

KENTUCKY SKY USE CASE 6

Mary is a five year old who was placed in foster care in Louisville when her mom left her in the car for six hours while visiting and drinking with friends. This is Mary's second placement in foster care within the past year.

Based on the initial assessment by her PCP, it was determined that Mary is deaf, has numerous dental caries, and is malnourished. She has almost no language (minimal speech) and has not been taught sign language. Her affect is flat, and she has almost no expression. After a more detailed assessment, Mary was diagnosed as being cognitively delayed.

The DCBS Social Service Worker was unable to locate medical, dental or pharmacy records, or evidence that Mary had been prescribed hearing aids. Mary's mother provided vague information about visits to a pediatrician, immunization history, and dental care.

Describe how the Vendor would address Mary's situation and coordinate with the DCBS Social Service Worker, parent, and providers. At minimum, address the following programs and services:

- a. Care Management including coordination of multispecialty developmental evaluations and care;
- b. Discharge planning for all levels of care;
- c. Applicable evidence based practices;
- d. School based services;
- e. Social determinants of health;
- f. Community resources;
- g. Access to and sharing of medical records; and
- h. Maintenance of the care plan.

Introduction

Five-year-old Mary embodies the situation of many of the children in the Kentucky SKY program. Although she has very specific needs, she also illustrates the fact that many of our Kentucky SKY youth have multiple and complex concerns that are best addressed through a multifaceted approach. In Mary's case, Passport's care management's approach employs a combination of provider- and member-level interventions in line with evidential practices and guidance from the Agency for Healthcare Research and Quality (AHRQ, 2014), specifically designed to target co-occurring medical, cognitive and behavioral concerns for Mary. These goals are pursued while maintaining an overall focus in keeping with the Department for Community Based Services' (DCBS) permanency planning and sustained positive outcomes.

Understanding the Member

When she is unable to locate medical records for Mary, the DCBS Social Service Worker (SSW) calls the Passport Kentucky SKY team to request assistance. When she was taken into protective custody, Mary was not yet enrolled in the Kentucky SKY program, but she is now due to the SSW's phone call. Passport's Kentucky SKY Referral Coordinator assures her that Luke, the Passport Care Coordinator assigned to Mary's case, will contact her the next day. Luke begins by accessing IdentifiSM, Passport's Care, Utilization Management and Communication IT platform, and reviewing all information that is available about Mary. He then calls Mary's SSW to introduce himself and request any additional information the SSW can offer, including Mary's mother's contact information and the cognitive functioning assessment that was completed on Mary. He then researches where Mary has been seen in the past for care and seeks to obtain those records, using information from both Mary's mother and from Mary's previous managed care organization (MCO).

With the SSW's approval, Luke contacts Mary's foster mother, June. Using Motivational Interviewing and other engagement skills, Luke encourages and assists June in collaborating with the Kentucky SKY Care Coordination Team to help improve Mary's situation. As a first important step, Luke helps June to make an appointment at Home of the Innocents Open Arms pediatric clinic within the next two days for a full physical assessment to address acute needs and better understand chronic issues. While speaking with Open Arms, Luke also makes an appointment for Mary at their pediatric dental clinic, where they are accustomed to working with children with special needs. Luke and June, with assistance from the SSW, complete an initial health risk assessment (HRA) for Mary, but there are gaps. Luke asks June if he and a Behavioral Health Care Advisor, Sunny, can come to the foster home to complete the Kentucky SKY Pediatric Assessment.

Luke and Sunny visit the foster home at the appointed time. Mary is withdrawn and does not want to interact with them at first. Luke and Sunny try to engage with Mary in non-threatening and friendly ways. They give her crayons and a coloring book about healthy behaviors for kids, and Mary colors quietly while Luke and Sunny speak with June. Sunny and June complete as much of the Kentucky SKY Pediatric Assessment (Enrollee Needs Assessment) as they can. This assessment includes questions to understand psycho-social, medical, environmental and trauma history and needs. Particular attention is given to further understanding the full extent of Mary's cognitive delay, her hearing impairment and her language delays.

