Items

- Review evidence-based practice inventory and discuss ways to share/utilize across agencies
- Create and disseminate protocol for training and/or technical assistance requests (e.g., grant proposal development, evidence-based training, collaborative training efforts)
- “One-stop shop!”



# NEXT STEPS



# Next Steps

- SIAC to review and approve meeting summaries for Feb, Mar, May & Jun
- Committee Chairs and staff will meet to discuss
  - plans for final meetings of the year
  - Meeting attendance
  - Committee membership
- Committees resume meetings in August





**QUESTIONS?**



*A Collaborative Initiative of University of Louisville, DCBS,  
DBHDID, ECU and the Kentucky Partnership for Families  
and Children*

Phase I Assessment  
& Planning

Oct 2013-Oct 2014

Submit Plan to CB  
for Approval

Oct 2014

Implement Phase II  
Plan

Through Sept '18

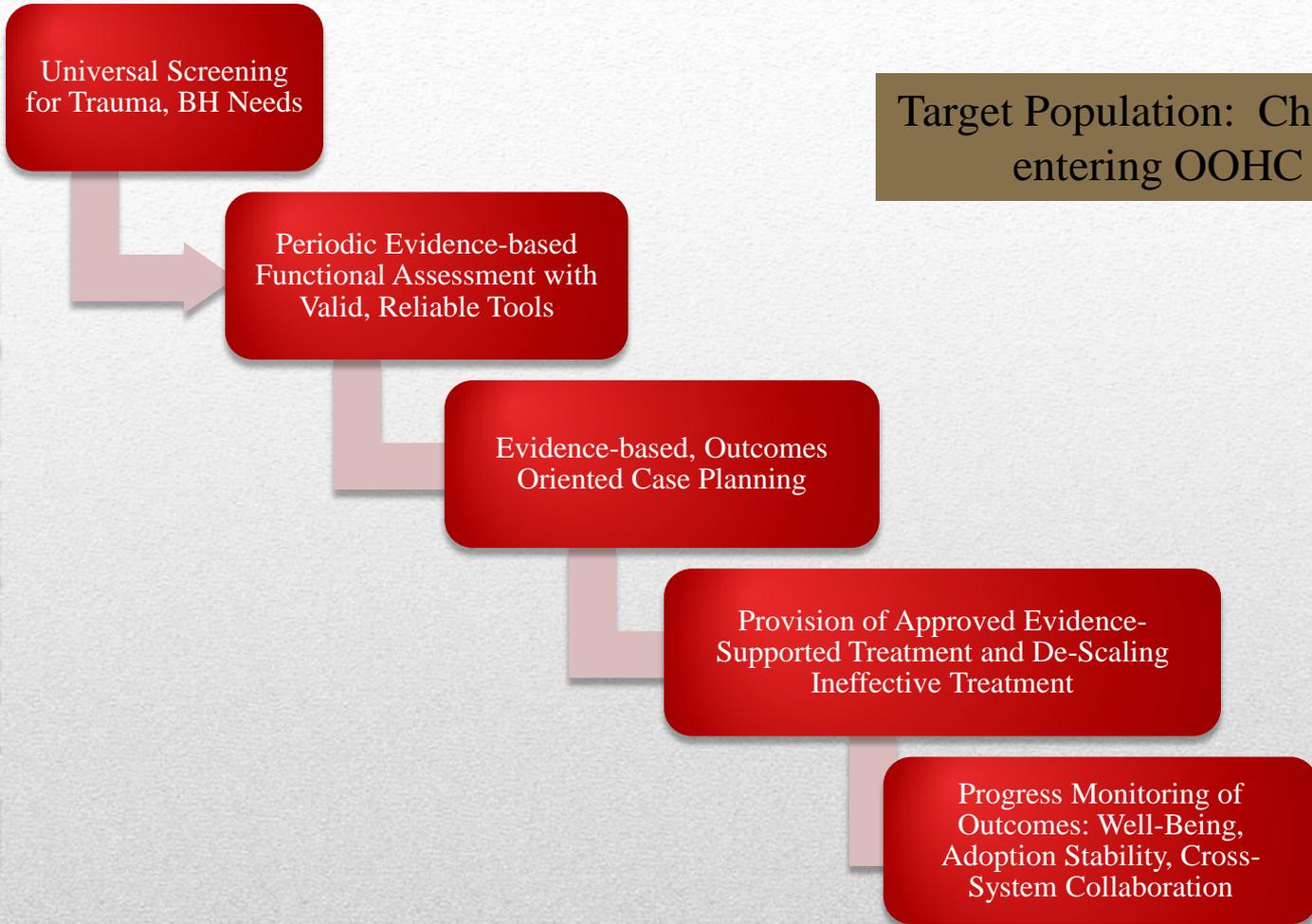
Approval received March 2015 to begin Phase II  
Implementation

