AGENDA
Thursday, August 5th Central Time

Kentucky System of Care FIVE:
Families - Involved! Valued! Empowered!

Goal 2: Improve availability of and access to high quality, culturally – and linguistically-competent, evidence-based/evidence-informed (EB/EI) mental health services for the population of focus in the geographic catchments.

8:30am

Katy Mullins, DCBS Division of Service Regions

Lizzie Minton, University of Louisville/DCBS

Dee Dee Ward, DBHDID Children's Services Branch

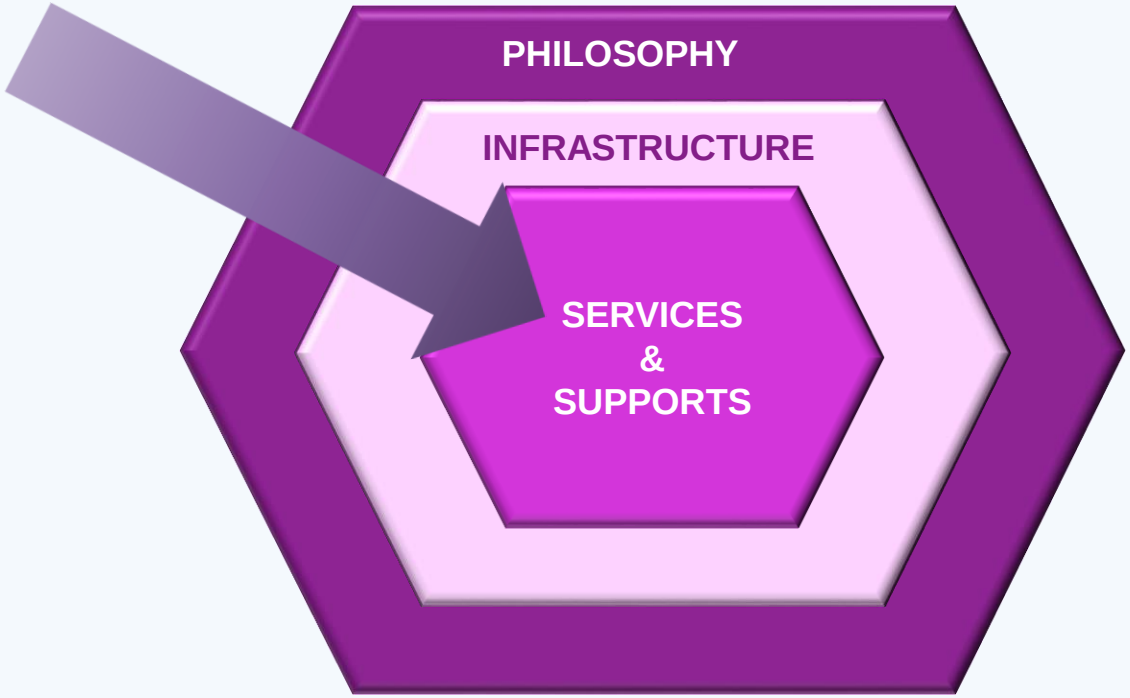
SOC FIVE Grant Evaluation Requirements

10:15am

Chithra Adams, UK Human Development Institute

11:00am **Wrap Up - Regional Next Steps**

SYSTEMS OF CARE



MH Services and Supports

SAMHSA requires the establishment of a full array of mental health and support services to address the clinical and functional needs of the children, youth and families receiving services through this initiative.

This array must consist of, but is not limited to, the following:

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Required MH Services and Supports

- Diagnostic and evaluation services
- **Cross-system care management processes (intensive care coordination via wraparound process)**
- Individualized service plan development inclusive of caregivers
- Community-based services provided in a clinic, office, family's home, school, primary health or behavioral health clinic, or other appropriate location, including individual, group and family counseling services, professional consultation, and review and medication management
- **Emergency services, available 24 hours a day, seven days a week, including mobile crisis outreach and crisis intervention**
- **Intensive home-based services** available 24 hours a day, seven days a week, for children and their families when the child is at imminent risk of out-of-home placement, or upon return from out-of-home placement
- Intensive day treatment services
- **Respite care**
- Therapeutic foster care
- Therapeutic group home services caring for not more than 10 children (i.e., services in therapeutic foster family homes or individual therapeutic residential homes)
- Assistance in making the transition from the services received as a child and youth to the services received as a young adult
- Family advocacy and peer support services delivered by trained parent/family advocates