Because June does not know much about Mary yet, Luke and Sunny help to fill in as many blanks as possible via conversations with Mary’s mother, Mary’s previous foster family and the providers at Home of the Innocents Open Arms Children’s Health. While Mary’s weight is very low on the growth chart, after a complete assessment, the pediatrician has found no indications of contributing health conditions causing malnourishment, so it seems to be a result of neglect. June mentions that while Mary is reluctant to try many of the foods she serves in her home, Mary has a voracious appetite when presented with junk food items. It is clear to Sunny from her time spent with Mary that a comprehensive psychological and developmental assessment and hearing assessment are necessary. She offers to send June some information on the impacts of trauma on a child’s development as well as on parenting a deaf child.

Creating a Plan

Luke schedules the first Care Coordination Team meeting. Team members include Mary, June, Luke, Sunny, the SSW, Mary’s mother (with DCBS permission), and the pediatrician. In order to include the pediatrician, the first meeting is held at the clinic. The dentist is unable to attend, but he documents in the same electronic health record (EHR) as the pediatrician, so the team is able to see his notes and treatment recommendations. Luke has received training and certification as a High Fidelity Wraparound Facilitator and understands the complexities and tensions of including Mary’s mom. Prior to the meeting, he addressed potential feelings of anger toward Mary’s mother, and stressed how important it was to support Mary’s mother in making different choices.

The care plan developed by the team addresses all of the systems involved in Mary’s care:

- **Dental Care.** Mary was very reluctant to allow her teeth to be cleaned and she became very agitated. The pediatric dentist set a plan to familiarize Mary with the dental clinic and help her to feel safer there so that the dental procedures can be completed without sedation. When June becomes overwhelmed thinking about managing her work schedule and multiple dental visits, the pediatric dentist assures June that the clinic has late and Saturday hours to help accommodate her work schedule.
- **Malnourishment.** While Mary’s mother denies neglecting her, she agrees with June that Mary is a “picky eater.” Luke offers to have Passport’s Registered Dietitian work with June to create a plan for getting Mary to eat more healthy foods. The pediatrician recommends that Mary start drinking PediaSure® daily, which June can get at a pharmacy using the physician order, and the PediaSure is covered by Passport’s benefits.
- **Deafness.** Mary’s mother believes that Mary can hear, as evidenced by her having some speech, and confirms that she has never had hearing aids. The Care Team agrees that Mary needs to be assessed for hearing deficits. The Open Arms Children’s Health pediatrician advises that the Little Ears Hearing Clinic is part of Open Arms and recommends a hearing assessment there. Luke assists June with making all of the needed appointments.

- **Cognitive deficits.** Sunny recommends a full psychological/developmental assessment for Mary. It's unclear if her cognitive delays are due to neglect and trauma history, deafness, other causes or a combination of these factors. Everyone, including Mary's mother, agrees that this testing is vital to appropriate ongoing care planning for Mary. The pediatrician once again chimes in to say that such testing is available within the Open Arms clinic. June is delighted to hear this.
- **Communication delays.** The hearing evaluation and psychological/developmental assessments will determine if Mary's communication deficits are related to deafness or something else. Prior to her hearing evaluation, Luke contacts the provider to request assessment of appropriateness for a setting such as the Louisville School for the Deaf. The team will wait for the results of these assessments before developing next course of action, which could include caregivers learning American Sign Language (ASL) and potentially procuring assistive devices for communication. As part of her care, Mary may also need additional Speech or Occupational Therapy, which is a covered benefit she can receive at the Open Arms clinic. Transportation is also covered, if necessary.
- **Psychosocial needs.** Everyone is concerned about Mary's flat affect and withdrawn personality. While she is starting to warm up to June, June reports she seems to be withdrawn into herself much of the time. The psychological assessments will determine the best course of treatment for Mary, based on findings suggesting cognitive behavioral depression or anxiety, autism spectrum, or severe neglect and lack of peer engagement direction. Passport's Behavioral Health Specialist will become a part of the Care Team and will work with June to find a home-based therapist for Mary. Home of the Innocents and multiple other providers in the community, such as Centerstone Kentucky (Seven Counties Services), can provide services. Sunny will help locate a therapist who has experience working with children with communication delays and hearing deficits.
- **Education.** June has enrolled Mary in school, and has scheduled an Individual Education Plan (IEP) meeting to ensure the school is meeting Mary's needs. Luke and Sunny offer to attend the IEP meeting with June, and the SSW agrees this is a good idea. They also connect June with Kentucky Special Parent Involvement Network (KY-SPIN) for the many resources that are available to her and her family, including parent resources to help her understand her rights in the IEP process as the foster mom, as well as the rights of Mary's mom. Luke advocates for Mary's mom to attend the meeting as well, as her signatures are needed by the school on the IEP. Sunny explains that the school may also be able to provide school-based therapy for Mary supplementing outside therapies.
- **Psychosocial needs for Mary's mom.** Part of DCBS' requirements for Mary's mom is that she remain sober and attend Alcoholics Anonymous (AA) classes. Mary's mom denies having a substance use disorder, does not feel she needs AA meetings, and agrees to submit to any tests required by the state. Sunny explains that each AA meeting has its own culture, suggests trying several to find the right fit for her, and gives Mary's mom a list of open AA meetings in the area. Luke offers that a Passport Peer Support Specialist can go with her to the first couple of meetings to support her, which Mary's mom agrees to try. As she is also a Passport member, Mary's mom also agrees to an assessment by a Behavioral Health Therapist for depression or other potential issues. If Mary's mom

