

JUVENILE JUSTICE OVERSIGHT COUNCIL

August 13, 2015
Capitol Annex, Room 169

Members Present: Senator Whitney Westerfield; Secretary J. Michael Brown, Justice & Public Safety Cabinet (JPSC); Commissioner Mary Begley, Department for Behavioral Health, Developmental and Intellectual Disabilities, Cabinet for Health and Family Services (CHFS); Commissioner Teresa James, Department for Community Based Services, CHFS; Commissioner Bob Hayter, Department for Juvenile Justice (DJJ), JPSC; Laurie Dudgeon, Director, Administrative Office of the Courts (AOC); Damon Preston for Ed Monahan, Department of Public Advocacy (DPA); Christina Weeter for David Wickersham, Department of Education; Honorable Lisa Jones, Chief District Judge; Lieutenant Shara Parks, Louisville Metro Police Department; Steven Gold, Henderson County Attorney; and Dr. John Sivley, Clinical Director, LifeSkills, Inc.

Members Absent: Representative John Tilley and Paula Stafford

Staff Present: Yvonne Board and Marlene Mundine

I. Welcome/Call to Order and Approval of Minutes

The meeting was called to order by Senator Westerfield who welcomed members and guests. Senator Westerfield called for a motion to approve minutes from the July 14th meeting. Minutes were approved as submitted.

II. Financial Mapping presented by Dr. Mary Armstrong, Associate Professor and Director of the Division of State Local Support, Department of Child and Family Studies, Florida Mental Health Institute, University of South Florida

The Juvenile Justice Council heard from Dr. Armstrong by phone from the University of South Florida. Dr. Armstrong gave an overview of the process and key findings of the first financial mapping report (copies available upon request) as well as an update on the follow-up report. Dr. Armstrong stated that the state fiscal year 2011 was chosen and for most of that year the Medicaid authority in Kentucky had not moved to managed care. She noted that age categories were developed to review for substance abuse services, mental health services and co-occurring mental health/substance abuse services. She stated that key stakeholders were asked what the full array of services and support they would like to see available to all Kentucky youth related to mental health treatment and substance abuse services. She noted the importance of looking at all options rather than looking at only what is currently being funded to identify gaps that might be present. She noted the need for those gaps to show on the financial map to strategically address how to fund those additional services that need to be present.

Dr. Armstrong noted some areas of concern such as when looking at mental health services for the young adult population from the ages of eighteen to twenty-one, the expenditures were much smaller than for younger children. She noted that is a red flag as it is known that youth between the ages of eighteen to twenty-one have higher needs for mental health and substance abuse treatment services than younger adolescents and children. For all age categories, Kentucky was spending an enormous amount of money on psychotropic medication. She stated that recommendations were made on the use of such medications. She commented that the primary funding source for mental health services was found to be Medicaid. However, for substance abuse services for those between the ages of eighteen to twenty-one, the dollar amount was very small and most of those were for prevention services rather than treatment with only about a third of the expenditures financed by Medicaid. She stated that Medicaid was only paying for services for approximately 1,100 youth.

Dr. Armstrong stated that a series of policy and practice recommendations were developed. She noted with psychotropic medications next steps that needed to be investigated were to determine what proportions of these children receiving them were in the child welfare system, what were the quality assurance mechanisms that were in place around them including the initial decision to prescribe, whether there was a follow-up assessment in three months to assess if the treatment was effective, and the presence of any side effects. She noted another step was to consider implementing a red flag system to identify young children on antipsychotics, the use of polypharmacy (the use of two or more psychotropic medications prescribed for the same child), and prescriptions for off label uses. She noted that in the area of substance abuse, one of the issues pointed out was that Kentucky did not have a policy about dedicating a percentage of federal substance abuse prevention and treatment block grant funds for youth. She noted another issue was that there is a very low level of expenditures for substance abuse treatment for youth with substance use problems and also youth with co-occurring substance use and mental health problems. She stated that some of the recommendations addressed including substance abuse treatment services in Kentucky's Medicaid state plan and encouraging providers to use federal funding for substance abuse assessment and treatment services. She noted they are now going to repeat the financial map and are looking at services to be added and also breaking down age categories of youth further.