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Allowable MH Services and Supports

- **Screening assessments** to determine whether a child is eligible for services
- **Training** in all aspects of system of care development and implementation, including evidence-based, practice-based or community-defined interventions
- Therapeutic recreational activities
- **Mental health services** (other than residential or inpatient facilities with ten or more beds) that are determined by the individualized care team to be necessary and appropriate and to meet a critical need of the child or the child's family related to the child's mental health needs
- Customized suicide prevention and intervention approaches to promote protective factors and intervene as needed to address the needs of children who have been identified as at risk for suicide (e.g., previous suicide attempts, suicidal ideation, etc.)
- Customized suicide prevention interventions which identify children and youth at risk for suicide, including those who need immediate crisis services because of an imminent threat or active suicidal behavior.

Non-Mental Health Services

Funds from this program cannot be used to finance non-mental health services. Nonetheless, non-mental health services play an integral part in the individualized service plan of each child. The system of care must facilitate the provision of such services through coordination, memoranda of understanding and agreement/commitment with relevant agencies and providers. These services should be supplied by the participating agencies in the system of care.

Non-Mental Health Services

- Educational services, especially for children and youth who need to be placed in special education programs;
- Health services, especially for children and youth with co-occurring chronic illnesses;
- Substance abuse prevention and treatment services, especially for youth with co-occurring substance abuse problems;
- Out-of-home services such as acute inpatient and residential;
- Vocational counseling and rehabilitation and transition services offered under IDEA, for those children 14 years or older who require them;
- Protection and advocacy, including informational materials for children with a serious emotional disturbance and their families.

Non-Mental Health Services

- Adolescents with SED with a co-occurring substance use disorder:

  SUD treatment should be included in the individualized care plan. For those children with SED who are at risk for but have not yet developed a co-occurring substance use disorder, prevention activities for substance abuse may be included in the individualized care plan.

- Children and youth with SED and co-occurring chronic illnesses and/or intellectual/developmental disabilities:

  Must collaborate with primary care and I/DD service systems – collaboration with family physicians, pediatricians and public health nurses, among others, must be developed within the system of care. Such collaboration must include, at a minimum, systematic procedures that primary care providers can follow to refer children and their families. It also must include procedures for including primary care providers in individualized service planning teams and in the process used for development of an individualized plan of care that links strengths and needs with services and supports.

The "How" of Required Service Delivery

- **Diagnostic and Evaluation Services**: Expand use of the Child and Adolescent Needs and Strengths (CANS) assessments among all contracted providers to inform mental health treatment planning and child welfare case planning
- Outpatient services: Existing Public Behavioral Health Safety Net Providers (CMHCs), Behavioral Health Service Organizations, Multi-Specialty Groups
- **24-hour emergency services, 7 days a week**: Notice of Funding Opportunity
- **Intensive home-based services**: Notice of Funding Opportunity
- Intensive day treatment services: Conduct gap analysis; Collaborate with CMHCs, KY Department of Education, and KY Educational Collaborative for State Agency Children to address identified gaps
- **Respite care**: Notice of Funding Opportunity; Respite Tracking and Monitoring System will be expanded
- Transition Services: Coordinate with existing programming for transition-age youth available through Healthy Transitions Grant, CMHC, child welfare, KY Youth MOVE, and KPFC
- Recovery Support Service: Supported Employment/Supported Education, Youth Drop-In Centers, Peer Support Services available through the Behavioral Health Safety Net Providers (CMHCs)

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Diagnostic & Evaluation Services

Goal 2 Objective:

- By the end of the grant, 100% of children and youth in the population of focus in the geographic implementation regions will receive a series of standardized screenings related to trauma, mental health, and substance use issues.
  - Individuals whose screening results meet established thresholds will be referred for a multi-domain mental health functional assessment.

Let’s talk about how we will build on our prior work from

to expand screening and referral for functional assessment and treatment.

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Project SAFESPACE: A Systematic Response

Children in OOHC typically didn't receive services prior to the escalation point of crisis.

- A Collaborative initiative to address the trauma-related and behavioral health needs of children in OOHC.
- The Team: EKU, DCBS, DBHDID, KPFC & UL
- Funded October 2013 to "improve the social and emotional well-being and restore the developmentally appropriate functioning of targeted children and youth in child welfare systems that have mental and behavioral health needs."

