Meeting Minutes
Monday, June 10 2019
Capitol Annex, Room 131

Members Present: Senator Whitney Westerfield, Co-Chair; Deputy Commissioner Miranda Denny represented Commissioner Ray DeBolt, Department of Juvenile Justice (DJJ); Deputy Secretary Jonathan Grate represented Secretary John Tilley, Justice and Public Safety Cabinet, Laurie Dudgeon, Director, Administrative Office of the Courts, Mr. Steven Gold, Dr. Ronnie Nolan, Director, KECSAC, Natalie Kelly for Commissioner Eric Clark, CHFS Department for Community Based Services, Wendy Morris, Commissioner, CHFS Dept. of Behavioral Health, Development and Intellectual Disabilities; John Sivley, Behavior Health Service Provider; Christina Weeter, Kentucky Department of Education

Members Absent: Representative Jason Petrie, Co-Chair, Judge Lisa Jones, Chief District Judge, Damon Preston, Director, Department of Public Advocacy and Lt. Phil Russell, Louisville Police Officer.

I. Welcome/Call to Order

Senator Westerfield began by saying that Chairman Petrie could not attend today and he gives his regrets to the group. Damon Preston has also indicated he could not attend as well as everyone else with the Department of Public Advocacy in the midst of their conference right. Chairman Westerfield welcomed everyone to the Juvenile Justice Oversight Council and asked if there was a motion to approve the meeting minutes. Steve Gold asked for a correction to the minutes with regard to the Juvenile Justice Advisory Board. Mr. Gold said he had worked with Laura McCauley while she was with the Sub Committee for Equity and Justice for All Youth and he believed her activity now with JJAB would be a very positive thing. Mr. Gold asked if that statement could be added to the minutes. Senator Westerfield said a change to that effect would be made. The minutes were held to get a revised version to the members for review. Steve Gold said other than that one section, the minutes are fine.

Senator Westerfield recommended keeping all other parts of the minutes as written. Senator Westerfield asked if anyone else had an issue with the minutes. Chairman Westerfield said the board would table the approval of the minutes of the April minutes until the next meeting.

Chairman Westerfield said a guest from NPR was here today, (Cheryl Corley). He thanked her for coming, her interest and coverage of juvenile justice issues in general.

Senator Westerfield turned the floor over to Kelly Pullen with the Home of the Innocents.

Kelly Pullen, PCSW thanked everyone for the opportunity to come and speak about her organization and its passions. Ms. Pullen stated The Home of the Innocence has been advocating for a year to bring a Multi-Systemic Therapy (MST) team to the Commonwealth of Kentucky. MST is an evidence based clinical intervention, which is used internationally and in many states across the United States but not in Kentucky. MST is a clinical intervention, used to treat kids who potentially are being treated by the DJJ system.

Ms. Pullen said MST came about because research shows incarceration for youth is ineffective and costly. She noted that the statistics she was offering were ran off other states, which has implemented MST. In the US, the cost per year for a youth who is incarcerated is $115,000. According to Ms. Pullen's statistics, 70-80% of juveniles currently in detentions are re-arrested within two years of their release. Each year the United States is losing between $8 billion and $21 billion due to incarcerated youth.

Ms. Pullen said that MST addresses the root causes of negative behavior by youth and is an intervention that focuses on the entire ecology. She highlighted MST was a whole intervention and no one-on-one therapy was used. MST addresses multi factors that contribute to anti-social behavior which include working with the family, school and intervening at a community level.

Ms. Pullen said the focus of MST is on the caregivers and empowering those caregivers to be long-term change agents creating more sustainable efforts to treat their own kids and keep them in the home rather than removing them. Ms. Pullen said MST is effective due to their quality assurance process.

Ms. Pullen pointed out that in order to operate MST, an organization must be licensed which includes an intense quality improvement and quality assurance process, which monitors services and outcomes.

