CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
CHILDREN'S HEALTH
TECHNICAL ADVISORY COMMITTEE MEETING

****

Via Videoconference
November 9, 2022
Commencing at 2:02 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Donna Grigsby, MD, Vice Chair

Alicia Whatley

Michael Flynn (not present)

Courtney Smith

Cherie Dimar

MS. BICKERS: Donna, we have cleared the waiting room if you guys want to go ahead and get started. It's a few minutes after 2:00.

I did want to take a quick moment and introduce -- Kelli Sheets is on the call today. She is going to be working with me on tackling all the MAC and TAC meetings. And then when I go on maternity leave in March, she will be your main contact until I return. So you'll start seeing her email when I email you guys, so you have her contact.

DR. GRIGSBY: Okay. Thank you. I'm trying to see her on the screen. Is she there on the screen?

MS. BICKERS: Kelli, can you turn your camera on really quick so they can see you? There she is.

We have a few more people trickling in, it looks like.

DR. GRIGSBY: Okay.

MS. BICKERS: And I still just have Donna, Courtney, and Cherie logged in as far as committee members go.

DR. GRIGSBY: So at this point, we

don't have a quorum, so we won't be able to approve the minutes; correct?

MS. BICKERS: Yes, ma'am.

DR. GRIGSBY: Okay. I want to be respectful of everyone's time. This is our first meeting with our -- with our previous committee chair. And I guess as the vice chair or the assistant chair, or whatever my title was, I have stepped into the chair position.

But if anyone is interested in becoming the co-chair or the chair, please feel free to reach out. I'm happy to play this role. But if someone else is interested, I'm also happy to cede my position.

So I'm trying to see the agenda. I think we typically have those that are joining us that are not members of the committee put their information in the chat; is that correct? So if you all could do that and let us know who's out there. Thank you all.

And if any committee members join us after we start, Erin, if you could please let us know so that we can -- if we get to a

quorum, we can go ahead and go back and look at the minutes.

MS. BICKERS: Yes, ma'am.

DR. GRIGSBY: Thank you. Shall we go ahead and move on the agenda to old business? I think one of the topics we've been discussing is what steps, if any, we've taken to clarify sports physicals versus well-child checkups. And can they occur at the same time, and can they occur at separate times, I believe, was the discussion.

DR. THERIOT: Hi, Dr. Grigsby. This is Judy Theriot.

DR. GRIGSBY: Hey, Judy.

DR. THERIOT: And we actually put out a notice on our Facebook asking -- or informing parents that they can get these two physicals done at the same time and encouraging them to do so. And we've also talked to our MCO partners, and they all agreed to send out a provider notification about the same thing. So I think we've got that covered.

DR. GRIGSBY: Okay. I guess the one question I had -- and I apologize if

we've answered this and I'm just not recalling -- is if a child comes in for a sports physical or, you know, a well-child check, we can just -- we don't necessarily have to have them come back if they need a sports physical. We can just use that well-child check as that information for the sports physical.

DR. THERIOT: Yes. That is correct.

DR. GRIGSBY: Okay. That's typically what we've been doing, but I just wanted to make sure.

Okay. All right. Any questions or comments from anyone?

(No response.)

DR. GRIGSBY: Okay. Again, last time, we talked a little bit about whether or not we wanted to do the meetings virtually, hybrid, or in person. And we were also going to reach out and try to engage the members of the TAC that haven't been joining us for meetings.

Erin, can you give us -- I think you sent out the notification to folks. Can you

send us an update on that?

MS. BICKERS: Yes. So as far as continuing the meetings virtually, in person, hybrid, we have been leaving that up to the TACs. So far, most of the TACs have decided to stay virtual with the possibility of sometime in the spring having an in-person meeting, just depending on weather, flu, COVID, et cetera.

One of the things I wanted to throw out there is -- and I think we're getting closer to having this resolved, but our large meeting rooms in public health had a pipe burst. And so those large conference rooms have been unavailable for several months now.

Also, the LRC, where we usually have our big MAC meetings in person, are no longer allowing us to use their recording equipment. So I just ask that if you do decide to have one in person, maybe give us a month or two notice. So that way, we can make sure we can find a location big enough.

Being an open-meeting state, we do have to open that up to any and everyone who wants to attend in person.

DR. GRIGSBY: Sure.