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Five Goals

ONE

- Reconfigure infrastructure, and inter/intra-agency procedures to support a flexible evidence-based continuum of universal screening, functional assessment, outcome-oriented case planning, and treatment, and data collection to support service array.

TWO

- Conduct universal behavioral health screening for children in out of home care by DCBS services staff.

THREE

- Implement standardized functional assessment of children in OOHC in private child care agencies and behavioral health providers.

FOUR

- Provide assessment-driven case planning, evidence-informed treatment and progress monitoring to identified children.

FIVE

- Improve the social-emotional well-being of children in OOHC.

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Intervention Strategies Implemented

1. Screening to determine BH referral, and inform functional assessment	• SDQ, Young Child PTSD Checklist, Upsetting Events Survey, Child PTSD Symptom Scale & CRAFFT • Completed by CW worker within 10 days of entry into care
2. Functional Assessment, and Progress Monitoring for youth in custody	• Standardized assessment by BH clinician using KY CANS to determine if treatment needed and inform EBT selection • Repeated every 90 days to monitor progress
3. Data-Informed Case Planning	• BH clinician provides CANS report to CW through web interface • CW worker uses data to inform case planning
4. Evidence Based/informed Child Trauma Treatment	• Data used to select most appropriate treatment modalities • Information on treatment modalities planned and provided included on CANS report
5. Service Array Reconfiguration	• Data from screening, assessment, treatment used and progress monitoring integration with TWIST data to inform capacity building and decision-making on a system's level

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Screening

- Screening
  - All children entering OOHC ages 0-17
  - Completed by DCBS worker within 10 days of entry into OOHC
  - Compilation of screeners to identify need for a behavioral health assessment
  - Looks at various components of functioning
  - Screener Packet includes all questions/answers, as well as a summary of scores for the different tools

Young Child PTSD Checklist

- Part A: ALL children ages 0-6
  - Select whether or not child has experienced stressful or scary events
- Part B: children ages 1-6
  - List of symptoms children can have after life-threatening events
- Young Child Addendum: ALL children ages 0-6
  - Additional traumatic experiences not captured on Part A

Strengths and Difficulties Questionnaire

- All children ages 2-17
- Five different scales: emotional, conduct, hyperactivity/inattention, peer relationship problems, prosocial behavior

Strengths and Difficulties Questionnaire 11-17

The Strengths and Diffculties Questionnaire screens for positive and negative behaviors across 5 symptoms.

Symptom	Average Score	Child's Score
Emotional	4	3
Conduct	3	2
Hyperactivity	5	3
Peer	2	0
Prosocial	-	9
Total Score	14	8

*Prosocial is not counted in the total difficulties score. A total difficulties score of 14 and higher results the need for a CANS assessment referral.

Upsetting Events Survey

- Children ages 7-17
- Assesses for trauma history

Upsetting Events Survey

The Upsetting Events Survey captures traumatic events and the response/impact on the child's functioning.

Events	Child's Score
Total events marked "Yes" and/or "More than Once"	3

*A total score of 2 or higher is considered above average, resulting in a CANS assessment referral.

High Scoring Questions

Q. No.	Questions	Answer
4	Did a close friend or someone you loved die suddenly (when you didn't expect it) because of an accident, illness, suicide or murder?	Yes
8	Has anyone ever threatened to kill you or badly hurt you?	Yes
10	Did you see or hear family fighting? By family fighting we mean any family member beating up or causing bruises, burns or cuts on another family member.	More than Once

Child PTSD Symptom Scale

- Ages 7 and older
- Using the DSM-5 PTSD symptoms, assesses for PTSD diagnosis and symptom severity

Child PTSD Symptom Scale V

The Young Child PTSD Symptom Scale V captures traumatic events and links the events with symptoms.

Symptom	Child's Score
Re-experiencing	2
Avoidance	1
Cognition & Mood	0
Hyperarousal	3
Daily Functioning	0
Total Score	6

*A total score of 11 or higher is considered above average, resulting in a CANS assessment referral.

