

Early Intervention Planning Council  
February 13, 2008  
Minutes

**Members present:**

Rhonda Allen  
Christina Ball  
Taren Duncan  
John Kennedy  
Marilyn Pfisterer  
Brant Ping

**Members not present:**

John Brandon  
Doris Clark  
Patricia Jones  
Judge Marilyn Moores

**Staff present:**

Eric Wright  
Lyndy Kouns  
Laura Littlepage  
Tom Stucky

Rhonda Allen: Let's go ahead and get started on today's agenda. The first item on the agenda is the approval of the minutes and Laura sent those out to us in advance, so if anybody has any amendments or corrections to make?

Eric Wright: We already noted an incorrect abbreviated but that's been noted and fixed.

Rhonda Allen: I didn't even pay attention to that. Are there any changes anyone would like to note in the minutes? If not, then the minutes can stand as approved. Moving right along, I'm assuming, Eric, you're going to give us the update on the nonprofit agency survey?

Eric Wright: We actually have had pretty good success, I think we have a total of 50 agencies that have completed the first step.

Lyndy Kouns: 54.

Eric Wright: 54, which has identified 270 programs that we are in the process of querying. This is a snowball process if you remember. We started out with about 150 - ?

Lyndy Kouns: 149.

Eric Wright: 149. And we're querying those agencies and asking them to identify their programs and each program manager is getting a survey about that program so the goal is to enumerate all the programs in Marion County to understand better the capacity. That was the original intent. We were hoping to be a little further along than we are so one of the things we are asking is the last time we met we were going to send out an e-mail to the listservs. I'm not sure if that's happened or not. Lyndy has drafted a copy; we can send this to you but pass this around. If you have listservs of agencies you work with, if you wouldn't mind sending out an e-mail to your listserv to encourage agencies to participate, that would be helpful. We're in the process of following up, we sent the letter that was signed by the Councilors and the leadership of this group last fall and we're finding that actually, interestingly enough much to my surprise, we're getting the best response so far from the smaller agencies. The larger agencies are basically having more difficulty responding, probably because they're larger and have more complicated lives. We're in the process of following up with each and every one of those and our goal is to get as close to 100% participation as possible so that our data when we actually end up collating it will be a fairly comprehensive inventory of what is available in Marion County. Anything you want to add to that?

Lyndy Kouns: I think that's a good update of where we are right now. We have our first appointment with a program director this week so that's a little more progress.

Rhonda Allen: Are we still on the same time frame then?

Eric Wright: We're not clear about that yet. We're running behind. I think the holidays kind of threw a kink in everybody but our goal is actually to try and have as much data collected by the end of March as possible. We're hiring new interviewers and as soon as we get more of those trained and staffed out in the field, I think things will move along a lot quicker. What we'll do is send that blurb out to everybody via our listserv. John, you're looking very confused.

John Kennedy: No, I'm just processing. That's my look.

Eric Wright: But we'll send out that blurb and if you wouldn't mind sending it out to any listservs you may have that would go to agency heads to sort of encourage – feel free to edit to your taste, but the goal here would be to get as much noise and buzz here so everybody knows it's happening. Sometimes when things come in the mail people forget by the time the mail comes and we talk with them, they say "Who are you?" So the more we keep this on the front burner, the more agencies will respond. Any questions? OK. The primary substance of today's meeting, moving on to Agenda #3 if that's OK?

Rhonda Allen: Yes.

EW: We did in fact have our focus group with the Mental Health Centers which was a very fruitful conversation. I think you saw – you got a copy of this, I don't know if anybody had a chance to read it. I thought what I'd do is walk through this. Our goal today is actually think about these big issues and what we as the EIPC would recommend