MS. BICKERS: So as far as engaging the TAC members, I have been sending out emails, reaching out to the associations that have the inactive members who have not been participating. I've heard back from one of the -- I believe there were five or six that I sent out.

And so at this point, we're going to consider those vacant positions. So I do encourage the committee -- because I know sometimes you guys are on other committees with some of these associations.

If you know someone that works at those associations or know someone who may be interested in participating that works at those associations, I encourage you guys to email me. I don't mind reaching out to them or just ask them, hey, you know, I'm at this committee meeting. Some of these associations appoint TAC members. Can you please help us get some active members?

I did see, right as you guys were going over the checkup, Alicia, your new member, did join. And so -- and I'm going to follow

up with Veronica, now that those members have been considered inactive and those positions are vacant, where that puts you guys as far as establishing a quorum.

I would be under the assumption that, since those positions are now vacant, you have four out of five members logged in. So I -- I am under the assumption that that gives you a quorum today, but I'd like to clarify that with -- with Veronica Judy-Cecil, the senior deputy commissioner, just to make sure that that is the accurate assumption. I don't want to get any of us in trouble in the open records laws.

And so I have been trying to work -- I've been -- it might also be something -- if you have a representative attending the MAC this month, it might be something you can bring up to the MAC. I know some of those associations have a member on the MAC. So we're trying to do everything we can as far as reaching out.

Some of these associations, I had to go as far as digging on their Facebook page to even find an email contact to reach out to.

So we're trying, so I do encourage -- like I said, if you know somebody who works on the -- any of the other associations, to just send me their email. They might not be the right person to reach out to, but maybe if I can -- if I email enough people, they'll get tired of my emails coming through, and maybe I'll get some responses.

I did believe -- I heard back from HeadStart, so they said they were going to work on trying to get that position filled. So I've got it on my to-do list to follow back up with them so...

DR. SMITH: Can you remind us, Erin? I have a couple of them written down. Kentucky Association of Early Childhood Education. Was there a nursing -- I'm trying to see if I know anybody on any of them, and I can't actually -- I guess they're all on the list on the website; right?

MS. BICKERS: They are, but I can send you that in an email.

DR. SMITH: Okay.

MS. BICKERS: And then that way, if you do know -- I believe the Kentucky Dental

Association is on there.

DR. SMITH: Nursing.

MS. BICKERS: I think the nursing or the school nursing was one of them. And it could just be the email contact that I have been able to find on their websites has, you know, not made its way to the right person.

So I'm hopeful that if we all just kind of tag-team it -- like I said, a lot of the other TAC members on other TACs sit on other boards and committees where they see some of these associations more frequently than we would. So that's kind of where we're at there.

It's not from a lack of not sending out emails or trying and following up. I'm just not getting a lot of response. But, hopefully, if I keep emailing people and they'll just get tired of seeing my name come across their email address, and we will get some active members.

And we do appreciate those of you who do attend and take the time out of your day to serve.

DR. GRIGSBY: Well, and thank you for helping us trying to track down our other members and other organizations.

MS. BICKERS: And I have emailed them directly, and some of them don't even respond. I did have one lady come back and tell me, I don't think you have the right person. But that was, I think, several months ago, and Mahak had verified that was the same contact information she had. So maybe she was unaware she was on the TAC. I'm not really sure so -- but we are trying to get you a full committee.

DR. GRIGSBY: Okay. Well, thank you.

Any discussion about the -- it sounds like it's probably prudent, at least for the next meeting, to plan for it to be a virtual meeting. Does anyone have any other thoughts about that?

I think we have such a hard time getting a quorum, I can't imagine doing an in-person meeting is going to work well for this group. But if anyone feels differently, please feel free to speak up.

DR. SMITH: I think that sounds great, and I also -- I don't remember this, but I was feeling like Mahak had said -- did she tell us we couldn't really vote on that until enough of us were here to, and maybe we do have enough people to decide.

But -- but I agree with you, next time, for sure. I mean, it'll be January and weather and, like Erin was saying, maybe illness and different things happening. But I'm -- I like virtual as an ongoing thing, but I know that others may have different opinions.

DR. GRIGSBY: I just feel like it improves -- I mean, we're struggling, but it does improve, I think, the ability to attend because you don't have that additional time driving and traveling to the meeting so...

