

KENTUCKY SKY USE CASE 5

Enrico, age 16, has a history of violence, aggression, and destructive behavior. Both parents live in the home and Enrico has five siblings, ages two – nine years. Spanish is the primary language spoken by his parent and Enrico often had to interpret for his parents when talking with health care professionals, school officials, and law enforcement. He has a history of harming his parents, siblings, and a family pet. When in middle school he started fires at school and physically bullied younger students. Once in high school, Enrico began experimenting with drugs and alcohol, and was suspended twice for bullying students and destruction of school property. After physically attacking a high school teacher, Enrico was arrested and placed in a DJJ regional juvenile detention center. The charges against Enrico were later dropped so that he could receive treatment. Enrico’s parents refused his request to return home and DJJ and DCBS coordinated his placement in foster care. His behavioral issues in a private foster home (e.g., aggression and destructive behavior) caused him to be relocated to a group home. Despite repeated requests from Enrico, there has been no contact between Enrico and his family since he entered foster care.

Enrico has been prescribed two psychotropic medications at the higher end of the dosage range but hasn’t been evaluated by his PCP or behavioral health provider in over a year. In addition to his ongoing behavioral issues, Enrico has moderate persistent asthma and has a history of several ED visits and one hospitalization related to his asthma over the past two years. His BMI is 25.

With his Social Service Worker, Enrico discussed his loneliness, desire to return home, and regrets over hurting his family, especially his parents. Enrico especially misses his siblings and is anxious to see them or to talk with them over the phone. He expressed his frustration over not being able to talk with his family to discuss how they “can be a family again.” He shared his confusion over who could help him with talking or meeting with his family.

Enrico is ambivalent about remaining in foster care once he reaches his 18th birthday. Sometimes he expresses a desire to leave foster care and, at other times, he states his understanding of the support needed to transition into the community and possibly reconcile with his family. Enrico’s poor performance in school has intensified his feelings of failure and caused him to question whether staying in foster care will be of any value to him.

Describe how it would address Enrico’s situation and coordination with the DCBS Social Service Worker, group home, physical and behavioral health providers, and his family. At minimum address the following programs and services:

- a. Care Management, including coordinated management of his physical and behavioral health conditions
- b. Discharge planning for all levels of care;
- c. Language accessibility;
- d. Psychotropic medications and documentation in medical records (e.g., rationale, follow up assessments and monitoring);
- e. Evidence based psychotherapeutic interventions;
- f. Social determinants of health;
- g. Community resources;
- h. Aging out of foster care;
- i. Access to and sharing of medical records; and
- j. Maintenance of the care plan.

Introduction

Passport's approach to managing the care of Kentucky SKY members is to work in partnership with the Department for Community Based Services (DCBS) and the Department of Juvenile Justice (DJJ) to obtain sustained positive outcomes. This approach is based on identifying the critical factors that need to be addressed for the long-term success of Kentucky SKY members and to tailor services to support the goals of permanency, safety and well-being. For Enrico, the overriding goals include:

- A successful transition out of DCBS custody at the appropriate time
- A personal sense of competency
- Connections with caring figures that will last beyond his placements
- Having his asthma under control without acute exacerbations
- Understanding the root causes of his anger and behavior, and helping him to manage these

It will also be important to assess the extent of his substance use and how drugs and alcohol may be contributing to his behaviors.

Understanding the Member

Upon Enrico's enrollment in Kentucky SKY, Tim, a Kentucky SKY Care Coordinator, reaches out to the DCBS social service worker (SSW) and the treatment director at Enrico's group home in Boyd County, on the outskirts of Ashland. He gathers the basic information necessary to begin the Health Risk Assessment (HRA). The DCBS SSW has limited information because she has just recently been assigned to the case. Tim is somewhat taken aback that the treatment director focuses almost entirely on Enrico having a "bad attitude" and his belief that Enrico just needs firm consequences to get his behavior in line. Tim arranges to visit Enrico with Passport Behavioral Health Care Advisor Victor, and then afterward to have a meeting with Enrico and the manager at the group home. He also prepares to meet with Enrico by adding what additional information he could to the HRA based on information from DCBS, DJJ and Enrico's previous managed care organization (MCO).