as being pieces of the plan. The goal would be, take that information back to draft the third component of the plan, the larger plan. The first two components you may remember are drafted and still floating. This is the last piece to be put together and we'll have a larger plan probably, all three parts I think, at the next meeting for you to review. Just to remember, we met with each of the Mental Health Centers here in Marion County. They were very gracious in sending a representative. They identified a number of issues which we've touched on before. I think we started talking about these issues, most notably is the issue of Medicaid funding. This is something that across the board is a challenge for a lot of Marion County, in fact the state of Indiana. The Mental Health Centers continue to operate on a fee for service basis for the most part. And this actually has a significant consequence on how the money flows into the Mental Health Centers which of course affects their ability to provide services to children and youth and families who are in need of services. The most noticeable thing is there has been a decrease in funding. If you remember the financing report that we gave you last meeting you'll notice there was in fact, we had data that showed that decrease was also associated with not only a decrease in not only the amount of funds but also the number of children served which is something they reminded us of. They actually suggested as a result two things. One is current and one is future, which may suggest this could become even more problematic in the near future. The first is that the medical model of treatment that dominates the way we pay for Medicaid services has historically focused on primarily medication management kinds of things which precludes a lot of the psychosocial services and if you think about all the stuff we've talked about over the past year about the nature of the problems we're dealing with, a lot of those don't fit cleanly into a medical model of treatment and where Medicaid has tried to make some efforts to control funding has been in the kinds of psychosocial services and in fact they have formerly proposed a redefinition of case management that all the Mental Health Care Centers agreed will probably have a very large significant effect on their ability to provide services. If you're aware, the Dawn Project, which actually provides team based case management, there is some significant concern about the ability of the state to continue the implementation of the system of care at least in the minds of the Mental Health Centers because case management is defined as only one case manager per child which actually would have an effect on the Mental Health Centers ability to provide team based case services for those folks. That remains actually a significant problem that we should probably talk about and one question would be thinking about how we've funded Dawn in the past and how that intersects with Medicaid I think might be a good thing for us to talk about, if that's a model for how we might could do this. They also mentioned problems with ease and timeliness of reimbursement, particularly with the MCO's I'm not sure that this is, this was more of a last year problem since Medicaid implemented some significant changes in that. It's not clear if that's this year problem since providers have somewhat changed. Any questions about the Medicaid issues or comments?

RA: I guess the one comment I would make is honestly, historically, that's been the problem with trying to merge child welfare type of services with mental health services is that we haven't been able to agree on a model of service and so it's always been the Community Mental Health services, and I'm talking about my work and two other counties as well, it's across the state. Mental health can only service a certain segment of the family and for certain reasons and if it goes outside the scope of that reasoning they

think Child Welfare should pay for that. And so I think that's why you get a lot of Child Welfare having to absorb extra costs and create services that are kind of artificial services, these are services that people cannot access on their own, in order to meet the needs of families because we can't get Community Mental Health Centers to create the kinds of services that a lot of our families need. So I guess that would be the obvious comment but that's been my frustration for fifteen years now.

Eric Wright: I think that's fairly consistent. What this would suggest though is this is a structural problem in the way Medicaid is conceptualized with payments and I think Mental Health Centers for better or for worse have tried to cope with these change regulations which of course, this is the problem in a lot of areas with children services. As we try to squeeze in one area it creates other problems in other areas. I think there's always a sort of back and forth that is going on and I think some better coordination about those things – I guess one question I would have for the group is what would you propose? What would be some action you think the EIPC could take to ameliorate or address that in some way?

Rhonda Allen: I think maybe we should hold that question for a second because I have a feeling Mr. Ping might be able to add some comments to this. No pressure, Brant.

Eric Wright: We'll come back to that. Actually I'll just go through all of these and I'll open it up for discussion because I think there might be some integrated issues there. Another issue that we talked about in the very first issue of the plan was the issue of capacity and we actually got a little more detailed here. We seemed to be of like mind that they weren't getting enough clinical specialist or Child Psychologists, it was very specific. They also talked about the difficulties in finding social workers who were trained specifically in child services and I think we could actually talk to the IU School of Social Work about expanding access there. Schools, this one I thought was kind of interesting because if you remember way back when, when we started talking about these issues, the proposal was we talked a lot about school based mental health services being the front line, early intervention and prevention. The problem from the Mental Health Center point of view is not their, that they like doing it in school services. That part they're very comfortable, but they're getting such a large volume that they are having to essentially deal with the kids who are down stream. So in fact what they feel is they don't have the capacity to deal with early intervention and prevention kinds of cases in schools which is actually where we all had come to some consensus was the right place to be doing this. So, unfortunately then, what the result has been that they're dealing with more crisis management and a lot of the more severe issues in school setting as opposed to where we'd like to be doing early intervention and prevention. Related to that is a lot of the kids they would see in the schools interestingly enough, are kids who wouldn't qualify for Medicaid but are more what I would think of as middle class kids who have health insurance coverage through their parents but which do not have good mental health care coverage which prevents, of course, them for doing a lot with them. And they actually recommended that a pot of funds be available, made available, to actually support services for those kinds of kids that might be in the in-between line. In health insurance language we often talk about those at the 200-400% poverty folks who don't qualify for Medicaid but have less high quality health insurance coverage so that was a