Any other thoughts or any other old business that we haven't discussed? Oh, thank you, Alicia. Yeah. That would be wonderful, if you wouldn't mind doing that.

Okay. I guess we move to new business, and hopefully we have reports about what DMS and the MCOs are doing to address the youth

behavioral health crisis including resources available and what they're doing to ensure follow-up is happening.

So who would like to start?

MS. BICKERS: Does DMS want to kick off on that one, or should we go to the MCOs first?

DR. GRIGSBY: DMS, are you -- Dr. Theriot, are you ready to give us any information?

DR. THERIOT: I am not. I don't have anything prepared, I guess, because it's new business. I didn't have really time to put something together, but maybe the MCOs do.

DR. GRIGSBY: Okay.

DR. THERIOT: Sorry.

DR. GRIGSBY: No. No worries.

MR. CROWLEY: Dr. Grigsby, this is David Crowley, director of behavioral health with Anthem Medicaid. I can go ahead and kick us off if you'd like.

DR. GRIGSBY: Yes. Thank you.

MR. CROWLEY: Okay. Erin, is it okay if I screen share here?

MS. BICKERS: Yes, sir. Give me just a second. You should now be a cohost, David.

MR. CROWLEY: Okay. Good deal. Let's see. So the first document that I'm sharing here is just some of our primary interventions in working with children and youth. We've really formed solid partnerships without -- throughout the community.

The partnerships include support with $50,000 to Family Resource and Youth Services Coalition of Kentucky for COVID-19 relief, also $15,000 in physical fitness equipment, $2,500 for dental care kits, 2,500 kids fed through a summer lunchbox program in partnership with local food banks. Then we also do numerous local community supply programs, like Repack the Backpack and other FRYSCKy-type of events.

The primary interventions that our community health associates engage in are focused on substance use disorder as well as mental health and behavioral health education classes. And throughout this state, we've

conducted 72 of those SUD or behavioral health education classes so far to date.

That could range from vaping topics to other substance use disorders as well as coping with anxiety, trauma, and those type of stresses that we've seen a significant increase with in the past two and a half years, or almost three years at this point.

And now I'm going to share just a brief PowerPoint here. Are y'all able to see that PowerPoint there? Okay. Good deal.

And so our secondary interventions are focused mostly on case management and crisis intervention-type of interaction. We have our behavioral health crisis line, which is 24-hour, seven days a week, 365 days a year for any teen, parent, or guardian that is experiencing a crisis.

So this crisis line is staffed by a licensed clinician, has the ability to dispatch EMS to the member's location, and also to implement mobile crisis units if it's available within that service region.

And so anyone who calls our crisis line is able to receive our case management

services as well. They get a direct referral over to our case management team and are outreached within 24 hours.

So our case management program is really designed to work with children, adolescents, and families and their individualized care plan, addressing mental and behavioral health needs, which includes referrals to community-based and behavioral health organizations.

We have a unique partnership with a few providers throughout the state that provide in-home services to arrange for unique in-home crisis interventions and ongoing behavioral health services.

It's a lot easier to engage families and youth whenever you're meeting them where they're at, especially for those aftercare follow-up appointments following a crisis or a discharge. We initiated --

MS. KUNTZ: And, hey, David.

MR. CROWLEY: Hello.

MS. KUNTZ: Sorry. It's Stephanie, and we're still seeing the one-pager. We are seeing that but not the other, what you're

discussing right now, the PowerPoint.

DR. SMITH: Yeah. I was wondering if there was, like, a phone number or something on it so that if we wanted to give that to people.

MR. CROWLEY: Okay. I can put that phone number in the chat for you.

DR. SMITH: For the case management services. Okay. Or maybe it's on your slides. That's what I was thinking maybe but no.

MR. CROWLEY: How about now? Can you see that PowerPoint app?

DR. SMITH: Yeah.

MR. CROWLEY: Okay. Good deal. But we've also initiated an Arrive Alive campaign in 2022 that we piloted in a couple school districts, and so we're looking to expand that in 2023.

And new this year, we've engaged with an interpersonal violence reduction program. So this is boots-on-the-ground type of intervention that's working with individuals that have experienced interpersonal violence.

So this vendor engages with those folks

and their families as well to give them the most appropriate supports throughout the community and work with them ongoing.

Any questions?