is referred by the therapist for medication evaluation following the assessment, Passport's Pharmacist can assist with formulary recommendations, finding a pharmacy nearby and answering her questions about the medicine.

- **Visitation with Mary.** It's important that Mary and her mom have regular visitation to keep them both motivated and connected. In order for visits to go positively for them both, Sunny suggests having family therapy sessions in the foster home, but June is not comfortable with that. Although June wants to minimize appointments due to her own work schedule, she says she would rather have early evening appointments at a local provider agency site. Mom agrees to this, and Sunny agrees to work with both June and Mary's mom to get the first appointment scheduled with the provider. The SSW says supervised visitation can begin after two family therapy sessions have been completed. Luke will help coordinate for Non-Emergency Medical Transportation (NEMT) so that there are no travel barriers when the supervised visitation begins.

Facilitating Care

The group meets monthly to monitor progress and further develop the care plan. All providers are invited to the meetings, and the Kentucky SKY Peer Support and Kentucky SKY Behavioral Health Specialist also attend while they are involved with the case. The care plan is updated during the Care Team meetings, at a minimum, and Luke contacts the Care Team members if decisions need to be made more urgently. Perhaps the biggest concern for everyone on Mary's Care Team is reunification with her mother, given the previous history of neglect.

When engaging with behavioral health therapists, Sunny looks for someone who employs evidence-based approaches, such as Parent Child Interaction Therapy (PCIT). PCIT is generally used for children aged 2-7, so this should be appropriate for Mary both chronologically and developmentally, and because it has been used with children with hearing deficits. PCIT can also be used as part of the language-learning interventions for this family as they begin to learn and utilize ASL. Mary's mother has a Passport Peer Support available to her short-term, and Sunny can also help her talk with an agency such as Centerstone Kentucky (Seven Counties Services) about having one provided for her. Initial assessment has indicated a few possible focuses of therapy for Mary's mother, including possible substance use disorder, and possible grief and depression and adjustment issues arising from having a deaf and developmentally delayed child. The Kentucky SKY team will determine whether an evaluation of the mother and daughter's attachment is warranted via the University of Kentucky Comprehensive Assessment and Training Services (CATS) Clinic.

Luke works with Mary's mom to complete a Social Determinants of Health (SDoH) screening to identify her SDoH needs. The Passport SDoH screening centers on six domains: Economic Stability, Neighborhood and Physical Environment, Education, Food, Community and Social Context, and Health Care System. Upon completion of the comprehensive assessment, Luke makes referrals to appropriate community services via the United Community app. An ecomap interview also takes place to identify biological and natural supports for Mary's mother. Mary's mother also receives additional assessments by the local behavioral health

provider, with attention to depression and substance use, based on her history. The Kentucky SKY Care Team supports mom's treatment, as they are able, including identifying potential providers for her. As Mary's mother receives treatment, her providers may also be part of the Kentucky SKY Care Team, with her permission. Luke connects Mary's mom to support groups for families with deaf and/or developmentally disabled children and tells her about ASL classes available in the community.