Enrico appears depressed in the interview and is reluctant to engage with Tim or Victor, but he answers questions as Victor completes the Kentucky SKY Pediatric Assessment (Enrollee Needs Assessment) with him. Victor observes that Enrico seems to have several gaps in his own knowledge of his current health. For example, although the group home records show daily administration of both asthma and behavioral medications, Enrico only seems aware that he takes medicine "so I won't get so mad." Passport strongly endorses a family-driven, youth-guided and evidence-based approach to achieve sustained, positive outcomes. He reiterates that he wants to return to his family, especially his next-youngest brother, who is nine (9). Victor also encourages Enrico to identify what he is really good at. Enrico has difficulty naming any strengths, but he ultimately says he's good at the video game, Fortnite.

Victor speaks with the cottage manager alone and asks what he knows about trauma-informed care (TIC). The cottage manager says that he has heard of it but thought it was only for kids who had been abused. Enrico was sent to their program because of his abusive behavior toward others, so he did not see how it

was relevant. Victor offers the cottage manager TIC training, and Passport's Kentucky SKY Provider Relations Liaison follows up.

Creating a Plan

After meeting with Enrico and the cottage manager, and gathering available school and health records, Tim schedules the assessment/care team meeting. A psychologist who contracts with the group home has prepared an educational and personality assessment that includes administration of a trauma assessment test as recommended by Passport. The meeting is attended in person by Enrico, Victor, the group home's treatment director, the DCBS SSW, a DJJ representative, an asthma Health Educator from Passport, the psychologist, a teacher from the group home's on-site school, and Tim. Tim had used an interpreter to contact Enrico's parents, but they declined to participate, even by phone.

Tim, like all Passport Kentucky SKY Care Coordinators, has received training in the importance of and how to facilitate a health care interdisciplinary team meeting. He makes sure that all members of the assessment/care team have an opportunity to share their perspective, and he supports Enrico in saying that Enrico's main goal is that he wants to go home. The DCBS SSW expresses reservations about this goal, and the group home treatment director stresses that Enrico must "get his act together" before he can return home. In discussing his medications and medical needs, the Passport Health Educator notes that the asthma medicine Enrico is receiving can contribute to hyperactivity, and Victor chimes in that some of his psychiatric medications can contribute to weight gain. The Health Educator recommends that Enrico receive an evaluation by a pediatric primary care provider (PCP), which includes review of all his medications and conditions. Victor further recommends that Enrico have a psychiatric evaluation by an adolescent psychiatrist, and Tim coordinates an appointment at Pathways Community Mental Health Center (CMHC) within two weeks. The trauma assessment did not reveal any specific history of trauma other than his difficulty managing his emotions. In fact, Enrico tended to present an idealized, almost unrealistic picture of how good and supportive his family had been.

A Passport pharmacist reviewed Enrico's medicines and health records to better understand how his medicines might be affecting his current issues. Based on the review, the pharmacist noted several concerns, which were shared with prescribers. Enrico's psychoactive medications included a stimulant and an antipsychotic medication, both prescribed for behavior control but without clear evidence of effectiveness. Although consistent medical records were lacking, documentation was found that his height and weight were in the normal range when he was 14, prior to being started on the antipsychotic medication. Asthma medications appeared to be at suboptimal doses, and Enrico appeared to have inconsistent access to a rescue inhaler.

Many issues are discussed in the assessment/care team meeting, but in the end the team agrees that priority needs to be given to a primary care visit, a psychiatric consultation and the pharmacy review. Tim commits to helping the group home find a pediatrician and contacting the psychiatrist's office prior to Enrico's next appointment to share the team's specific concerns about the medication potentially causing

weight gain and cross-reactivity to his other medicines. Enrico's drug and alcohol use were discussed during the meeting, and it was determined that, with his placement in the group home in Boyd County, substance use no longer appears to be a current issue for him.

Balancing Enrico's desire to return to his family and concerns over his behavior, Victor proposes that Enrico see a mental health therapist who works from a strengths-based, trauma-informed perspective, with the goal of helping him determine what he needs to do to accomplish his goals. Because Passport maintains a close relationship with its provider network and has oriented all Kentucky SKY providers to the needs of DCBS youth, Tim is aware of a local mental health therapist adept at trauma-focused cognitive behavior therapy (TF-CBT) to evaluate for unrecognized trauma in Enrico's past. The DCBS SSW and the DJJ representative support the change in treatment providers.