High Scoring Questions

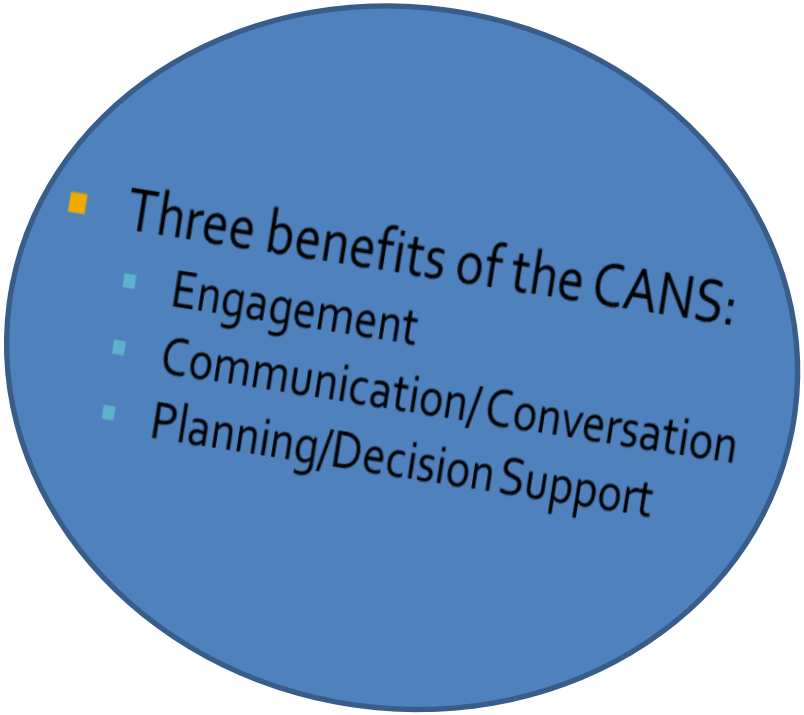
Q. No.	Questions	Answer
Daily Functioning Problems		
Q. No.	**Questions**	**Answer**

CRAFFT

- Ages 12-17
- Designed to identify substance use, substance-related riding/driving risk, and substance use disorder
  - CAR
  - RELAX
  - ALONE
  - FORGET
  - FAMILY/FRIENDS
  - TROUBLE

What is the CANS?

- A comprehensive assessment tool that explores the strengths and needs of the child *and* family.
- Person-centered: continuously aligning the work of all persons with the identified strengths and needs of children and families
- Collaborative, consensus-based assessment – creates a common language framework that aids understanding of many issues
- NOT a form, but a place to capture a natural/organic conversation you are having with children and families



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What the CANS does

- Facilitates conversations about **shared vision** for family
- Centralizes the ***people*** we are trying to serve
- Allows us to define and manage ***transformational change*** as a team
- Serves as a tool to monitor, measure and assess
- Moves us from information gathering into action
- Numeric shorthand allows us to aggregate information from complex, individualized stories across programs and systems

What the CANS does NOT do

- Resolve current challenges with funding sources, timelines, and documentation requirements
- Diminish the importance of the relationship or therapeutic alliance
- Reduce the importance of the clinical formulation or clinical experience
- Prescribe a cookie cutter treatment plan or mandate particular interventions

CANS Assessment Report

CANS Assessment Report

Screener ID		**Assesment ID**	605865
Case Manager		**Child Name**	Sophie Testerman
Child DOB	03/02/2011	**Therapist Name**	Minton, Lizzie
Therapist Agency	Kentucky Safespace	**Therapist Phone**	000-000-000
Date of Assessment	10/25/2019	**Date Next Assessment**	1/23/2020
Type of Assessment	Update	**Race**	White
Version Used	Five Plus	**Gender**	Female
Current Living Situation	Therapeutic Foster Care		

Attendees

Who informed the Assessment?	How did they inform the assessment?
Bio Mother	Phone Call
Foster Parent(s)	Face-to-Face
DCBS Worker	Referral Information

Child Strengths

0 = Centerpiece, 1 = U

Interpersonal
Optimism
Educational
Vocational
TalentsInterest
SpiritualReligious
CommunityLife
Relationship
Resiliency
Resourcefulness
ExtendedFamily
NuclearFamily

Life Domain Functioning

0 = No evidence of problems, 1 = Watch / Assess / Prevent, 2 = Action, 3 = Immediate or Intensive Action

	10/25/2019	03/14/2019	02/15/2019
Family	1	2	1
LivingSituation	2	2	2
School	1	2	3
SocialFunctioning	3	2	2
Recreation	1	1	2
Developmental	2	1	2
Communication	1	1	2
Judgement	1	1	2
Legal	1	2	2
Medical	2	1	2
Physical	3	1	2
SexualDevelopmental	2	1	2
Sleep	2	2	2
IndependentLiving	1	1	2
Elimination	1	1	2