Our Community Engagement representative also makes sure Mary's foster family knows about DeaFestival in Louisville, an event that Passport sponsors, celebrating the language, art and diversity of the deaf and hard of hearing. Without being judgmental about whether she is clinically deaf or hard of hearing, it would be a great event for both Mary and her foster family (the information is also provided to Mary's mother because it might help her feel more comfortable with Mary's condition). In addition, the team works to find some additional respite care and caregiver support for Mary's foster family. She also recommends Dare to Care Food Bank, which helps provide healthy foods and could possibly be a volunteer opportunity to take Mary to learn about healthy food choices and to engage her in volunteering to help with healthy food choices.

Looking Forward

As part of ongoing efforts toward reunification, June, as the foster mom, is trained in supporting Mary's biological mom by showing respect and concern and being honest with her, working with her on the goal of reunification, referring to her as "Mom" and looking for ways to break down any barriers. Support for June herself includes identification of respite providers, including family and biological supports that could be approved to care for Mary. Luke offers June peer support and connects her with support groups for families with deaf and/or developmentally disabled children. Luke and Sunny work hard to ensure that these ongoing partnerships between the foster and biological parents and the providers are characterized by reciprocity, mutual trust, respect, shared tasks and honest/open communication. Using a family-focused Building Bridges framework, the emphasis is on facilitated (foster and biological) family-child interactions (as opposed to child-directed therapies) and family-identified goals and priorities. Luke and Sunny continually share education and information with June, the SSW and Mary's mom to educate them about Mary's conditions and help them make informed decisions. Peer supports and natural supports are utilized to help the families learn to eventually function independently of the Care Team. If Mary is confirmed to be deaf or hard of hearing, the Kentucky SKY team will incorporate the core principles of Family Centered Early Intervention³ in its work through the Care Team. These include early, timely and equitable access to services, with comprehensive family support for both biological mother and foster parent within the framework of informed choice.

Some of Mary's services continue through her school. June, Mary's Mother, the SSW, Luke and Sunny participated in the development of an IEP with the teachers and counselor at Mary's school. Mary has hearing loss, but is not deaf. Based on the school's assessment, and after being fitted for hearing aids, Mary qualifies for school-based speech therapy as well as occupational therapy. Mary can receive therapies in school and via external therapy providers to compound the intensity of effect and improvement for her.

Members of the Care Team assist in identifying needed services outside of what the school may offer, as well as helping to get services in place when school is not in session. The foster parents, biological mother and the SSW are encouraged to continue with therapies during all school breaks. If the member shows regression of development during school breaks, the school system may decide to offer therapies when school is not in session. Otherwise, the Kentucky SKY team, with the help of Passport's Community Engagement Specialist, Rhonda, locate service providers in the city who will provide the services.

Resources for Mary's caregivers (June, SSW, and Mary's mom) for development of IEPs in the state of Kentucky can be found here: <https://www.kyspin.com/>. Luke has connected with the Division of Behavioral Health, Deaf and Hard of Hearing Services (<https://dbhdid.ky.gov/dbh/dhhs.aspx>) to ensure he is appropriately linking Mary, June and Mary's mother with quality services and programs to promote well-being. With all of these supports in place, Mary has the best chance to have successful outcomes, including development of spoken language and utilization of sign language, progress in school, improvement in behavioral health and reunification with her biological mother.

Conclusion

Mary has been back in her mother's home for three months, after 18 months of placement in June's home, and is doing well. Since getting hearing aids, Mary has blossomed and become much more extroverted around people she is familiar with. Her vocabulary has broadened, and she is able to communicate her needs to her mother and teachers at school. Over the course of several dental appointments, Mary was able to get her dental caries filled. June and Mary's mother worked with Passport's Dietitian to help introduce new foods to Mary slowly. Mary will now eat a variety of fruits and vegetables, as well as most meats. Mary is now up in weight and her pediatrician is very impressed with her progress. Luke continues to provide support to Mary's mother, now that Mary is back home. He has checked on them monthly since Mary returned.