DR. SMITH: So it sounds like, in addition to getting the crisis help by calling case management, is that also how they could get connected to the substance abuse and mental health treatments as well?

MR. CROWLEY: Correct. Yeah. Our case managers can do, like, a warm transfer to providers or just do a three-way call and maybe schedule them an appointment right then. So that's how they can get squared away with those type of referrals.

DR. SMITH: And you're going to give us that phone number maybe?

MR. CROWLEY: Correct. Yeah. I'll put it in the chat here, and I'll put an email in there where you can do email referrals for case management, that type of thing. If you have any other questions, feel free to reach out.

DR. SMITH: Thank you.

MR. CROWLEY: Thank you.

DR. SMITH: All right. I think Dr. Grigsby had to step away, so I'm not sure who might want to go next.

MS. BICKERS: David, can you stop screen sharing, please, so if anyone else needs to, they can.

MR. CROWLEY: Sure thing.

MS. TRIGILIO: Hi. This is Pam Trigilio. I can go next. I'm with Humana Healthy Horizons. And I don't have anything to share. I just have an update for you on that piece.

We have dedicated behavioral health clinicians with specialties in pediatrics that will work directly with the members' families or caregivers and providers to ensure access to treatment as well as evaluating appropriate levels of care to meet their needs.

We also have real-time alerts for any children in numerous ERs across Kentucky when they present in the ER with a severe emotional disturbance diagnosis, a suicide attempt, or an overdose.

And then additionally, we have targeted

care management outreach for all members under the age of 18 with an emerging SED that -- I'm sorry, severe emotional disturbance diagnosis that's received on any claims.

DR. SMITH: Would they just contact a number on their insurance card or something to get those services?

MS. TRIGILIO: I can find that out for you. I actually gathered this information from our behavioral health team. So unless someone else on the call from Humana Healthy Horizons knows that answer, I will find that out for you.

DR. SMITH: Thank you.

MS. TRIGILIO: You're welcome.

DR. SMITH: Anybody have any other questions about that for Healthy Horizons?

(No response.)

DR. SMITH: All right. Anyone else?

MS. REED: Hi. This is Mary Reed with Aetna. I'm happy to share on behalf of Aetna Better Health of Kentucky, and then if other members of our team have other

resources they want to share, please do that when I'm finished.

But some things we want to mention that address the question that you have is, you know, as the SKY contract holder, we tend to have a higher volume of members with behavioral health needs. So a unique part of our model is that all of our members in the SKY program are assigned a care manager who meet with them regularly.

Depending on the level of care management that they're enrolled in, many times, these are face-to-face visits with their care manager. And, really, part of their job as a care manager is to ensure that follow-up care is happening for these members and that they have access to the resources that they need.

In addition to care management services for our members, we also have a pretty robust training collaborative, and we have many training offerings that we have for members, caregivers, stakeholders, providers.

And a lot of these trainings are around evidence-based practices, trauma-informed

care, and so a lot of supports and resources are often shared in these trainings that we offer to the community free of charge.

Another item I'll mention is we're also providing non-covered benefits during this time of crisis. Right now, we're funding for temporary housing, food, hygiene items for DCBS members.

So those are a few of the items that Aetna provides for our membership that we feel like address this question. But if there are any other Aetna team members that want to speak to anything I missed, please don't hesitate.

DR. SMITH: Thank you. Anyone else want to add anything to the Aetna report?

(No response.)

DR. SMITH: Okay. Is there another speaker?

MS. WATSON: Yes. This is Stacy Tunon Watson. I'm the interim behavioral health executive director for UnitedHealthcare in Kentucky. I, as well, can just really share an update of where we are with care management as far as the

question goes about the kiddos.

So our care managers do very diligently reach out to families to try to provide ongoing support to assist them, make any appointments, address any barriers they may have, transportation, work with any -- if there's any pharmacy barriers or medication barriers, really addressing any of their needs and making sure that they have supports in place, any appointments that are needed.

We also do educate them about the 988 line for mobile crisis and outreach support. We have a Sanvello app that members can access that provides a lot of educational materials and resources related to behavioral health. We do offer virtual and in-person support groups, and we work with multi-systematic therapy with Home of the Innocents.

DR. SMITH: Thanks, Stacy.

MS. WATSON: You're welcome.

DR. SMITH: Who's next? Anybody else?

MS. BICKERS: Do we have anybody on from Passport?