Facilitating Care

After the initial assessment/care team meetings, either Tim or Victor visit with Enrico once a month and maintain weekly contact via telephone or video conference while he is at the intensive level of care coordination. Updated care plans and regular communication with the DCBS SSW and other members of the care team continue throughout the process.

Enrico is fluent in English and considers English his preferred language, but his family and others in the community that he identifies with speak only Spanish. Passport team members have access to interpreters at all times, and we make sure to include one whenever Enrico's family or friends participate with the team or in care conferences. Passport is dedicated to the tools and training to support the national Culturally and Linguistically Appropriate Service (CLAS) standards for cultural competence in health care settings. We also recognize that we may be unsure of our own cultural competency with specific members, so for Enrico and other members, we consult Sandra, the manager of Passport's Equity Diversity and Inclusion program, for feedback on what we can do to accommodate our members and their families or friends in a culturally competent way. Tim also reaches out to Steve from our Provider Relations team to find a male PCP for Enrico who is fluent in both English and Spanish. A member of the care team may include one of our regional community engagement (CE) specialists who live in the community. Their role is to seek out community resources that can advocate for or support the needs of our members. Specifically in this case, as Enrico is currently separated from his family, we have asked our CE team member to seek local Latino community activities or organizations that might help Enrico if some of his anger and behavior is because of separation from community and culture.

In early stages of treatment, Enrico's therapist helps him acquire skills to improve management of his behavior. These evidence-based skills included mindfulness, emotional regulation, and distress tolerance/acceptance of reality skills. As Enrico moves through his treatment, other evidence-based practices may be relevant for addressing grief, self-image, substance use or attachment issues. Passport strongly supports the use of evidence-based practices and promotes them through the adoption of clinical practice guidelines, distribution of written materials, and through webinars and workshops. Furthermore,

we promote the strong research-based finding that maintaining supportive relationships in a child's life is critical to overcoming adverse childhood events (ACEs).

Tim talks with the DCBS SSW about making a referral for medically complex designation by DCBS, but Enrico is not found to meet the criteria. He is assigned to an intensive level of care coordination. Tim and Victor maintain weekly contact with Enrico, and one of them does an in-person visit at least once a month. Tim convenes regular monthly meetings of the care coordination team, which is composed of the individuals in the assessment/care team plus the new mental health therapist. As part of Enrico's residential placement, the on-site school is kept apprised of care plan updates. Tim maintains close contact with the group home's treatment director and the DCBS SSW. The treatment director receives a copy of a self-study guide to assess whether the agency operates in a trauma-informed manner. Concurrent to all of this, the asthma Health Educator works with Enrico to create an asthma action plan to help reduce asthma symptoms, including how to exercise with asthma.

Over the next few months, Enrico continues to be drug- and alcohol-free, and his asthma comes under better control. His behavior medication is reduced, and Enrico reports feeling better. He becomes more active and experiences a slight weight loss, and the group home staff note some improvements in his behavioral functioning. Tim continues to do periodic outreach to Enrico's family, but eventually the father tells Tim that they definitely do not want their "bad son" back and to quit calling.

This information is shared with Enrico. The therapist takes the lead in talking with Enrico, and with this news Enrico becomes distraught and shares with them that his father is a very violent man who regularly beats his mother. As Enrico moved into young adolescence, he began trying to protect his mother. His behavior problems, including fire-setting and substance use, began at this time. He was afraid to tell anyone because he was afraid that his father would kill his mother or him.

This event became a turning point in Enrico's therapy and his progress at the group home. His DCBS SSW notified the investigative branch of DCBS. After contacting Enrico's mother and confirming his story, they assisted her in moving to GreenHouse17, the domestic violence shelter for central Kentucky. After moving into a safe environment, Enrico's mother expressed a desire to see her son. A family visit at the group home was arranged shortly thereafter. Tim worked with the mother's Greenhouse17 case worker to help arrange transportation for her to make it to the visit. Throughout this time, Tim works to make sure all care providers are aware of what is happening.