specific idea that they presented. And they felt that unfortunately the State Hospital becomes the option of first resort as opposed to last resort because there are few other options financially for those individual kids. And finally, basically, the whole issue of early intervention became a really interesting discussion about how do we get the early diagnostic part. Because again, the common theme that was running through here was to find ways of identifying children earlier and they actually talked a lot about the importance of educating Pediatricians and on psychiatric issues. Pediatricians were more partnered on this process and not discovering things when they become so sever but rather making referrals earlier to the Mental Health providers who can actually address and assess the children at an earlier age, which again, I think we talked a lot about that in that first draft of the plan, to talk about some sort of educational initiative to educate Pediatricians in Marion County about the mental health needs of youth in Marion County and try to get them to be more well connected with the Mental Health Community. SO these are the major findings from our round table discussion with the Mental Health Centers. I don't think there were any major surprises here but I think it does provide us with additional data with which to think about the recommendations that we had talked about before. So I'll open it up for comments. Brant, when you were coming in, the issue of Medicaid funding was the topic we were hitting one and so the questions would be what are some of the strategies we might pursue or recommend as EIPC for Marion County to pursue to improve the Medicaid? Rhonda had mentioned the long standing problem of Mental Health Center only providing certain, very limited range of services which are often dictated by what they are getting paid to do and having DCS have to come up with other services to augment those. The Mental Health Centers are of a mind set, I think you may have missed this, that this is only going to get worse with the new definition of case management that Medicaid has propagated. So, comments? Thoughts?

Brant Ping: In my last meeting with the Community Mental Health Centers, a couple of which are providing home-based counseling services for us, was really a vision of doom and gloom and I'm not sure there is anything that we can do to stop this. It's clearly federal policy rule changes that they're not even sure follows what Congress is intending so as a County, I guess we need to write back to our Representatives in Congress and say look, this is what is going to happen to the children of the United States if you don't change this policy. My impression was at every angle they are ratcheting Medicaid down, they are not only in the managed care squeeze, which they provide services and then those are denied, payments, they are loosing money in that regard but the actual definitions are changing. Anything that is intrinsically child welfare is being no longer funded if this police moves through. I don't know.

Eric Wright: So that would suggest that part of our plan should be to educate perhaps our Congressional Representatives as well as he local office for Medicaid policy planning about the implications of some of these changes for Medicaid for Marion County specifically.

Brant Ping: Yes.

Eric Wright: OK. Other thoughts?

John Kennedy: This is affecting the entire state so I'm just curious to know how other jurisdictions in other counties are dealing with this issue.

Eric Wright: We didn't ask that question but that's a good question.

John Kennedy: I always look to, outside the backyard, find out if there's another model out there, if people are doing some creative financing or anything. So I don't know what's happening on a National level but when you think about this, it's not just Marion County that's got a problem with this, it's the entire state. So I don't know what Lake County's doing, Allen County, but it's not a recommendation. I'm just curious.

Eric Wright: Well we could certainly look at it.

John Kennedy: I don't know if Rhonda's heard anything at her regional meetings?

Rhonda Allen: No, I have not. And that's something I quite honestly haven't reached out to the other regional managers to find out what they're doing. I think ultimately, every region is kind of at the mercy of their economy and poverty levels, to dictate what's happening with the need for services and the kind of costs that are involved with that. But I can certainly reach out to my colleagues to just get some feedback about what they are doing with some of their Community Mental Health Centers. My guess is they are creating workarounds and that's what Marion County has done too. We've created workarounds. Costly workarounds. And so my guess is that is exactly what everybody else has done.

John Kennedy: Could you define that for us? Workarounds?

Rhonda Allen: Well, if you have a Community Mental Health Center with a limited range of services, then you have to create – look at our RFP list, that we issue probably ten RFP's a year for drug and alcohol counseling, treatment, all that, all those different segments that can't be paid for with Medicaid and Community Mental Health, we have to create that system.