MS. BEAL: Yeah. It's Jessica. I've just been waiting. Can I share screen? Do you want me to share screen or just talk through the slides that we sent?

MS. BICKERS: I'll let you scare -- share your screen. Excuse me. I got tongue-tied.

DR. SMITH: Yeah. That would be great.

MS. BEAL: Okay. Hold on a second.

MS. BICKERS: Can you say something for me so your screen lights up again?

MS. BEAL: Yeah. It's Jessica Beal.

MS. BICKERS: There you are. You should be able to share now, Jessica.

MS. BEAL: Okay. Let me try again. There it goes. Can you guys see that?

DR. SMITH: We can.

MS. BEAL: Okay. All right.

So I'm Jessica Beal. I'm actually program director in healthcare services. I manage everything related to EPSDT for the health plan. I'm a pediatric psychologist by trade, so my background is behavioral health.

And as a result, I can tell you that the behavioral health crisis for adolescents in the commonwealth is not new, but we are definitely dealing with the echo pandemic with an exacerbation in behavioral health need that we are well aware of as well.

So I sometimes think that it helps to start with the numbers and understand, kind of, what our population looks like within our health plan in terms of what's going on with our child and adolescent members in terms of their diagnoses and care.

So you can see here -- and, again, we've already sent the dec to you guys so you have more time to digest it. But, basically, we're looking at, you know, over 22,000 kiddos and adolescents who have some sort of behavioral health diagnosis somewhere in their claims system that we're tracking and we, you know, take care of and pay attention to.

And you can see that the vast majority of those members have some sort of care. I know that you can see that while there are about 6,100 members with a behavioral health

diagnosis not receiving behavioral health services, for the record, that does not include pharmacy. And we know there are definitely, you know, individuals who are maintained with medication only as they progress in treatment and no longer need therapeutic intervention outside of medication management.

And you can see that data captured in the numbers below where we definitely -- as we all know, there's a nice trend in the commonwealth around psychotropic prescribing and children which is highlighted in the Medicaid population even more in terms of how much more prescribing we have in the commonwealth compared to the national average.

But you can see those are, kind of, our numbers. That's what we, kind of, pay attention to and track and make sure that kiddos are getting the services they need. And if we have an identified need, that they are indeed engaging in care around that need through some provider or another, understanding that sometimes that

psychotropic med management is through their PCP, not through a psychiatric nurse practitioner or psychiatrist.

Of course, we have case management, and we've got multiple levels of case management. And any member can be referred to case management through providers, through themselves, or through others. But they're also identified for case management through risk stratification algorithms.

And then we have -- we have a nurse advice line, and we have a behavioral health crisis line. And we get direct transfers of care from those as well when -- and we pull for those calls to make sure that we're outreaching those members that have ongoing needs after that call to engage them in care management and address their needs.

We have, of course, our standard level-of-care management. We have our transition-of-care team, and we actually have a transitions-of-care coach, a behavioral health care manager who's embedded at Peace one day a week to make sure that the transition for our pediatric members coming

out of Peace is as smooth as possible and that we can help support getting them into outpatient care or continuation of their outpatient services prior to admission.

We have substance use disorder navigators who specialize in working with members with substance use disorder. And then, of course, we always have an extender team that is accessible to any of our members based on need.

And this came up recently, and I want to highlight this is for our pediatric members and our families as well. We have community health workers to address SDoH needs and other barriers to care. We have housing specialists that actively work to house members that are housing insecure, and then we have peer support specialists, including peer supports who are used to working with youth and families, available to assist our members.

We have a special model of care specific to the SED population that we implemented this last year. It's an enhanced CM model that basically increases the number of

outreach attempts we make, prolongs our engagement process. Because we know that for our SMI and SED members, that sometimes the window of engagement opportunity needs to be stretched a little to reach the folks that need the care.

And this particular model of care is specific to members with SED who are identified as having safety needs, and so it's focused on safety planning and engaging providers and collaborating with schools and CBOs when needed to kind of maximize outcomes for that particular population.

You can see the care management referral number is down there. If you would like, I can pop into the chat the care management referral form as well from the website that anybody can use to refer a member into care management.

But know that we also are pulling members -- our pediatric members into care management because of those risk stratifications and other things when we see a problem or a concern or, you know, utilization of care that makes us nervous.