Child Risk Behaviors

0 = No evidence of problems, 1 = Watch / Assess / Prevent, 2 = Action, 3 = Immediate or Intensive Action

SuicideRisk
SelfMutilation
OtherSelfHarm
DangerToOther
SexualAggress
Runaway
Delinquency
FireSetting
Bullying
exploitation
IntentionalMisb
SexuallyReacti
CommercialSe

Child Emotional / Behavioral Needs

0 = No evidence of problems, 1 = Watch / Assess / Prevent, 2 = Action, 3 = Immediate or Intensive Action

	10/25/2019	03/14/2019	02/15/2019	
Psychosis	1	2	1	
ImpulseHyper	2	2	1	
Depression	2	2	1	
Anxiety	2	2	1	
Oppositional	2	2	1	
Conduct	2	2	1	
AdjustmentToTrauma	1	2	1	
AngerControl	3	2	1	
SubstanceUse	1	2	1	
EatingDisturbance	0	2	1	
Attention	3	2	1	
Attachment	0	2	1	
Somatization	0	2	1	

Caregiver Needs / Strengths (Permanency Plan)

0 = No e

Supervi
Involver
Knowlec
Residen
SocialR
Physica
MentalH
Substan
Develop
Safety
MaritalP
Postrau
Resourc
ChildCa
Organiz
FamilyS
Financi
SelfCare
Educati
Employ
Legal
Transpo

Diagnosis

Code	Description	Primary	Status
300.23	Social Anxiety DO	1	Currently meets criteria

Primary Focus of Treatment / Rationale

		Frequency	Individual Sessions	Family Sessions
Trauma	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Weekly	3	3
	Trauma Treatment - Other (please specify) other trauma treatment	Weekly	1	0

Other Therapy

No

Other items that could assist DCBS in case planning

Focus on processing trauma and behavior management.

Successes: Compliance and Fidelity

DCBS Successes

- Higher Quality Information on Child
- Engaging Families around Screener Results
- Multiple Uses of Screener Results

Behavioral Health Successes

- Higher Quality Information on Child
- Accountability for All Levels of System
- Facilitation of Treatment Planning and Progress Monitoring
- Supports from Project

Lessons Learned

DCBS Challenges

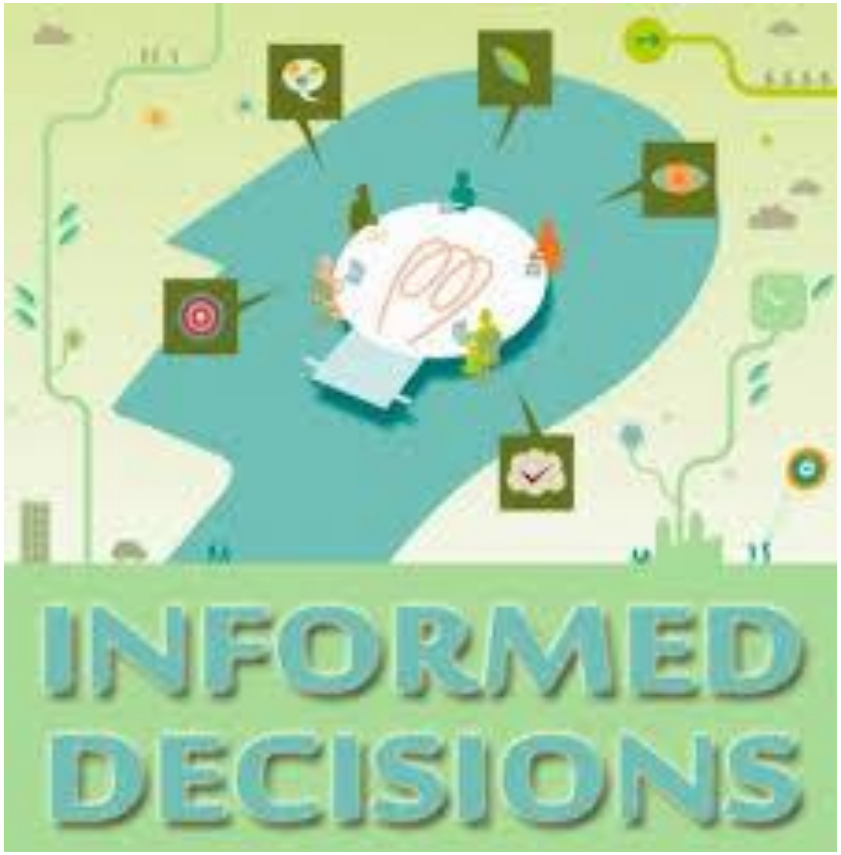
- Receipt of CANS Assessment Reports
- Timing of Screening Process
- Technical Challenges

Behavioral Health Challenges

- Receipt of Screeners
- Engaging Families
- Validity of Screener/Assessment Data
- Fit within Current Practices

To date….