Eric Wright: And I think that's an important thing for the County because in fact what it represents is a cost shift of a pretty significant proportion. We've been talking about the worries for where the budget for DCS, ignoring the intervention and prevention for a moment, but just dealing with the kids that are in crisis at this time. That suggests that there's going to be continued upward pressure for what Mental Health Centers can't provide because they're not getting paid to provide these services. So I think we need to make that part of our argument to Congressional Representatives and make sure everybody's very clear about that because I think that has huge implications for the County in the long term. But that doesn't even address the whole issue of early intervention and prevention and how we are going to pay for the kids who don't even meet Medicaid definition of eligible. There's an issue of getting service but then you have to have a level of certain illness before you're going to get paid for Medicaid anyway. A lot of the intervention and prevention issues we're talking about are ones that don't even reach that threshold. So there is this other gap that there doesn't seem to be any other way to fill financially at the moment. Are there thoughts or creative ideas? Do you want to brainstorm for a little bit about how we might start to do that? One thought I had was the

Dawn model as a way of blending funding from multiple systems to create opportunities. Is there a way to do that in a more early intervention/prevention framework or is there just not flexibility in the current funding structures to be able to do that? That's our impression from the analysis of the funding we got.

Rhonda Allen: That would require, I'd say, DCS to be able to expand funding and really the way our statute of the budget is written, most of our budget has to be spent for kids who are adjudicated a delinquent or adjudicated a CHINS'd or somehow a formal involvement with either system. And so I don't know how you expand the budget to create more for kids who aren't in any of those systems. I almost feel like the DCS budget, their hands are tied as it relates to early intervention unless some of the language loosens up with regards to where we can spend the money in our budget.

Eric Wright: But even then you'd be robbing Peter to pay Paul.

Rhonda Allen: Absolutely. Then it requires additional funding in order to blend with some other mental health services to create those early intervention opportunities if you're looking at the Dawn model.

Eric Wright: What about the Mental Health Center specific recommendation about creating a pot of money to address, their way of thinking about it was middle class kids but we might think about that more broadly as these early intervention and prevention needs. What if we were to make a recommendation to explore a way of creating essentially a new pot of money – goodness knows where the money would come from – but a new pot of money that would be dedicated for that kind of services? Because I think the reality is I don't see where it's going to come from unless we make such a recommendation.

Brant Ping: That's a brave recommendation in today's climate. I don't know. I think you're right. I don't think we can push the balloon of the children's fund beyond what it's already serving, even if we were to – I don't think we have enough identified prevention dollars, Rhonda?

Rhonda Allen: Those are dwindling.

Brant Ping: Yes.

Eric Wright: Last you had said \$200,000 a year or something like that?

Rhonda Allen: Typically what you'll see in the budget when you look at it, it's the Child Welfare Service line item and that is a state grant that has been given to the budget and that used to be almost one and a half million dollars and it's half that now. I think \$775,000, so I'm trying to creatively find ways to pay for stuff that we've traditionally paid for out of that. Like Youth Emergency Services. It's a perfect example. Those are kids that aren't adjudicated CHINS or delinquents necessarily that come in to the front end of our system so as that contract grows, I'm finding it harder to find a way to pay for those things. And so that line item, I think, is shrinking, unfortunately.

Eric Wright: And do you have a sense about why it's shrinking? They're having to re-allocate resources?

Rhonda Allen: You know, I don't think I'm educated enough on the why to give a reason for that here. I can only assume the money is dwindling on their end so they're cutting on all the counties with that line item.

Eric Wright: OK.

Brant Ping: I think what we really need to educate people on is how short-sighted it is to wait until the problem becomes major to throw all these dollars at it. It's such a hard concept. I mean my wife is a Pediatrician and she goes nuts because insurance companies will pay for lapotropic surgery, this incredibly expensive procedure but won't pay for a nutritionist at the beginning to get a youth or adult to understand, eat properly at the beginning. And we have the same situation here where we don't take the preventative steps. We wait until it exacerbates and then try to throw all these dollars at it and wonder why the kid's not getting any better. I don't know what the solution is. I'm a doom and gloom guy this morning.

Eric Wright: It's OK. The weather's appropriate. But I think what we had talked earlier about, the other piece of the plan, again we're sort of bouncing around but I think it's very much related to this, about building some sort of network of community based referral systems, lower level case management programs sort of along the lines of NACKS or something similar and it might be that we have to figure out how to fund that but I'm thinking that if we think about that as being a funding source for that but also a way to get the mental health dollars into the system to help the Mental Health Centers to provide those services, they should be connected somehow. Would you agree?

Marilyn Pfisterer: I'm not going to talk about money but as the conversation has bounced around the room, it's centered around money and the lack of money but it's also kind of by extension indicated that an education model, educating at all levels is a component of this whole thing. So could that be a subject for discussion that would be a little less expensive as we educate schools, as we educate Pediatricians, as we educate at various levels – you know better than I. It could be done by a CD, it could be done by a variety of ways that would be a little less expensive and might impact the entire spectrum of what we've been talking about. It would take longer but could impact it down the road and make the expenditures a little less in the future. Does that make any sense?

Eric Wright: Yes. I think there's the problem we've been talking about – the Dyke. The water is going over the Dyke and we have to think about these different levels. But I think you are absolutely right. Education has to be a piece of the plan. Which we've sort of implied but what we can do is take that under advice and think about that a little more and build that piece in the plan because that would be a relatively easy thing to do. And you're right, less expensive in the long term. But we could target all the various key people that we would want to be well educated about this. Pediatricians, school teachers, and a couple of others I can see key interest groups we can target, education materials to look for early signs, symptoms, and think about a training program that would basically improve the capacity of the community to think about this.

Marilyn Pfisterer: And taking that one step further, I think a lot of the folks that would be educated, so to speak, kind of have that common back of the mind awareness of what we're talking about but I'm venturing out on thin ice here because I don't pretend to be a social service person, but I do think that there is that common knowledge there but taking it to the next level and saying once you've identified a situation here where you think there is a child or a group of children in need of services. What are those resources and I think that is kind of where we are going here, assembling your list of agencies and making that available as part of the education piece, might be helpful as well.

Eric Wright: Yes. And I think, I don't remember who it was, Laura you may remember? Someone, a couple of interns, created a web interface, we learned about this recently. They started the process of creating a web interface on an internship basis which was exactly how we had envisioned using the survey data that we're going to be getting so that basically this would be a publicly available resource that people, teachers, could say here's where I am, here's the problem this child has, who can I send them to? That would be something we could easily do as part of this education initiative. But it's making information available in a format that they can use too. So I think we've got a platform that we can build on to.

Marilyn Pfisterer: Great idea, the web-based, because I know teachers and the next generation down are a lot more attuned to that than I am and possibly some others in the room. But how do they find out that it's out there? That would be closing that loop to making that information available – readily available.

Eric Wright: Right, I think to me that's the education piece – to get the resource available and then work on them knowing what to look for but then also where to go for referral assistance. I think we can certainly develop that plan a little more.

John Kennedy: I can echo that idea. At the intervention level we're seeing a lot of families who come in that don't have children problems, they're adult problems manifesting in a way that they parent their kids but the intervention piece that's further downstream than prevention you're looking at families that just don't know what kinds of services are available in their own community and many of these families don't, aren't, seen juvenile justice or child welfare. We're heading out referrals and trying to hook them up with agencies that can help turn on their gas or whatever. Unfortunately many folks don't know about these services and by the time they do learn about them there has been a crisis in their family that has been brought to the attention of the public and then Child Welfare is involved and that's where the cost seems to be the most there once they get in. So I agree if there was a way that each neighborhood, each community could figure out how to get information to the people that live there, there's web-based sites that could to that for us, we could get that information to the families and maybe prevent that. And also invite people to ask for help. There's also a pattern of behavior we're seeing that families are so fearful of asking for help, there might be a consequence they're not wanting, an unintentional one, and so they don't seek help until it's beyond their control and we again need to educate families at the grade school level about what services are available, what they can get from their neighborhood, what supports are available. Sort of wrap-around, those kinds of information services for those families where they have to be diagnosed to get services. It's been that way I think. The Feds are

saying we're not going to be paying for everything. These dollars have always been set aside for the most severe. They're forcing the system to do something different.

Eric Wright: And I think, actually, if we have an under utilized area, we don't know this for sure but I'm kind of suspecting we're going to learn from the survey results is that in fact a lot of those neighborhood organizations could actually pretty easily expand their services. I'm a little worried about how much resources are available to help them do that because we don't have this flexible funding that I think is going to be a critical piece of that but it might have some capacity that we don't know about.

Brant Ping: You would expect the results of the survey to help you understand that?

Eric Wright: Right. Because basically, you may remember, the survey asks not only what they're doing but what they think their capacity is. We actually have some empirical measure in it as well but we actually ask to what extent could you develop capacity relatively easily and of course what kinds of funds would you need to do that, so we're kind of asking them to give us a ballpark estimate which will come back to the money issue because it will give us a better sense about how much we might need to expand the system at that level. So education information we can certainly develop into a clear plan, or piece of the plan. And I think that's clearly tied with the survey and we can work on elaborating how that might be and bring back a draft so you can see and think about how that would work. Obviously the content of the web-based won't be developed for a while until the survey is completed and we have the database. Although we have the capacity – we did meet with the 211 folks as a vehicle to jump start that a little faster and might actually link to the adult services a little more effectively. But we can have those conversations as well. On the Medicaid issue though, is there a sense – we talked a little about working with our Legislatures and State Representatives and perhaps OMPP and the Governor's office. Do people have thoughts about how we should approach that? I think the original vision of the EIPC is that this would be a leadership body that would take positions on things and push the envelope so I guess the question here would be, you could put this in the plan as a part of our advocacy and move Medicaid. It's a cost shift to the counties – that is what it is. And I think the county has reason to be concerned here and I think it might be something we at least educate the policy makers about the implications of some of these trends for the long term, in terms of the health and well-being of children in Marion County.

John Kennedy: That might require another sidebar, I think, to figure out what that strategy would look like, if you're recommending this body come up with a strategy.

Eric Wright: Remember, we're building a plan here so the plan is work with our Legislatures.

John Kennedy: The Legislatures know how much it costs each county to deliver the service. That information is there.

Eric Wright: I don't think actually it is in the sense that we've typically estimated those numbers based on the children in service currently and then growth occurs. But we've never really addressed the issue of the kids that are the gap kids if you will, the ones that

are actually the early intervention and prevention kids that haven't reached the threshold to be identified. So all the models tend to be based on kids in service as opposed to kids who are at risk, if you will.

Marilyn Pfisterer: Let me ask a big question, a global question. With the assembled experience in this room, would there be a possibility of identifying a funding source that would be able to be applied to something of this scope? Like, I'm pulling things out of the air, but like user fees or something of that sort that could be applied to this particular exercise. Because in my knowledge, and maybe I'm speaking out of turn, but this is new ground here and I don't think it's something that the Legislature or many other governmental entities, in the city or state, has really addressed and so to be able to fund - because what we're talking costs money so to be able to fund that and take that to the Legislature or to the Congressional Representatives with a solution as well as the problem would facilitate getting answers and buy in from that other end of the spectrum.

Eric Wright: Which actually, as you were talking, made me think. If we're talking about this gap case management program, what if it were a fee for service program that would be outside the normal insurance market but would be graded based on someone's ability to pay. So the family that called the number could pay basically a small user fee if you will or basically a case management rate if you will for contacts to get the help they need? That might be one way of doing it.

Brant Ping: Doom and gloom again. The providers that I'm aware of that have sliding scales are telling me that they are absolutely overrun because those agencies that previously had been serving them under Medicaid, and that has been cut back, are saying go to this agency because they'll only charge you a buck on their sliding scale. And so that might work but you're going to have to ensure that it's adequately funded, that we don't just create another system, social service system, that is immediately overrun. And I tend to agree with you, that there is a huge population out there that we never reach in our systems and it's just like this big balloon, John would you agree?, that is right above us where there's people that really want and need services but don't have access to it so I think we could really easily be overrun if you're not careful. My suggestion is that you make a more direct commitment from the county that says this is a problem and we're going to address it and here are the dollars to do it.

Eric Wright: I think that's fine although I kind of wonder how much the County can come up with given the current structure, which might be in part with putting these two things together. So the County makes an investment and as you may remember we had these conversations late last year with foundations about, their view is they wouldn't mind investing in such a system if the County was also making a visible investment. So if we were to put together a financing packet, perhaps the foundations would help us get off the ground, ask for user fees and the County also puts in some hard dollars. It might be a mechanism to create that system in the short term, to shore up that and then work out the details. Because I think one of the things histories of policies, public policies, is always problematic because you create something and it always causes other problems you never think of. And I think one of the things that would be nice is if we started this on the small scale and as a group we could watch how it changed the system and the implications for Mental Health Centers and other agencies that don't operate under Medicaid.