And we are always outreaching our members at the end of a hospital stay for psychiatric admission as well.

So any questions about care management? We have all the same services, of course, out- -- you know, we have outpatient providers and inpatient providers. We have special programming with Home of the Innocents as well and have, you know, monthly rounds with them around the members that are engaged in that type of care.

So any questions about care management?

(No response.)

MS. BEAL: No. Okay. For our providers, we really do encourage all of our providers to become a little bit more mental health savvy. And so we offer Psych Hub, which is a training platform for both mental health practitioners but also for physical health practitioners, to help increase their competency and comfort level in understanding mental health conditions and behavioral health needs of the patients that they serve.

And that is free access for any of our providers, and it's on our website. And in

every one of our provider communications, it's highlighted as well. So we really love to, kind of, help providers make sure that they are growing how they understand how to work with members around mental health, knowing that kids, adolescents, and adults don't necessarily walk into mental health care through a behavioral health provider but often through a primary care provider or other.

And then, of course -- I won't read this to you, but it's there. We sent it to you just to kind of highlight how CMs work with families. This was one of our success stories around helping a young member find the right behavioral health care for their needs, very specifically looking for behavioral health providers that were inclusive and could understand their gender requests and needs and that would really, truly be gender-affirming.

The member was very hesitant to engage in behavioral health care in spite of their symptoms -- their depression, anxiety, and history of self-harm -- because they had felt

that there wasn't going to be a provider out there that understood who they were.

And our care manager helped connect them to a behavioral health provider who really matched those needs well, and the member was actually able to graduate from CM because they were progressing so well in therapy and in their relationship with their mother, in particular, and finding that balance to make sure that they were safe and that there was good communication between member and mom and the therapist so that we knew that they were being well-cared for.

Any questions from Passport -- for Passport?

DR. SMITH: That's awesome. Thanks, Jessica.

MS. BEAL: You're welcome.

MS. MCFALL: Hey, this is Paula McFall with WellCare.

DR. SMITH: Okay.

MS. MCFALL: So I don't have a presentation, but I'll just walk through some things that we're doing.

We have four dedicated pediatric case

managers. And like the other health plans, they follow members in higher levels of care as well as anybody that's referred through a risk stratification process or outreach to us. We also have initiative to outreach to high ED utilizers so we can help problem-solve other resources for them rather than going to the emergency room.

We also are moving back into the hospitals post-COVID with transitional care case managers. We just started one at Peace, and we have one going to The Ridge a couple times a week.

As well as the other health plans, we have a behavioral health crisis line for the children as well as parents and guardians, and we're also making sure people know of the 988 number as well.

Let's see. We're in -- let's see. We are in communication with our community support team at WellCare to talk about an initiative on bullying so that we can provide some information to the schools. But we kind of want to make sure we're not duplicating efforts of the CMHCs since they're embedded

in a lot of the school districts. So we're going to try to work with the CMHCs as well.

We do participate in LEAD, Lives Experience Authentically Driven, that workgroup. Some of the team has suggested, that we haven't done yet but we're going to be looking into, is just a campaign on social media, coordinating with community relations to provide education to parents on making sure that they're involved in the social media their kids are involved in.

Let's see. And then we also support a lot of community efforts. We just had a Community Champions Award, I think two weeks ago, where we have provided some grants and funding, and I'll just go over a couple of those.

In Region 4, Kelli Templeman was awarded a champion award. As a youth services center coordinator in Todd County for 17 years, she focused on health and wellness for students and staff for nearly two decades. In the last school year, she secured a grant and equipment to create a workout room for the school employees.

And then in Region 4, Princess Reed of Lifeskills. She's a 21-year-old and a full-time student at Western Kentucky but works 40 hours at Lifeskills which helps individuals -- well, you know what Lifeskills is. She assists the regional youth council and advisory body that advocates for mental health issues. She's heavily involved also with the LGBTQ support group on Lifeskills and sits on the agency's diversity inclusion council.

And then in Region 6, Deborah Zegarra has Ethan's Purpose. Zegarra has channelled a personal tragedy into a mission to help others. She organized Ethan's Purpose, a race of Northpoint Elementary School, to raise money to support the suicide prevention efforts in memory of her son who took his own life in 2018. The funds help provide individual and group counseling and school supplies, the social/emotional learning curriculum for the students.