- Nearly 20,000 children have received a screener since 2016
- More than 7,000 kids with at least 1 CANS
- Increased clinical oversight and more informed decisions from DCBS and provider agencies
- On a statewide level, we now have a more thorough understanding of the population we are serving to guide the work with children and families that can guide practice decisions into the future.
- Continually making improvements to the system.



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THE BIG WIN….

The Screening, assessment, and inter-organizational information exchange processes were sustained beyond the grant period.

System of Care FIVE

Build and Expand On the Current Framework

Building and Expanding

- System of Care FIVE Grant allows for expansion of Screeners going beyond kids in OOHC.
- Children in the home often have Behavioral Health needs and have experienced traumatic events.
- Implement Screening and Assessment process for kids in the home who have come in contact with the child welfare system.

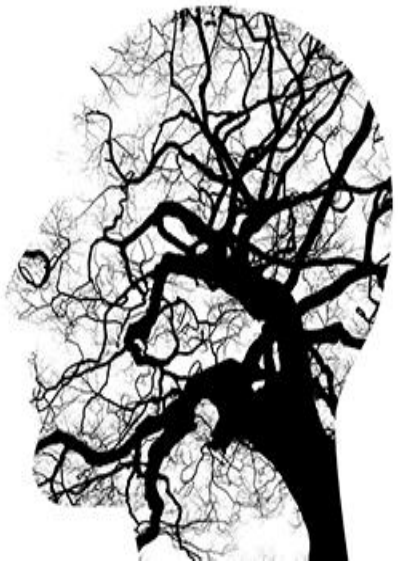
Building and Expanding

- Family in Need of Service/Substantiated referrals resulting in an open case with DCBS.
- CW worker completes screener.
- Referral to CMHC/MH provider for CANS assessment.
- Assessment driven in-home case plan
- Improved behavioral health and treatment services for kids; prevention efforts

Building and Expanding

How will this work? Things to Think About!

- ❑Roll out in phases
- ❑Timeframe for completing screeners
- ❑Staff responsibility (inv/ong worker)
- ❑Workload for staff
- ❑Workload for Regional Liaisons
- ❑Engage regional leadership/staff



Planning and Looking Ahead

- Process planning for roll out for the in-home cases
- Ongoing CANS Training
- Web-based training for DCBS and Providers
- Use of CQI Specialists and Regional Liaisons to ensure timely screening.
- Data collection

Goal 2 Objective:

Support Community Mental Health Centers in outreach and services to target population.

- Safety Net Funds
- RIAC Funds

Goal 2 Objective:

Contract with behavioral health providers to expand targeted, high-need services through Notice of Funding Opportunity (NOFO):

