

## SKY USE CASE 2

Kimberly, 15 years old, has been in foster care for two years with placements in three different Service Regions during that period. She was placed in foster care following a report from her school that she came to school exhausted and hungry. Kimberly's teacher, who had been concerned about her outbursts at school, was able to get Kimberly to describe violence at home between her mother, Linda, and Linda's boyfriend. Kimberly would care for her two younger siblings, ages five and two, when the adults in the house fought and used drugs. Twice a week, Kimberly asked neighbors for food for her siblings, and occasionally stole money from Linda's boyfriend to buy food at a nearby gas station/food mart. Upon investigation, the Social Service Worker found a filthy house without food in the refrigerator or kitchen cabinets. Kimberly's siblings were dirty and hungry. Kimberly told the Social Service Worker that Linda and her boyfriend would fight and use drugs "all of the time." Kimberly's siblings were placed in separate foster homes but have since been reunited with their mother. Linda now lives in eastern Kentucky, approximately 200 miles from Kimberly's current foster home.

After coming into foster care, Kimberly has been suspended from school four times for behavior issues. She has a pattern of absences, and is currently failing most of her classes. Kimberly has a 17 year old boyfriend and is sexually active. Attempts at reunification with her mother have failed after Linda expressed concerns over Kimberly's anger and hostility.

During a recent appointment for birth control, the PCP noted multiple cuts on Kimberly's arms and legs as well as healed scars. She told her physician that she was depressed, couldn't focus on school, and wanted to run away from home. The PCP prescribed an antidepressant and referred her to a behavioral health specialist. Kimberly was reluctant to visit a specialist and scheduling appointments was challenging for her foster parents given the lack of providers within 45 miles of their home. Kimberly's foster parents contacted the Social Service Worker about their concerns over Kimberly's behavioral health issues and the availability of providers.

To her classmates and on social media, Kimberly began describing her suicidal thoughts. Over the weekend, Kimberly's foster parents found her unconscious with a suicide note on the bedside table. Kimberly had overdosed on pain medication she found in her foster parents' medicine cabinet.

Kimberly had to stay in the ED for three days pending availability of a bed. Her foster parents discussed care options with the Social Service Worker and described their fears once Kimberly returns home. The Social Service Worker was unable to find a residential facility with an available bed and the hospital initiated plans to discharge Kimberly.

Describe how the Vendor would address Kimberly's situation and coordination with the DCBS Social Service Worker, the ED, residential facilities, behavioral health providers, foster parents, and mother. At a minimum, address the following programs and services:

- a. Care management, including coordination with the foster parents;
- b. Discharging planning between levels of care;
- c. Network adequacy and availability of services;
- d. Availability and utilization of telehealth for behavioral health services;
- e. Applicable evidence based practices; including psychotherapeutic interventions;
- f. Prescribing psychotropic medications and documentation in medical records (e.g., rationale, follow-up assessments and monitoring, etc.);
- g. Coordination of transportation, if needed;
- h. Provider contracting;
- i. Provider education and support;
- j. Access to and sharing of medical records; and
- k. Maintenance of the care plan.

## Introduction

Passport's care management team is unfortunately accustomed to hearing stories like Kimberly's. When the child in question is an adolescent, youth often develop harmful coping skills or exhibit suicidal ideations. Passport's member-centric, team-based approach helps Kimberly's team look at all factors impacting her health and develops a plan that puts Kimberly's safety and well-being as the highest priority.

## Understanding the Situation

Frank and Maggie Deacon raised three children of their own. They had a couple of years of foster experience before they accepted Kimberly into their home. The Deacons now have only one child of their own, 17 year-old Carrie, living at home.