Marilyn Pfisterer: So when you are talking about starting it on a small scale, could you elaborate?

Eric Wright: I'm not remembering the number at the moment but I think we estimated in that first epi report that there were about 40,000 kids in that balloon, that we think are in the balloon. That would suggest that – I'm not proposing that we go out and say we're going to serve 40,000 kids next year – so the question would be is could we come up with a financing package that might mix private, public, and user fees, if you will, dollars to serve maybe 5,000 of those kids next year. Put that money out there and see what the uptake is, how does the system work, does it adapt well, and then if demand exceeds supply, if you will, then we can look at it again the following year and say well then we need to think about how much money do we need to serve 10,000 kids, or families.

Marilyn Pfisterer: And you're working out the kinks in that process?

Eric Wright: Right. I mean, do you have a sense about – obviously the amounts are not on the table yet – but do you have a sense about if we were to put together that kind of combination package, do you think the Council would be supportive of that kind of approach?

Marilyn Pfisterer: From a philosophical point of view, absolutely. All the Councilors that I talk to that know about this program say "What a wonderful program because it's definitely needed." So that's on one hand. On the other hand, I was here last night and we found out that we're going to have to pay \$1.8 million dollars more than the budget allotted for which will reduce the County general fund to somewhere around \$1 million and while a million dollars may seem like a lot to lot of people, including me, for the remainder of the ten months of the year to have a \$1 million balance in the County general fund is very frightening to me. And so, that's where we are. Funding is just, when you talk about dollars everybody says whoa. So, coming up with alternatives, that's why I suggest it. Identifying some kind of funding source that is outside the tax model will be much better received by not only Councilors but by the public at large. Because what this body is here to address with the children that are in such need of service is definitely important, it's just trying to work through all the difficulties and challenges to fund it. That's the bottom line.

Eric Wright: If we were talking about user fees, hard money, which I'm assuming the counties would have to draw on property taxes unless we're talking about other property tax funds, unless there's other funds, and then a combination of private donations like philanthropic, I think again like I said, there's some view that they might help come to the table with this, what other sources that we might be able to think about in terms of putting this package together? Because I'm a little worried about property taxes only because of what's happening five blocks from here in terms of the debate about property taxes and what that's going to have in the long term too. We need to be mindful of that. Do you have a sense about other possible, I mean thinking about the city side of the equation, where they might be able to leverage funds?

Marilyn Pfisterer: At this point in time, I can't answer that question. I'd have to sit down and talk to some financial people and as you said five blocks away, those consequences are going to roll to this end of Washington Street so for me to give you an "oh sure we can solve that problem" would be risky on my part. So, the short answer is no, I can't give you that answer at this point in time. But, here again, exploring alternative sources, I don't know if there are grants out there that could at least get this off the ground until things tax-wise stabilize a bit, could be a possibility.

Eric Wright: Other thoughts? Well, what I can do is, we can spend the next few weeks working on basically putting together the architecture of this plan and try to begin the process of thinking about how we would estimate the number of children served which would give us some budgetary numbers to start thinking about and talking about in the long term. And then we could think about perhaps maybe the property tax issue would be settled by then or we'll have a clearer notion at least how we can talk about it with different folks. So I think that would help deal with what was going to be the third part of the plan in terms of the early intervention and prevention, case management system. I'm a little leery about what else we should do on the mental health side. Any ideas?

Brant Ping: Did the Mental Health Centers in their roundtable give you any suggestions or guidance? I know they're meeting continuously with the Office of Medicaid Management.

Eric Wright: OMPP. No, they hadn't given any suggestions. They were more doom and gloom than you are today.

Brant Ping: If we were to go and offer, make an offer to them, would they point us in the right direction?

Eric Wright: An offer in what sense?

Brant Ping: As far as, we would like to support you in this effort. I know they have been singing this song, these actions are putting these children at risk. I know they are singing that song, but they're also probably seen as self serving because it's their livelihood and so it's falling on deaf ears. And so if we were to go back to them and say we would like to join you in that song, what would you suggest we do?