- 24/7 Mobile Crisis
- Respite
- Intensive In-Home
- High-Fidelity Wraparound

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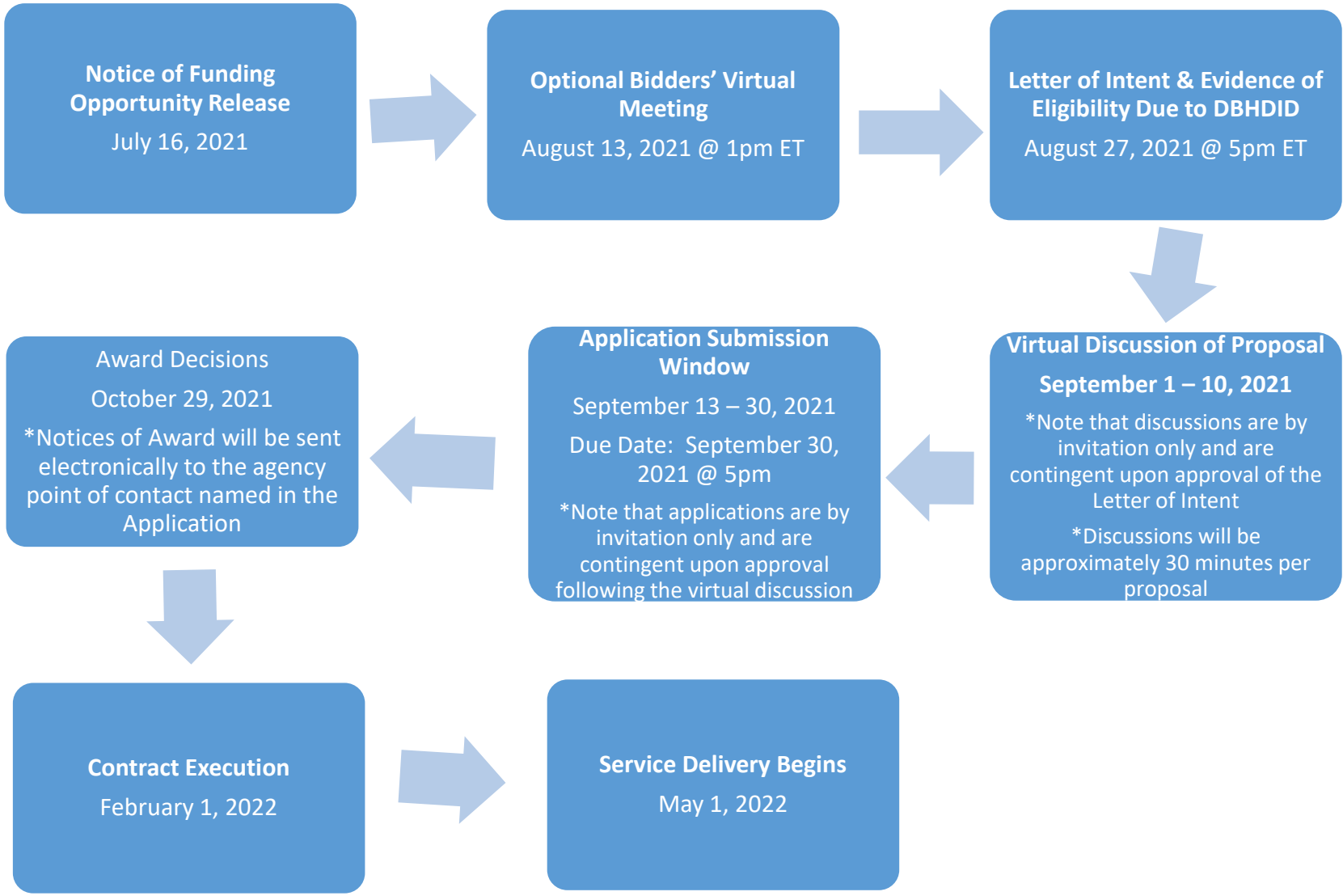
NOFO

- Services for population of focus
- Eligibility limited to licensed, non-profit treatment providers in the participating geographic catchments
- CMHCs serving their designated geographic catchments will be given priority over CMHCs applying outside of their designated geographic catchments (5 points)
- Collecting data and submitting reports will be required
- Match is required for all contractors

FY2022 System of Care FIVE Notice of Funding Opportunity to Expand Services within the System of Care for Children/Youth who meet criteria for Serious Emotional Disability and their families and who are involved with Child Welfare



Provision of Evidence-Based and Evidence-Informed Practices

System Change
+
Practice Change

Improved Outcomes

- Cannot just implement system-level changes and expect improved outcomes at the child and family level
- ***Practice changes*** are needed to improve child and family outcomes
- Must focus on increasing the effectiveness of services and supports by implementing evidence-based and evidence-informed practices

Supporting EBPs through SOC FIVE

Starting in Year 2, the grant will host at least two Learning Collaboratives per year in selected EB/EI practices, including those covered under the Family First Prevention Services Act (FFPSA).