Passport's Kentucky SKY Intensive Care Coordination program assigned a Kentucky SKY Care Coordinator, Marissa, and Behavioral Health Care Advisor, Emily, to this case. Marissa and Emily are aware that when Kimberly first met the Deacons, she initially presented herself as withdrawn. Occasionally, she also showed behavior outbursts when asked to do things around the house. Lately, she has been finding more reasons to stay in her room. Her increased absenteeism (and resulting failing grades) and the discovery of cutting behaviors disturbed the Deacons. To receive assistance, the Deacons drove Kimberly 45 minutes to Columbia for an intake appointment with a therapist, but Kimberly refused to participate.

## Creating a Plan

The Passport Member Services team receives a call from the emergency department (ED). They recognize that Kimberly is a Kentucky SKY member, and the triage nurse and charge nurse recall the training that they received from Passport. The Member Services team conducts a warm transfer call to Marissa, who obtains additional information. Marissa then calls Mrs. Deacon on her cellphone. Mrs. Deacon steps out of the room to share with Marissa her fears about Kimberly being discharged back to their home without receiving additional treatment. She is afraid that the family will not be able to stop Kimberly from harming herself after discharge.

Marissa contacts Emily first to get her mobilized. Once at the hospital, Emily checks in with Kimberly, who is still feeling depressed but now also embarrassed and frustrated. Kimberly wants to leave the hospital and go back to her foster home. Emily spends some time alone with Mrs. Deacon, who talks about events in Kimberly's life in the days leading up to the suicide attempt. Emily is able to administer a Beck Depression Inventory to assist in recommendations.

Marissa next activates Kimberly's Care Coordination team and works with the hospital social worker to schedule an assessment team meeting at the hospital at a time convenient to the hospital social worker. Kimberly's foster parents, the Department for Community Based Services (DCBS) social services worker, the hospital social worker and Emily attend the meeting in person. Linda and the SKY Utilization Management Manager attend via phone. Kimberly's primary care provider (PCP) is invited to the meeting but is unable to attend.

## Facilitating Care

The team needs to address the immediate issues for Kimberly, which are her placement and care management plan. The Deacons are adamant that she cannot return to their home at this time, but they are clear that they do want her to return after she receives treatment. The social services worker is frustrated because a residential provider initially could not be located. The hospital social worker shares that Kimberly was assessed by a crisis team from the local psychiatric hospital after coming to the ED but did not meet criteria for hospitalization; when she spoke with the assessing provider, Kimberly denied current suicidal ideation. Emily, knowing that Kimberly has a trauma history from the initial Kentucky SKY pediatric assessment, suggests River Valley Behavioral Health's (RVBH) Trauma-Focused Cognitive Behavioral Therapy program as an excellent option from Passport's extensive statewide network. She explains what the program is and that Kimberly would likely qualify. The program would also encourage Linda, Kimberly's mother, and the Deacons to participate in Kimberly's treatment there. Their participation could be facilitated via telehealth if needed. The assessment team agrees this would be a great option. Passport has an established relationship with RVBH, and the UM manager leaves the meeting to call RVBH to begin assessment for the program. Fortunately, as a contracted network provider, RVBH has undergone training specific to the Kentucky SKY program and is very familiar with Passport's care team and program expectations.

The Passport team works for the next several hours with RVBH to gather and supply needed documentation and information related to Kimberly's history and recent upticks in maladaptive behaviors. Emily pulls together a summary of records that the team had gathered when Kimberly first became a Kentucky SKY member that includes past medical history. After some back and forth to clarify need and medical necessity for this level of care, River Valley agrees to accept Kimberly into the program. Because Kimberly is currently stable, the Deacons pack clothing and other comfort items for Kimberly to drive her to River Valley after discharge from the ED is completed. Marissa schedules a care team meeting at RVBH so the team can create an updated care plan based on River Valley's assessment of Kimberly.

Between meetings, Marissa gathers more information. She secures records from both the ED and River Valley. Marissa sees that while Kimberly was in the ED, testing for sexually transmitted infections was performed as well as a pregnancy test. The results of all tests were negative. She makes a referral to a Passport Clinical Pharmacist for a medication reconciliation and comprehensive medication review following discharge. The pharmacist assesses the medication regimen for potential safety-related drug therapy problems, such as appropriate dosing, contraindications and adherence, and does not identify any problems with the medicines Kimberly is currently taking.

## Continuing Care

At the next Care Coordination team meeting two weeks after Kimberly's intake at RVBH, the Deacons and Marissa attend in person with the RVBH therapist and Kimberly. Emily, the social services worker, and Linda attend via phone. Marissa leads the team meeting, beginning with discussion of Kimberly's strengths: her resourcefulness, sense of responsibility, strength, academic achievements and courage. She notes that Kimberly had been brave enough once before to know when she needed help for her and her siblings, and that she hopes that at RVBH, she can pull on that courage once again to allow herself to get the help she needs and deserves. Marissa then shifts into a discussion of how team members can together address Kimberly's and her family's needs.

Kimberly states that she hates being at River Valley but reluctantly agrees with participating in therapy. She is already showing small signs of progress. While her externalizing behaviors (angry outbursts and even some aggression) have increased, Kimberly is beginning to verbalize her thoughts and feelings more frequently. The therapist reports that the RVBH psychiatrist has seen Kimberly for medication evaluation. He increased her antidepressant medication but otherwise has not made changes. Kimberly's trauma history and subsequent moves after being placed in foster care seem to be the major contributing factors to her externalizing behaviors.

Marissa asks Kimberly what she wants to happen after leaving River Valley. Kimberly says that she really wants to go home to live with her siblings; she misses her family and feels it is not fair that she is the only one not back home. She worries about her brother and sister. Linda raises the issue that visitation has not gone well. When there were visits or phone calls, Kimberly would "just get so angry" when she saw or talked to her mother, often losing her temper for "no good reason."

Kimberly's social services worker suggests discharge should be back to the Deacons' home with a long-term plan of returning to Linda, if Linda becomes open to reunification in the future. Linda agrees with this plan. The team creates a plan for the RVBH therapist to have family sessions with Kimberly and Linda (and eventually Kimberly's siblings) via telehealth to try to build back their relationship. They also plan for family sessions with Kimberly and the Deacons. Finally, Linda is connected with an individual therapist near her home, which will help her in parenting all of her children. She achieved sobriety prior to her other children being returned to her, but she confirms that she has not been to therapy since.

## Looking Forward

It has been another month, and the care team meets again. The Passport SKY team has continued to monitor progress with Linda and the other children, as well as the foster family, and are able to bring reports of success to the meeting. They also look for other barriers and update the care plan after soliciting input from Kimberly and the larger team.

When pressed to identify long-term goals for herself, Kimberly says she wants to "do better at school" and to not hate going to school. Emily asks about the last time Kimberly felt successful at school, and she says the seventh grade. Kimberly says that she had teachers who she really liked, that she had kept friendships from sixth grade. Marissa gets consent from the social services worker to reach out to the school system for

records from Kimberly's seventh-grade year. She contacts Kimberly's favorite teachers as well to identify a few strengths and successes that can be communicated to the new school. She looks for things like classroom structure or any accommodations that were in place, as well as how teachers managed Kimberly's mood during challenging times. The classroom behavior system for completing work might be adaptable to home, helping Kimberly contribute more successfully there.

Marissa offers to help the Deacons and Linda find education and resources that they can access in their own communities. Some topics they discuss include trauma-related behavior understanding and management, depression and self-harm symptom recognition. Having consulted the literature and the medical provider, the recommended plan put out by the care team is in line with "Guidelines for Adolescent Depression in Primary Care." Emily helps coordinate the education, linkage and support with the treatment work going on at RVBH and the community providers when Kimberly discharges. Emily also makes sure that there is a solid continuity between families, providers and the SKY care management team.

The Deacons express concern about the future. Driving 45 minutes to Columbia for therapy does not work for their family. Marissa, after consulting with Beth, the provider representative for Cumberland County, tells the Deacons that there are other options closer to their home in Burkesville (Cumberland Family Medical Center is one), or Adanta in Columbia can provide telehealth services with the family. The RVBH therapist explains that Kimberly can continue seeing her and the RVBH psychiatrist, including for medication management, post-discharge and telehealth services. Kimberly, Linda and the Deacons are happy to continue with RVBH via telehealth services.

Linda brings up Kimberly's boyfriend and asks how to plan around him. The RVBH therapist talks about their strengths-based approach to helping Kimberly really think through her goals, values and decisions around risky situations. Emily adds that to the care plan as another objective to monitor. While on the topic of the boyfriend, the RVBH therapist encourages Kimberly to speak with the RVBH physician at her next appointment to talk about her reproductive health and options to keep herself healthy. Marissa helps Linda and the Deacons find some positive social events and skill-building opportunities in the community. These searches begin prior to Kimberly's discharge. The RVBH staff offer to share the strategies they use to assist with behavior and to help the families implement aspects of them in their homes.

## Returning Home

Kimberly makes significant gains in being able to identify and share her emotions. She improves in mood stability, and her incidents of self-harming thoughts decrease. She is able to maintain good education focus and to decrease incidents of acting out behavior. As monthly treatment planning sessions continue, the team decides to update the care plan with a focus on helping Kimberly transition. Emily coordinates a meeting with the social services worker, the Deacons, Linda and the RVBH team to review and update whatever pieces need to change.

Emily sets up a time to help Linda and the Deacons learn how to accommodate/use telehealth on their home computers. The team sets up a schedule of treatment appointments for the first month, adding in a plan for psychiatry and ongoing prescriptions for antidepressants to bridge to the first outpatient appointment. The pharmacy team monitors to make sure that the medication is being refilled unless an order to discontinue is received as part of the care plan. Collectively the SKY care team monitors to ensure appropriate outpatient follow-up occurs. The RVBH therapist gives a summary of treatment successes and barriers, and shares the planning made in family sessions for structure and communication within the households. A crisis plan with 24/7 contact information is shared and penned just in case.

Marissa is able to review the school plan and ensure the transcripts are forwarded from River Valley to Kimberly's home school. There are some opportunities for after school programming, and the Deacons were able to find a couple of upcoming social events at their church for Kimberly. Marissa lets the team know that she follows up with the PCP and provides an update of the care plan. Emily schedules weekly phone check-ins for Kimberly and the Deacons for the next month, and the team decides they will wait to schedule visits at Linda's until Kimberly's first session in outpatient family counseling so that Kimberly has time to settle back in before that next step.

It has been four months since Kimberly returned to the Deacons' home. The "boyfriend problem" took care of itself: he broke up with her via social media, and Kimberly took it better than expected. Since returning, she has been spending more time with Carrie and her friends. A meeting was held at the school prior to Kimberly's first day back, and Kimberly does not qualify for an individualized education program (IEP). She was always capable of good grades and is starting to get back on track academically. There were a few bumps when Kimberly first returned home related to defiance and outbursts, but the Deacons were better prepared to manage these after the work they had done with RVBH.

After her first visitation with her mom and siblings, Kimberly's mood declined a little. She had been very nervous before the visit, but when it was time to leave her mom, she became sad and that lingered for a few days. Because of the education the Deacons have had since Kimberly's hospitalization, they were ready for the response and managed it as a family. Subsequent visits have been better, and Kimberly has asked Linda to consider allowing her to move back so that she can transition to a new school at the beginning of the next school year. Linda is still hesitant, but they are continuing with family therapy sessions to help them further repair their relationship. The outbursts have dwindled, but Linda also now understands that such anger outbursts were not "for no good reason." Through her individual therapy, Linda has been learning to be more honest about the impact of her previous substance abuse and violent relationship with her boyfriend.

Emily and Marissa are still working closely around Kimberly's care and needs. In coordination with the social services worker, they are looking ahead toward reunification with Linda. Most importantly, the team can see that Kimberly is hopeful. With continued support, everyone expects Kimberly to do well.