Tim uses Passport's Healthify social determinants database application to assist case managers at Greenhouse17 in locating resources for the family. Enrico's mother and siblings receive Medicaid and are assigned to a different health plan. With appropriate consents in hand, Tim calls a counterpart at the other health plan to alert them of the immediate needs of their new members. Passport's statewide Healthify database provides housing, food, childcare, language, employment and vocational resources, and a host of both physical and behavioral health resources.

Looking Forward

Because he is placed in DCBS custody in a group home, apart from social needs Enrico does not face immediate concerns about housing and neighborhood security, food, economic stability, health care or education. However, with a potential transition out of DCBS custody, all of these issues will become crisis concerns in less than two years. After addressing Enrico's immediate medical and behavioral needs, and as Enrico moves closer to age 18, the care coordination team recommends the use of a Kentucky SKY Peer Support Specialist with lived experience in foster care from Pathways Inc. to help meet Enrico's social needs and provide another avenue for him to learn about the opportunities and challenges related to maintaining his commitment vs. exiting DCBS care. The Peer Support Specialist meets with Enrico and works together with the Passport CE specialist in the region to help connect Enrico with the TAYLRD Youth Drop-in Center (the local CMHC), operated by Pathways Inc. TAYLRD gives Enrico more opportunities to connect with peers. Importantly for Enrico, it also gives him an outlet to play video games. Although his highly structured group home is reluctant to grant Enrico time away from the program, with support from his DCBS SSW and because TAYLRD operates under the supervision of the CMHC, they agree to his participation. Shortly after becoming connected with the TAYLRD Drop-in Center, his academic performance begins to improve.

Enrico's 17th birthday happens a few months after the disclosure of his trauma history. Although he can still be quite oppositional, he has had no further serious aggressive incidents. Regular follow-up and changes in medication, along with consistent use of a rescue inhaler, have also eliminated his trips to the emergency department for his asthma. A meeting is scheduled by Tim and the DCBS SWW, in collaboration with the DCBS independent living coordinator. The meeting is held in Lexington, which enables Enrico's mother to attend. Passport has paid for transportation to Lexington for two trips for Enrico to visit with his mother and siblings, but his placement in Ashland continues to be a barrier to close contact.

Enrico continues to display considerable ambivalence about maintaining his commitment to DCBS because he desperately wants to reestablish contact with his family. After a prolonged discussion, his DCBS SWW asks Enrico if he would be willing to continue his commitment if she could arrange placement in an independent living program located in Lexington. After learning that an independent living program would help prepare him for employment and teach basic skills (budgeting, cooking, etc.) for living on his own, Enrico agrees. Best of all, it will allow him to have regular contact with his mother and siblings. While the actual referral process to independent living is handled by DCBS, Tim initiates Passport Kentucky SKY program's formal discharge planning process to handle transitions between levels of care.

When the independent living program raises concerns about accepting the referral because of Enrico's asthma, Tim arranges for the Health Educator to speak with the program director about the improved management of his asthma. Enrico transfers to the independent living program six months before his 18th birthday. During this transition, Tim continues to monitor Enrico's progress and arrange for new primary care, pulmonary and psychiatric providers in Lexington. Victor ensures that Enrico is connected to a therapist who can continue working with him on his trauma issues and the skills he needs to manage his behavioral functioning. Throughout, Tim and the whole Passport Kentucky SKY team continue to support this young man's transition to independence.

Conclusion

Enrico's adjustment to the independent living program was not smooth. In the first few months, he had difficulty adjusting to the increased responsibility of taking care of himself. Overall, however, he continued to function better than expected. He maintained his commitment to DCBS and received vocational services, which was preparing him for a career in website management. He saw his mother and siblings regularly, although they too continued to struggle with adjustment in their new life situation. However, by the time Enrico was approaching his 21st birthday and ready to exit DCBS commitment, he had been working regularly for nearly a year in a job that provided benefits. He enjoyed regular contact with his family. After Enrico's successful transition to the independent living program, Tim asked him if he would like to serve on a workgroup sponsored by DCBS and Passport looking at how to improve the transition process for youth exiting foster care.