Eric Wright: I think they would love that support. I think the question would be, is the vehicle. Because right now our task at hand has been to focus on developing a plan and one alternative that just occurred to me is what we could do is draft a letter of some sort that would be from the EIPC citing what we think the concerns are and about these restrictions and what it would have for DCS. We could do that as part of the plan, we have an advocacy role here in terms of maintaining the mental health system and that could be one of the things we do under that, maybe cc'ing that letter to our Congressional Legislatures and so forth. Because I do think people don't think about the trickle down. They think about the cost saving in the Federal budget but they don't think about the longer term consequences of those things.

Rhonda Allen: I think that's a great idea, to the start of the strategy we were talking about. I mean, that's where we start, is asking the mental health folks how we can support

– because they're already talking that talk to the folks that matter and so how we support that, I think, is a good start to a strategy for that.

Eric Wright: Well, I can definitely follow up with them and ask them that and see what they think would be best and bring that back to this group. Or report back in an e-mail perhaps, in the more short term, something that is time sensitive. Do people have any other comments about the school issue, unfortunately we haven't had our IPS appointee yet and Mrs. Jones isn't here today but any thoughts about the school issues there? Obviously the school issue is tied to the funding as well because their capacity to do things is different, but up until now the Mental Health Centers have been operating internally by billing largely Medicaid for those services provided to the school systems. Schools aren't paying, at least they way I understand it, anything directly to the Mental Health Centers to be on site other than contributing space. Is that pretty much most people's understanding? So it's not clear to me what the schools could actually contribute more towards mental health services out of their own budget, given at least what I've read about their budget situations.

Rhonda Allen: Is there any sense, I'm going to be making an assumption here, maybe it's the wrong assumption, but I'm making the assumption that the kids that are being referred through the schools for mental health services are not kids who are in juvenile justice or DCS system?

Eric Wright: Some of them are but most of them are not.

Rhonda Allen: OK.

Eric Wright: That's my impression as well.

Rhonda Allen: OK. So really, they are doing, I guess when I originally thought about this, I thought incorrect referrals were being made. But it sounds like they are at least meeting the prevention component. Because a lot of those kids are kids who would come into our system so they are making those referrals but what I heard is that there is not enough capacity to get to the early intervention, the kids who are just starting to have problems. These are kids with multiple problems who just by perhaps luck have not reached Chris's system or mine.

Eric Wright: That's my impression. They are at a sufficient severity level that they'll probably be in your system in the near future.

Rhonda Allen: At some point soon.

Eric Wright: So, that's again, we have to think about these people at varying degrees of need and I think the idea here was the further back upstream we can get to those folks in the school system, the better off we're going to be. Because we all know the literature is very clear, the earlier you intervene, the more likely you are to circumvent a lot of those negative outcomes. So I think the question then is how do we help Mental Health Centers build that capacity. Maybe it's we can't do anything other than advocate for them to be able to do that. And we might be able to say, this early intervention, just mentioning it to Medicaid, again from a cost-saving point of view, in theory, it would behoove them to

pay for earlier treatment to avoid hospitalization, more acute kinds of treatments that cost a heck of a lot more too. I don't usually hear them talking like that. So, to wrap up then, what we'll do is work on developing the education information strategy more explicitly. I think we were explicit in the couple of pieces we've given you already and we'll work on developing that and we'll also work on developing a funding structure strategy idea for the early intervention case management system which might build on NACKS or some other network, which would combine user fees of some sort with public funding, with private funding yet to be determined. I'm not sure how far we'll be able to get estimating the actual cost of that between now and our next meeting but we'll do what we can. I will work with the Mental Health Centers to find out what we can do to help them support their efforts to make sure Medicaid doesn't make changes that are very devastating or more devastating to the early intervention needs of the County. Did I miss anything?

Brant Ping: I neglected to give Judge Moores apologies. She got a last minute request to come testify this morning on HB1122 so she decided she needed to go do that.

Rhonda Allen: That's the big one, the big House Bill. It encompasses a lot of different things. I think that's the one that has a lot of the language about some changes in language with regards to wardship and things of that nature.

Christina Ball: Waivers.

Brant Ping: A lot of it was delinquencies, commission of felonies.

Rhonda Allen: OK, it might be a different House Bill.

Christina Ball: 1122 is primarily waivers I think.

Eric Wright: Well, any other comments? If not, Madam Chairman, I don't have anything else.

Rhonda Allen: Does anyone else have anything else they'd like to share for other business? Then I think we are adjourned for the day. Thank you.

Meeting adjourned at 9:00 am.