Managing and Adapting Practice (MAP)

- An online database, the system can suggest formal evidence-based programs or, alternatively, can provide detailed recommendations about discrete components of evidence-based treatments relevant to a specific youth's characteristics
- Adds a unifying evaluation framework to track outcomes and practices.
- Leverages the majority of EBPs for 11 target areas common to youth (e.g., anxiety, depression, trauma, disruptive behavior) and how-to guides on practices commonly found in those EBTs. For more information, go to MAP (practicewise.com)

Examples of Evidence-Based and Evidence-Informed Practices

- Specific evidence-based practices included in each type or category in service array.
- Examples:
  - Outpatient therapy – Cognitive Behavioral Therapy (various types), Integrated Co-Occurring Treatment, Generation PMTO (Parent Management Training)
  - Family therapy - Functional Family Therapy, Multidimensional Family Therapy, Parent-Child Interaction Therapy
  - Intensive in-home treatment services – Multisystemic Therapy, Intensive In-Home Child and Adolescent Psychiatric Services, Child First
  - Therapeutic Foster care – Treatment Foster Care Oregon

Evidence-Based Practices (EBP) on Kentucky's FFPSA Prevention Plan

Title IV-E Clearinghouse Website: https://preventionservices.abtsites.com/

IV-E Clearinghouse Category	On Kentucky's Prevention Plan	Provided in Lakes Region
Mental Health	Functional Family Therapy (FFT)	
	Multisystemic Therapy (MST)*	
	Parent-Child Interaction Therapy (PCIT)	**X**
	Trauma-Focused Cognitive Behavioral Therapy (TFCBT)	**X**
Substance Abuse	Motivational Interviewing (MI)	**X**
	Multisystemic Therapy (MST)*	
In-Home Parenting Skill-Based	Homebuilders	**X**

EBPs Available in The Lakes Region

Four Rivers (Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Livingston, Marshall, and McCracken)
Pennyroyal (Caldwell, Christian, Crittenden, Hopkins, Lyon, Muhlenberg, Todd, and Trigg)

Mental Health: Parent-Child Interaction Therapy (PCIT)	• Children ages two to seven years of age and their caretakers. • A dyadic behavioral intervention for children and their parents or caregivers that focuses on decreasing externalizing child behavior problems, increasing child social skills and cooperation, and improving the parent child attachment relationship.
Mental Health: Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)	• The target age is three to 18 years old. • A conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. • It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.
Substance Abuse: Motivational Interviewing (MI)	• A client-centered, directive method designed to enhance client motivation for behavior change. • Focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. • Can be used by itself, as well as in combination with other treatments. It has been utilized in pretreatment work to engage and motivate clients for other treatment modalities.
In-Home Parenting: Homebuilders	• A home- and community-based intensive family preservation services treatment program designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities. • Engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning.

EBPs Available in Salt River Trail Region

Salt River Trail Service Region-Communicare (Breckinridge, Grayson, Hardin, Larue, Marion, Nelson, and Washington)
New Vista (Anderson, Franklin, and Woodford)
Seven Counties (Bullitt, Henry, Oldham, Shelby, Spencer, and Trimble Counties)

Mental Health Functional Family Therapy	• The target population is 11-18 year olds with serious concerns such as conduct disorder, violent acting-out and substance abuse. • A family intervention program for youth experiencing dysfunction with disruptive, externalizing problems.
Mental Health: Parent-Child Interaction Therapy (PCIT)	• Children ages two to seven years of age and their caretakers. • A dyadic behavioral intervention for children and their parents or caregivers that focuses on decreasing externalizing child behavior problems, increasing child social skills and cooperation, and improving the parent child attachment relationship.
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Kentucky Partnership for Families and Children, Inc.

Peer Support Centers

Barbara Greene
Project Director
Barbara@Kypartnership.org

All referrals can be submitted at:
referrals@kypartnership.org

Northeastern
Carla Stamper
Kristal Bentley

Salt River Trail
Kerry Goodman
Deanna Frazer

The Lakes
Kayla Harmen
TBD

Two Rivers
Erix Delgado
Gayla Lockhart

Cumberland
Kelly Minton
Asia Tucker

Eastern Mountain
Desirae Bailey
TBD

Serving youth and families in your community by:

- **Providing peer support services: Family, youth, and adult services are available.**
- **Offering Nurturing Parenting classes.**
- **Hosting SMART Recovery (for persons struggling with an addiction) meetings.**
- **Hosting SMART Recovery for Families & Friends (for those who have loved ones in addiction) meeting.**
- **Building family and youth leadership opportunities.**
- **Helping you understand the processes of agencies that provide support: child welfare, behavioral health, education, courts, etc.**
- **Delivering opportunities for youth and families to come together through family fun events, group support, informational trainings, and committee participation.**