MST focuses on the entire ecology of a kid and their inner-connected systems, both directly and indirectly. She said MST understands these influences for our youth act in both directions, reciprocal and bi-directional. She added the key concept behind MST's therapy is that behavior is multi-determined. Ms. Pullen went on to say the characteristics of an individual represents one of many impacts and for a youth it is those persons whom they interact with on a daily basis, their caregivers, the people in the community, their social circle and their school

Ms. Pullen stated MST is a social-ecological model and provided a graph to show the various systems that influence a youth's behavior and the power of that behavior. She said MST builds the strengths of all of these systems and the influence that those have on the kids rather than focusing on the individual relationship between the child and one therapist.

Ms. Pullen provided a graphic that showed the MST Theory of Change and pointed out a primary driver of that is family function. She noted that peers, schools and communities are shown as "risk factors." Ms. Pullen said that MST's primary goal of improving the family unit and caregivers have shown to reduce anti-social behavior keeping children at home rather than DJJ facilities or out-of-home care.

Ms. Pullen noted that she was presenting on a traditional model, and serves adolescents, ages 11 to 17 who have serious behavioral problems and are at risk for out-of-home placement.

In explaining how MST worked, Ms. Pullen stated the child and family must participate in intensive in-home services a minimum of three (3) session per week, and will last for three to five months.

Senator Westerfield asked whether a youth fit the criteria of being included or not --- are kids accepted into MST by referral only? Ms. Pullen said yes, and explained the referral process.

Ms. Pullen said the Home of the Innocence is collaborating with MST to help advocate and seek funding from various stakeholders to be able to get a team on the ground in Kentucky. She said that once that happens, MST would work with the Department of Juvenile Justice and the Department for Community Based Services to help create a referral process.

Senator Westerfield asked who would make that referral.

Ms. Pullen said the referral is dependent of the funding sources used, but could come from the court directly, a community based organization, physician or a psychiatrist who works with the child.

Senator Westerfield said by looking at the implementation overview, he said he was surprised that in the criteria inclusionary or exclusionary that the family is not mentioned.

Ms. Pullen said criteria was based off a youth but the family served as the center of treatment. So the inclusionary criteria for MST is drafted based on the youth.

Senator Westerfield asked if MST would take any family regardless of the situation if the youth themselves fit the criteria.

Ms. Pullen said yes; a youth is used as the target population but the intervention is administered to the family as a whole.

Senator Westerfield found it unusual for an evidence-based perspective to be so specific with whom meets criteria. He said he was interested in the fact the family environment for one youth could be wildly different from another youth. He noted that because you are dealing with not just the youth but also the youth's family…… I do not know how you pull that off.

Ms. Pullen responded that she did not create the system but MST makes it absolutely clear there has to be a family involved. She noted it would not be administered without a family who is invested and interested in improving their situation.

Senator Westerfield said he wanted to clarify Ms. Pullen's statement. He asked if a child meets all the criteria to have MST as an approach to care for that youth and their behavior but has no family interested in participating in the treatment, that child would be excluded. Ms. Pullen said yes. They would be excluded.

The subject of Impact Plus was brought up and Ms. Pullen said she did not include any information from the old impact plus model. She indicated she was the provider of Impact Plus, which was an extensive intervention in the home. Ms. Pullen said she believed you could draw some similarities to the fact that it is an intensive in-home service.

Ms. Pullen said MST is a clinical model, which would have to be followed by the entire family, is to ensure positive outcomes. Impact Plus was not drafted in that way. She stated again that MST is a clinical model, which is evidenced based.

Christina Weeter asked Ms. Pullen if she could speak at all, to why Impact Plus was suspended.

Ms. Pullen said Impact Plus was funded through the Department for Behavioral and Intellectual Disabilities. It was similar to MST's reimbursement for kids with out-of-come care. It is like billing a case and getting a premium rate back. Ms. Pullen noted that MST is billed through Medicaid but added there would be a portion of treatment, which would be illegible for Medicaid. That portion would have to be absorbed by DJJ, DBIS or a private entity.

Natalie Kelly, Commissioner's Office DCBS said another difference in Impact Plus was the number of variables and the ability of ways for agencies to intervene in services. She pointed out that MST is a restrictive model. Ms. Kelly said the requirement that you are in the home at least three (3) days a week is very different from the Impact Plus model. Ms. Kelly noted that Impact Plus was paid by Medicaid but through the Department of Behavioral Health and Intellectual Disabilities.

Ms. Pullen said within the 60 studies MST has shown very positive outcomes for youth, families and siblings. She explained, a team would consists three to four therapist and a full time supervisor. The length of treatment is three to five months and treatment is provided in the home or in the community.

Ms. Pullen explained the therapist have caseloads of four to six families at a time and see an average of 15 families per year. She said the intervention is very intense, spending 12-15 hours with these families in their homes per week providing services. She noted the clinicians would have to be on call for the families 24/7. The therapists receive standard training from MST, and prior to being licensed; the team is required to attend a five-day orientation. Quarterly booster training is also required for MST staff, as well as weekly consultations.

Ms. Pullen said for the quality assurance and quality improvement process, MST provides comprehensive services to ensure we are adhering to their model.

Ms. Pullen pointed out other models do not have a QA and QI process where MST does. MST implements to fidelity and tracks those outcomes. Ms. Pullen noted five different assessments a clinician has to do with their families throughout the course of treatment. That data is being tracked by MST and the University of South Carolina who is its research backer and partner. That information is given back to us as clinic providers to help us make decisions about the rest of our course of treatment and ensure that what we are doing is making a difference in the families.

Ms. Pullen said the core component of the MST model sets up clinicians up for success sets families up for success and ultimately saves the state money.

Christian Weeter asked Ms. Pullen to clarify QA and QI.

Quality Improvement and Quality Assurance.

Ms. Pullen said the outcomes for MST through the University of South Carolina (their backers) and this model is shown to transform lives. Therapist work in the homes and are

available 24/7. Their studies have shown that at the close of treatment, 91% of youth who have received treatment remained at home. Eighty-Six (86%) stayed in school or working and 87% of juveniles were not re-arrest.

Laurie Dudgeon asked if MST was only for youth who have not been place anywhere.

Ms. Pullen said a youth, which has been placed historically, could be illegible for MST.

Laurie Dudgeon asked if the youth were in the foster care environment would he or she be qualified.

Ms. Pullen noted there were different models within MST but stated as long as the youth had a family which was committed they could meet criteria to receive MST. She continued by saying that for children who are in out of home care, a different model is used. It is an adaptation. If a youth who is in a foster care system has a family member who is committed to them, we would be able to provide the service to them. However, MST could not provide service to a youth in a foster care home who does not have the appropriate family support. MST would not serve a child and their foster parent.

Christine Weeter questioned the child in a long-term foster care placement whose behavior is conducive of becoming a part of the Juvenile Justice System or disrupting the foster placement. If the foster care family were committed to working to the model, would the youth then become a candidate?

Ms. Pullen said yes.

Laurie Dudgeon asked if a child who has been charged could be a candidate and Ms. Pullen said yes as long as they have a family member, which was committed.

Laurie Dudgeon said at one time there was an issue with assault and/or DV charges. Are those youth eligible?

Ms. Pullen said MST does not exclude based on the type of charge. MST's criteria is a committed family, targeted behavior and symptoms, which would include anti-social behavior. MST looks at the service as being preventable, according to Ms. Pullen. If an older youth has been offending for a significant amount of time, that youth would not meet the criteria or a preventable service.

Laurie Dudgeon said she understood that a sex offense alone was an exclusionary criterion. In addition, Ms. Pullen said it was for "this" team. However, MST has adaptation models for youth that have charges and symptoms of sexual behaviors.

Laurie Dudgeon asked about after hour referrals and Ms. Pullen said the team would be on call 24/7 and after hours, referrals were available.

Senator Westerfield asked how long MST had been around.

Ms. Pullen said for 25 plus years. She said Kentucky had an MST team 15 plus years ago which was operated by Seven Counties. Their funding was grant based funding and it could not be sustained and so the program ended.

Senator Westerfield asked if the program was successful.

Dr. Sivley said he thought it was a Functional Family Program and not MST. However, he said DJJ has had multiple systemic family therapy plans in place for quite a while. Dr. Heffron is very knowledgeable on the subject.

Ms. Pullen said there is no current licenses MST team in the state of Kentucky and had not been since 15 years ago.

Senator Westerfield asked if that team was successful. Ms. Pullen said it was when it was ran to the fidelity of the model. Ms. Pullen said it was her understanding Seven Counties ran out of funding for MST. When that happened the data components needed to measure, results were lost and did not yield as positive. Ms. Pullen stressed the importance of sustainable funding.

Senator Westerfield readdressed his question. He said he measured the success of a program on outcomes not whether it was or was not ran to fidelity of a model. He asked Ms. Pullen in those terms did Seven Counties operate a success program. Ms. Pullen said yes when it was operated to the fidelity to the model. She stressed that fidelity was key in the clinical world.

Senator Westerfield asked how long the program was ran. Ms. Pullen was not sure but said she would provide him those dates.

Ms. Pullen said MST speaks to enduring results for the entire family. Therefore, MST focuses treatment on the family and not on the individual youth. She did say sibling and caregivers in the home often benefit. There is a 40% reduction is sibling arrest rate for

those who participated in MST, a 55% reduction in sibling felony arrest rate and 94% fewer caregiver felonies as well. That is because MST targets the entire family.

Senator Westerfield asked how a team would encourage a parent to buy into this treatment. Would MST be willing to go through the effort? He pointed out there are families who would participate but there are many families who would not. Ms. Pullen said he was right.

Senator Westerfield wanted to know how that actually works in practice.

Ms. Pullen said MST does not have a team on the ground so she could not answer that question. She said MST would not service a family who was not invested.

Senator Westerfield asked Ms. Pullen if the "team" did not make that decision who does.

Ms. Pullen said MST works with parents who initially present with some challenges when you come into the home and provide services. She continued saying that as long as those challenges are in the range of what MST treats that should be ok. If we know at at the time of referral this set of parents are not invested and does not want to become invested, we would not provide the services to them.

Senator Westfield asked what percentage of preferred cases MST keeps until the deposition of that care?

Ms. Pullen did not have that information.

Senator Westerfield asked if there was any data on households where the program had been abandoned short of the full 3-5 months.

Ms. Pullen did not have that information but said she would try to obtain that information.

Dr. Sivley said on key component seems to be the presence of a family who is committed to working with the youth. Have there been any controlled studies to determine what the success rates are for kids who would still meet the criteria in other modalities of treatment such as cognitive behavioral therapy or function families and how to those models compare to MST.

Ms. Pullen said she would have to look to see if they a study that compares MST to FST to get that information.

Ms. Pullen said MST had conducted 60 plus studies, which included 48,000 families. She added MST had spent $ 75 million researching this modality and it has over 130 peer-reviewed journals. In terms of their global outreach, MST is provided in 15 counties. She added there are 1,500 clinicians on the ground in 34 states serving 200,000 plus youth. Again, they are not serving any families or youth in Kentucky.

Ms. Pullen said MST provided a significant return on investment when you implement a MST team. In New Mexico, there was a $134 million savings and Pennsylvania had $50 million.

Ms. Pullen said MST did pull data at the request of the Commissioner for DCBS regarding specific projections for cost savings for Kentucky. She noted that Deputy Commissioner Miranda Denny assisted MST in getting data, as did and DCBS. MST estimates that one traditional team serving roughly 60 families would have a cost savings for Kentucky of $2 million.

Ms. Pullen said she had asked MST to put together a summary, explaining how the data provided by DJJ and DCBS had been used to arrive at those assumptions. She said she did not receive that information prior to her presentation today, but would be happy to provide that data once she had received it.

Ms. Pullen thanked the board for allowing her to come and speak on MST. She said MST was hopeful to get a team on the ground in Kentucky once a funding source was established.

She noted that DCBS currently has two grant requests out to the James Brown Graham Foundation and Jewish Heritage Fund for Excellence, which would cover one year of startup funds for a traditional team and for a child abuse and neglect team. She said that in order for MST to apply those grants, Kentucky would have to show the model would be sustainable and would be operating after the first year of implementation.

Senator Westerfield thanked Ms. Pullen for coming. He said the board appreciated her presentation. He said he thought there many unanswered questions and he would be interested in what they agency members of JJOC thought about the program.

Senator Westerfield said he was very curious. He asked Ms. Pullen if MST felt like it would be able to identify which youth have families, which would be willing to participate in this program. He continued by asking, “If you are making the referrals and that decision is made by you before it is ever seen by MST, do you feel like you can make that call.”

Senator Westerfield said he was curious as to the total estimated population of youth in Kentucky that were likely to qualify.

Ms. Pullen said she could provide those estimates.

Laurie Dudgeon asked if those were statewide numbers or just Jefferson County.

Ms. Pullen said it was statewide.

Senator Westerfield asked if MST could be implemented in Kentucky's rural area.

Ms. Pullen said it could work in an urban environment.

Natalie Kelly said she could speak to your questions about agencies and the ability to identify families. She said she was very comfortable identifying families that could potentially be engaged in this modality. She said families tell CDBS one thing and Home of the Innocence something completely different. She said she works with that every day.

Ms. Kelly said DCBS through the Family First Prevention Services Act is really putting great emphasis on prevention services and MST is one of the models we hope to add into our prevention plan. She said she was very interested in how our $40 can be used to support the components, pieces and parts of MST, which are not billable to Medicaid. We need to figure out what can and cannot be paid for my Medicaid.

Senator Westerfield asked if it was billable to Medicaid in any other state.

Ms. Pullen explained Medicaid coding system. She said in the world of Medicaid, when a service is received, a code is assigned to it. There is an actual code at the national level specific to MST. States can choose to turn that on or off in their Medicaid System. That is a state decision.

Senator Weserfield wants to know what is stopping Kentucky from doing that.

Ms. Pullen said MST as a program is not included in the Medicaid state plan today.

Senator Westerfield ask how often does that plan change.

Ms. Pullen said the plan is changed as needed.

Senator Westerfield asked at whose discretion the program is changed.

Ms. Pullen said at the Dept. of Medicaid Services.

Ms. Pullen said CMS has a rule that any service for a child, which is medically necessary, even if it is not included in that state plan, is to be paid for my Medicaid. So, that is one route rather than opening the state plan and going through that process of getting MST approval. Another option with the Dept. of Medicaid Services is adding the code through EPSDT. Ms. Pullen said MST sees that in other states.

Senator Westerfield asked if the plan could be changed as needed, what was stopping us from making this change now.

Ms. Pullen said that would be a question for Medicaid.

Miranda Denny wanted to make a clarification with regard to funding. She said there are there some portions of MST that would never be covered under Medicaid.

Senator Westerfield asked what those services would be

Ms. Pullen based on MST guidelines, consultation fees for MST, some types of data collection, training of staff and quarterly booster trainings cannot be paid for by the Department for Medicaid Services.

Steve Gold asked what the estimated cost per case was and Ms. Pullen said MST is $550,000 per team.

Laurie Dudgeon said she thought it was about $2400 per family per month.

Kelly Morris said another reason we do not implement many evidence-based practices in Kentucky is we are unable to locate the necessary funds. Our workforce capacity is at a finite number of behavioral folks, whether it is social workers, psychiatrics or social workers. She added the biggest challenge in implementing MST in the rural area would be the workforce.

Dr. Nolan talked about needs analysis and family numbers, which could benefit from MST. He said asked if it would be a Louisville based team first, and then would the team be rolled out statewide?

Mr. Pullen said Louisville is our home base and we have any office in Elizabethtown and Lexington and one is southern Indiana. Louisville would be our preference to get our first team up and running. She also said with the limited availability of recourses in our rural areas, she would encourage you to think about how services can be expended to those rural areas.

Dr. Nolan noted asked about MST's state costs savings report, which shows New Mexico with $134,000 in savings. I am interested in how large that program is but I am also interested in a reduction in some costs to Kentucky. Did we just capture a new population?

Ms. Pullen said MST is working to get me that information, specific to Kentucky. She noted that MST put together wonderful slides about our costs savings projections for Kentucky but she did not feel comfortable in sharing that information at the present time. She did say there was a significant cost savings projected for reducing out-of-home placement for both the traditional team and the Can Adaptation Team. Ms. Pullen said she would send out that specific information once she had obtained it.

Dr. Nolan asked if New Mexico savings earmark toward any other program i.e. was there a reinvestment plan of those savings back into the state for other services, which was specifically earmarked?

Ms. Pullen said yes. That money was ear marked as costs savings and went back into the system.

Steve Gold asked if Kentucky's savings was from reduced detention and secure facilities or reduced foster care, placements, etc.

Ms. Pullen said both. She said in their data presented a certain percentage that was reduced detention and out of home care. There was also a reduction in crimes.

Dr. Nolan said he considered her an expert on this and enjoyed her presentation. He said he was interested on MST's focus of caregivers when you talked about causes of negative behavior. One thing you talked about was MST empowers caregivers to be long-term change agents. Can you all about what that empowering means? Kentucky has some families who are struggling to support their families, economically and educationally. He said Kentucky unfortunately has many barriers, which I think our families are dealing. He asked Ms. Pullen what specific strategies MST is using to keep a family unified.

Ms. Pullen said it was an excellent question and part of the premise of this model is promising case management to our parents and linking them with the services and

resources that they need to be successful parents. MST is a family presented program, which addresses unemployment, psychological needs of the parents as well as substance abuse. We are responsible for meeting that need. It is a whole treatment plan for the entire family.

Senator Westerfield asked what the license costs?

Ms. Pullen said the cost for a traditional team is $3,500.00. The total cost to operate a traditional team is about $550,000. A child abuse neglect team the cost is $750,000.

Senator Westerfield said he was confused. He asked Ms. Pullen if they were actually providing or licensing the life skills individual to put a team together.

Ms. Pullen said they would be the provider. MST is responsible as the organization that licenses that team. Life Skills, if MST has a code and its approved in our state plan, MST would license provider organizations to provide the service. We are advocating for and interested in being a provider of MST.

Laurie Dudgeon asked if any states license directly with MST and then sub-license out through providers:

Ms. Pullen said MST works with other states to draft RFP's but the license itself is between the provider organization and MST.

Senator Westerfield asked if there was any on-going costs associated with this progress other than the licensure.

Ms. Pullen said there was. There is costs for consultation, training and data collection. There is a gap, which we would have to make up, and it is rather significant - $100,000 - $150,000.

Laurie Dudgeon said for one team, that amount was significant. She continued saying in order to use federal dollar differently than out-of-home care we have to show the outcomes. Those outcomes have to be demonstrated up front in order to continue federal funding.

Senator Westerfield asked in MST service is a nonprofit.

Ms. Pullen said she did not know.

Senator Westerfield said he was very curious about the financial aspect of the organization and needed to know more.

Senator Westerfield thanked Ms. Pullen again for coming.

Senator Westerfield asked if anyone had any additional questions.

He reminded the board members if they had any particular organization they would like to have present in the future to let him know.

The next meeting will be scheduled for August 12, 2019 at 1:00 p.m.

Senator Westerfield noted that Ms. Miranda Denny would be retiring August 1, 2019, and wished her the best.

It was agreed the next JJOC meeting would be held Monday, August 12, 2019 at 1:30 p.m.

The meeting was adjourned.