- 2 region pilot
- Roll out to 5 regions
- Roll out to final 2 comparison regions

# The Process

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# Evaluation



## What we must do

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- Upon entry into care, DCBS screens using
  - Strength and Difficulties Questionnaire
  - Child PTSD Symptom Scale
  - Upsetting Events Survey
  - CRAFFT
- Used to guide
  - Placement decisions & level of care needed
  - Assessment & treatment referral using universal referral form
  - Case planning decisions
- If referral not indicated, re-screening at key trigger points

#### SUCCESS:

- Securing agreement on sustainable tools
- Web app under development
- Training underway in pilot regions

# Universal Screening

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- Upon referral behavioral health conduct functional assessment
- Goes beyond clinical assessment to examine
  - Context of behavior: family, neighborhood, community, academic, recreational, etc.
  - Strengths and resources as well as challenges
- Standardized instrumentation enables measurement of change over time
  - Child and Adolescent Needs and Strengths (*KY* CANS)
- Informs clinical assessment & psychosocial evaluation, and drives treatment selection

#### SUCCESS:

- Universal referral forms developed
- Securing Agreement on sustainable tool
- Buy in from Medicaid
- First round of training complete

# Functional Assessment

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- Incorporation of data from standardized screening and functional assessment to drive
  - Evidence-based treatment selection and termination
  - Placement and level of care decisions
  - Permanency planning
  - Outcome measurement
- Strategies being developed for sharing of information electronically through secure applications: DCBS, Providers, Medicaid/MCOs
- Re-assessment every 90 days

**SUCCESS:**

- CW and BH providers both excited about getting more information from each other

# Case Planning and Progress Monitoring

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- Capacity-building approach to enable providers to implement treatment based on common elements of EBT based on child's needs and characteristics
- PracticeWise
  - Web-based application for providers
  - Evidence-based literature database
  - Practitioner's guide for common elements and evidence based practices
  - Mechanisms can be built to track client progress
- DBHDID umbrella license + Seven Counties Services training will support provider capacity

#### SUCCESS:

- Approach builds capacity sustainably and will stay abreast of evolving evidence base
- Builds on existing DBHDID initiative

# Evidence Based practices

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- Screening & assessment data paired with Medicaid, CQI and TWIST data to drive
  - Assessment and building of capacity to provide EBTs
  - Assessment and reinforcement of training, supervision and fidelity assessment activities
  - Descaling of ineffective practices
  - Developing process for collaborative review of data regarding outcomes associated with treatment and capacity assessment.
- Intra-agency decision-making + SIAC-level redesign efforts

#### SUCCESS:

- The hard conversations regarding data integration are underway
- Blending SAFESPACE interventions with existing initiatives

# Reconfiguration of Service Array

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- Regional Implementation Teams
- Clinical Consultants
- Trauma-Informed Training
  - Screening and integration of data into case planning and progress monitoring for DCBS workers
  - CANS certification, PracticeWise and progress monitoring for behavioral health providers
  - Information-sharing and collaboration for both
- Sample policies, practice protocols and supervision tools
- Web-based data-entry and –sharing applications
  - Interagency collaboration to work through HIPPA and data exchange challenges

# Implementation Supports

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- Intervention population complications
- Partner engagement in light of workload concerns for both child welfare and behavioral health staff
- Information sharing between child welfare and behavioral health providers
- Development of data systems and databases
- Securing a funding stream for functional behavioral assessment (not payment)
- Recent announcements regarding CHS being required for Medicaid
- Low response rates and complex data requirements for evaluation

**We'll need SIAC to help us troubleshoot some of the interagency-related challenges and integrate this work into the work of SIAC subcommittees working on the overall behavioral health redesign.**

# Challenges

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