Mr. Gold inquired if any of the policy recommendations have been adopted. Dr. Armstrong stated that some have been adopted. She noted that Medicaid took steps to clarify with providers how services could be used, the state has moved into managed care strategies and other recommendations have been implemented. Ms. Vestena Robbins stated that CHFS addressed the impact plus recommendations and transitioned providers into the Medicaid system. She also noted the data on expenditures on psychotropic medications, particularly in the younger youth, was an awakening for many. As a result, she noted that CHFS and Medicaid have worked with managed care organizations and all have practice improvement plans geared toward the reduction of the ineffective use of psychotropic medications. She noted that is not a blanket statement of the reduction of medications as there are situations where it is needed but taking a more comprehensive examination of the prescribing practices. She noted they also have an opportunity thru a grant to send a group to a technical assistance meeting in September which will be looking at the more effective use and prescribing of psychotropic medications. She noted

they have a lot of data specific to foster care and there is federal focus on the use of these medications among the foster care population.

Westerfield inquired about financial mapping in other states and how Kentucky compares. Ms. Robbins stated that Kentucky was well above average on the use of psychotropic drugs. Dr. Armstrong noted that Kentucky was also well above average for the use of residential treatment and inpatient care.

Ms. Dudgeon asked about the most commonly prescribed medication and the most commonly diagnosed condition. Dr. Sivley speculated that the largest amount spent was on medication for ADHD and noted that many of the antipsychotic medications prescribed to kids that were also diagnosed with ADHD in order to try to control their behavior. Dr. Armstrong confirmed the largest amount spent was for ADHD medications and also for anti-psychotic medications.

III. Disproportionate Minority Contact

Deputy Commissioner Adria Johnson, DCBS, presented on racial disparity for children in contact with the child welfare system. (Presentation is available upon request.) Senator Westerfield inquired if the information provided can be broken down by region. She indicated that any of the data can be broken down by county. Senator Westerfield asked her to send data for all counties. Secretary Brown noted that it seems there is an issue at the entry point. Deputy Commissioner Johnson agreed that point of entry is a piece of this. She also noted that we have the other issues also once a case is substantiated such as why they are going into residential care. She stated there has been some suggestion that there is a resource home issue as there are not enough foster homes around the state and there may be some multi-generational issues that do not allow placing with family members. She noted there is much more work to do with the data to get to the root of the issues. Ms. Dudgeon asked if poverty rates are being looked at also. Deputy Commissioner Johnson stated that poverty is a big piece of it. Pastor Palmer commented on the removal of an African American child, the impact of our system on the child and the need to place importance on having resources to improve the child's home for reunification. Deputy Commissioner agreed.

Ms. Kristi Stutler, also presented on disproportionate minority contact as it relates to the Department of Juvenile Justice. (Presentation is available upon request.) Mr. Damon Preston, DPA, commented that another area where there are issues is in shackling and confinement and asked if there are any statistics to show that data. Ms. Stutler noted that she does not have data on that issue as most of the data she has available are on youth once they are part of the DJJ system but noted that goes back to Secretary Brown comments on point of entry. Mr. Gold commented about data related to the availability of amendment of charges, seeing the original charge vs the final charge and is there disparity in that. Dr. Sivley asked if some of the criteria used to determine who to detain or not detain done so in an effort to remove discretion and judgment as it is his experience in juvenile matters is that discretion is the thing that saves us from having to detain youth that do not need to be detained. Ms. Stutler noted that the system does allow for three options in some cases so they do have the availability for discretion.

Ms. Laura McCauley, DJJ, also spoke on Kentucky's compliance with the Juvenile Justice and Delinquency Prevention Act as it relates to disproportionate minority contact. (Presentation is available upon request.)

Pastor Edward Palmer, Chairman of the Subcommittee for Equality and Justice for All Youth (SEJAY), also spoke on issue of disproportionate minority contact. (Presentation is available upon request.) Senator Westerfield noted that he has asked Mr. Trebelhorn to reach out to set up a time to begin working on legislation relating to the capture and analysis of race specific data as suggested by Pastor Palmer.

IV. Day Treatment Programs

Dr. Ronnie Nolan, Director of the Kentucky Educational Collaborative for State Agency Children (KECSAC), spoke to the Council regarding the need for a revision to legislation to allow students who are referred by FAIR teams for day treatment services to be eligible for KECSAC funding. Senator Westerfield asked if there was anything that could be done administratively until it can be addressed legislatively. Dr. Nolan replied that they have met with AOC, DJJ and others to determine if these youth could be included under the current definition but the terms are very well defined and do not allow for inclusion. Ms. Dudgeon inquired about tracking numbers of those being referred. Dr. Nolan indicated they are tracking the referrals and also stated that the day treatment centers also have caps that are set by DJJ and most are operating at close to capacity.

V. Adjourn

The next meeting will be held at 10:00 a.m. on Wednesday, September 16, 2015. Members will be notified by email of the location. With no further business to discuss, the meeting was adjourned.