We also have contributed to Volunteers of America, for their members who are pregnant and wanting to get on some sort of

Suboxone or another replacement product for their opiate use.

And then we also have recently attended and supported the North Kentucky Regional Youth Summit on vaping and tobacco prevention. And, of course, we support folks who need community mental health services for targeted case management and community support.

And I guess I would ask if there's any questions.

DR. SMITH: I don't have any.

MS. MCFALL: Okay.

DR. SMITH: Thank you, Paula.

MS. MCFALL: You're welcome.

DR. SMITH: Anyone else out there?

(No response.)

DR. SMITH: That may be it for today, I'm assuming. I'm trying to see who my other members are right now. Is it Cheryl (sic)? I've never led one of these meetings before, so I'm just punting because Dr. Grigsby had to walk -- step away.

I guess we go back to our agenda, then, if that's all of the presentations for today.

DR. GRIGSBY: Hey, Courtney. I stepped back in.

DR. SMITH: Oh, you're back.

DR. GRIGSBY: But yeah, you're doing great.

DR. SMITH: Oh, yes. I'm doing wonderfully.

DR. GRIGSBY: You're doing great, yes. So thank you --

DR. SMITH: We may have heard from everybody.

DR. GRIGSBY: Yeah. Thank you all for your -- if there are those of you that want to present this information to us at our next meeting, please email Erin and let her know that so that we can put your presentations -- we can move this to old business and then have any follow-up from those of you that weren't ready to present today.

Again, I think because we don't have a quorum, we can't make any recommendations.

And I guess the other -- the next item on the agenda is someone to go to the MAC meeting. Erin, can you tell us when the MAC

meeting is in November?

MS. BICKERS: It's November 17th.

DR. GRIGSBY: That is a Thursday?

MS. BICKERS: I believe so, yes, ma'am.

DR. GRIGSBY: Okay. I don't know if any of the other members of this TAC can go. That's typically one of my clinic days, so that would be hard for me to do.

DR. SMITH: Yeah. Me as well. I have a full -- I just flipped the page, and I have a full schedule, too, full patient schedule.

DR. GRIGSBY: Okay.

MS. BICKERS: I can always let them know. We put this on the agenda, so that way, I can let them know when they're going through the TACs for updates if there's going to be a representative or not.

DR. GRIGSBY: Okay. Thank you.

And I think we have the dates of next year's meeting. Erin, you shared those with us, I believe?

MS. BICKERS: Yes, ma'am. Your next meeting is January 11th, and I can

re-send that email out. Just to make sure you guys get it in the next couple of weeks --

DR. GRIGSBY: Okay.

MS. BICKERS: -- I'll be sending the calendar invite. I don't want to junk anybody's calendar up too soon with next year.

DR. GRIGSBY: Okay.

MS. BICKERS: And I do have a couple of the presentations that the MCOs did send me. I do want to do just a friendly reminder. It is under new business. So anything under new business is brought to the table this meeting to be discussed at next meeting, but all the MCOs did provide a really good update.

DR. GRIGSBY: Okay.

MS. BICKERS: So you can move it to old business, if you'd like, next meeting. Or if you find the information they gave you sufficient, we can move it off of the agenda.

DR. GRIGSBY: Okay. All right. Thank you.

Anything else? Do the members of the

committee want to stay on after just to discuss next meeting's agenda?

DR. SMITH: Sure.

DR. GRIGSBY: Do any of our colleagues, other colleagues from the MCOs or from DMS have anything else?

(No response.)

DR. GRIGSBY: All right. Thank you for your presentations. I apologize I had to step away for a moment, but thank you, Dr. Smith, for helping.

DR. SMITH: Sure.

DR. GRIGSBY: And if the -- Erin, if you would stay on and then the TAC members, if we could all stay on and discuss agenda for next meeting.

MS. KUNTZ: Thank you, guys.

(Meeting adjourned at 2:46 p.m.)

* * * * * * * * * * *

C E R T I F I C A T E

I, SHANA SPENCER, Certified Realtime Reporter and Registered Professional Reporter, do hereby certify that the foregoing typewritten pages are a true and accurate transcript of the proceedings to the best of my ability.

I further certify that I am not employed by, related to, nor of counsel for any of the parties herein, nor otherwise interested in the outcome of this action.

Dated this 16th day of November, 2022.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR