

Bringing (Keeping) the Kids Home



5 Year Plan

State of Alaska • Department of Health & Social Services • 5 Year Projected Plans: Fiscal Year 2009 – 2013

More information can be found on our Web site: <http://www.hss.state.ak.us/commissioner/btkh/>.

Executive Summary



During the next five years, Bring the Kids Home (BTKH) efforts will build the in-state service continuum and vastly reduce use of out-of-state residential psychiatric treatment centers for children with severe emotional disturbances. These efforts are led by the Department of Health and Social Services in partnership with the Alaska Mental Health Trust Authority and with an extensive stakeholder group.

Funding strategies include using a mix of general fund dollars with Alaska Mental Health Trust Authority funds for startup, with a shift to long-term general funding by fiscal year 2013. These strategies will reduce dependence upon Medicaid funded out-of-state residential care; increase home and community based services and natural supports; invest in earlier intervention; and seek partnerships for system support and development. By the end of fiscal year 2013, *if infrastructure is funded and developed as outlined*, BTKH as an “initiative” is expected to end: the in-state behavioral health service continuum will be in place to serve children with severe emotional disturbances and/or to continue to develop that continuum.

By fiscal year 2013 the estimated funding required to sustain a system of care that treats children experiencing severe emotional disturbances and their families in-state is outlined below. Fiscal year 2013 base funding is shown in thousands of dollars. Detailed budget information can be found in attachment number one.

1. Capacity Infrastructure Development			
GF/MH	Federal	Other	TOTAL
\$17,480.0	\$1,250.0	\$135.0	\$18,865.0

2. Community Diversion, Care Coordination and Gate Keeping		
GF/MH	Federal	TOTAL
\$2,361.1	\$544.5	\$2,905.6

3. System Management, Outcomes Tracking and Continuous Quality Improvement		
GF/MH	Federal	TOTAL
\$2,203.4	\$105.0	\$2,308.4

4. Work Force Development	
GF/MH	TOTAL
\$975.0	\$975.0



Six Primary Strategies

Bring the Kids Home strategies were developed by the stakeholder group using multiple in-state needs assessments. Over the next five years, six strategies will be the primary focus.

1. Building capacity for lower levels of non-residential care across the state. This will include residential care to stabilize children in their homes/communities or to provide safe therapeutic homes for children without an identified placement.
2. Expanding care coordination to ensure that children referred to residential treatment have access to lower levels of in-state care whenever appropriate.
3. Addressing systemic funding gaps and seeking federal funding support to leverage system development.
4. Improving reporting mechanisms to monitor system access, outcomes and service utilization.
5. Developing partnerships with communities and in-state providers to organize the resources and assistance needed to serve children experiencing severe disturbances and their families.
6. Implementing strategies to develop and maintain a skilled in-state behavioral health work force.

System Change & Reinvestment

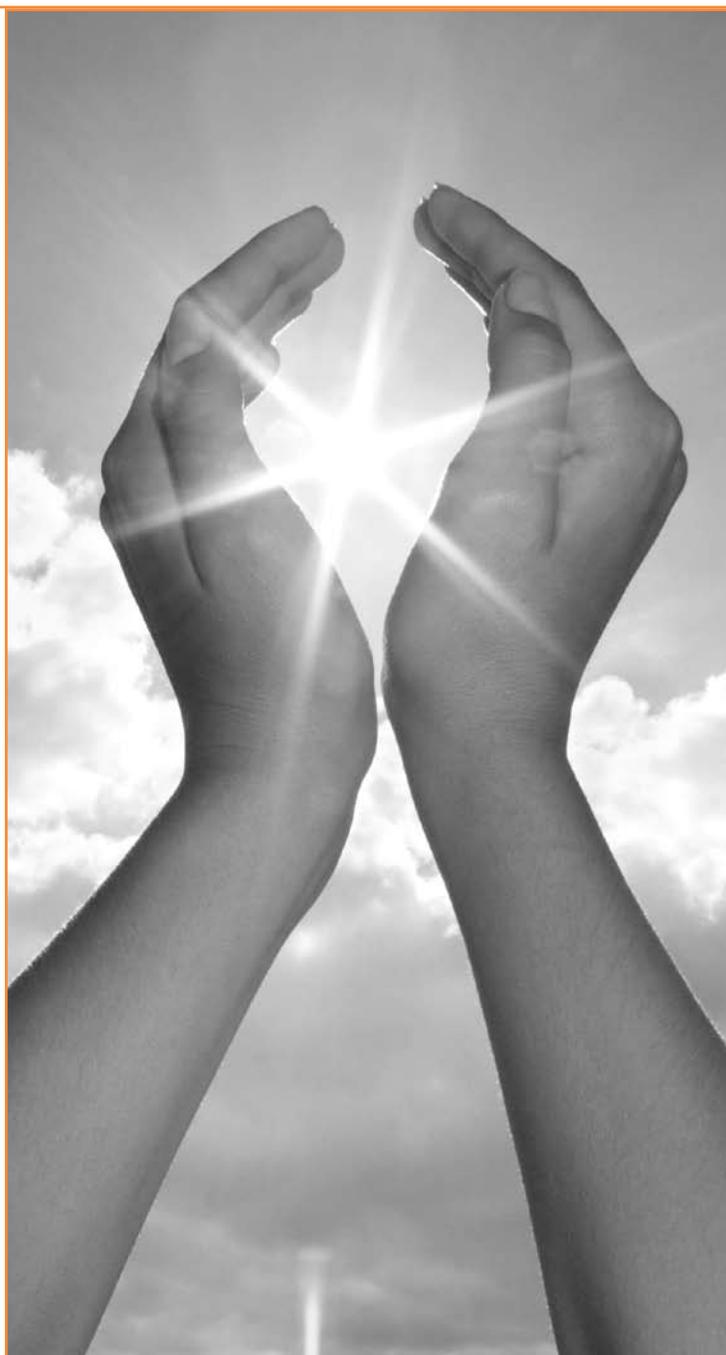
Bring the Kids Home efforts have resulted in system change and reinvestment. This is illustrated by the BTKH performance measures:

- 37 percent decrease in out-of-state Residential Psychiatric Treatment Center (RPTC) admissions and an increase of in-state admissions of 69 percent between fiscal years 2006 and 2007.
- 6.6 percent overall decrease in RPTC admissions during the same period.
- Change in placement patterns: 22 percent of children admitted to RPTC during fiscal year 2004 were served in Alaska; during fiscal year 2007 this increased to 52 percent.
- Drop in out-of-state expenditures for RPTC care between fiscal years 2006 and 2007 of 8.16 percent (the first drop in out-of-state expenditures since BTKH began).

Performance Measures

Fiscal year 2013 BTKH Performance Measures for success include:

- decreasing out-of-state care to no more than 50 admissions per year;
- decreasing expenditures for out-of-state care to less than \$8 million per year;
- achieving client satisfaction with services of at least 75 percent;
- achieving client functional improvement of at least 75 percent; and
- an increasing percentage of the budget for children's behavioral health services invested for in-state expenditures (see figure 2 on page 14).





5 Year Projected Plan: Fiscal Year 2009–2013

During the next five years, Bring the Kids Home efforts will:

- vastly reduce the use of out-of-state residential psychiatric treatment centers for children with severe emotional disturbances;
- increase the continuum of in-home, community, school and transitional services available to children with severe emotional disturbances and their families;
- invest in services to prevent children and families from becoming severely impacted by behavioral health problems;
- increase the proportion of resources supporting in-home care and decrease the resources supporting residential care both in and out-of-state; and
- continue to build management systems, regulations and policies that support a family-driven system of care that builds on the strengths of families.

These efforts are led by the Department of Health and Social Services in partnership with the Alaska Mental Health Trust Authority and with an extensive stakeholder group. Stakeholders include the Alaska Planning Boards, parent and family organizations, tribal representatives, mental health and substance abuse providers, the Department of Education, the Special Education Service Agency and members of the public.

The primary funding strategy is to utilize a mix of general fund dollars with Alaska Mental Health Trust Authority funds for startup, with a shift to long-term general funding (if needed

for sustainability) by fiscal year 2013. A second strategy is to shift Medicaid funding from out-of-state residential care to in-state residential and community-based services. A third strategy is to pool resources, develop public-private partnerships and maximize use of natural supports. A fourth strategy is to develop tribal health care service delivery funded by 100 percent federal Medicaid. The final strategy is to gradually shift funding from intensive and costly services for a small number of children with severe disturbances towards less expensive and earlier interventions for a larger number of children and families not yet experiencing severe disturbances.

By the end of fiscal year 2013, if core infrastructure is funded and developed as outlined, the goal is to end BTKH as an "initiative." At that time, the basic in-state service continuum will be in place (or resources will be in place to develop it), and mechanisms will be established for system management and to monitor outcomes and ensure that youth experiencing severe emotional disturbances are treated in-state at the lowest level of care possible.

Bring the Kids Home strategies were developed by the stakeholder group to address system development comprehensively and over the long term. Resources included:

- literature reviews;
- 2002 Children & Youth Needs Assessment;
- the 2005 Alaska Rural Behavioral Health Needs Assessment;
- the 2007 BTKH Summits (Kodiak, Fairbanks, Kotzebue, Juneau, Bethel and Kenai);
- the 2007–2011 Shared Plan from the Alaska



Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse;

- BTKH Yearly Reports for fiscal years 2005, 2006 and 2007;
- planning activities of the BTKH subgroups (Data, Care Coordination, Home and Community-based Services, Work force);
- Denali Commission/DHSS Capital Business Planning Process;
- Certificate of Need process to control expansion of the most expensive Residential Psychiatric Treatment; and
- other planning and needs assessments.

Bring the Kids Home Projects:

Bring the Kids Home projects are outlined below. Detailed budget information can be found in attachment number one, and project reports are at: <http://www.hss.state.ak.us/commissioner/btkh/>.

I. Capacity (Infrastructure) Development

Over the next five years, there will be an emphasis on investing funding strategically to address significant gaps in the current system. The primary funding needs are for expanded grant services, individualized funding and implementing a foster care rate increase.

GF/MH \$17,480.0	Federal \$1,250.0	Other \$135.0	TOTAL \$18,865.0
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Fiscal year 2013 base funding in thousands of dollars

1. Build crisis respite stabilization beds to keep children safe during a crisis. Most children move out-of-state from expensive acute care settings. This happens quickly when no in-state placement is available: access to stabilization beds while an in-state service plan is developed will slow this down. The project will start in Anchorage, and then in hubs such as Bethel, Dillingham, Fairbanks, Homer (or Soldotna), Juneau, Ketchikan, Kodiak, Mat-Su, Nome (or Kotzebue), and Prince of Wales.
2. Establish sufficient grant funding to treat children in their homes or communities. Limited services and funding gaps contribute to the movement of children into residential care for treatment. Target projects to:
 - children with challenging presentations (example: self-harming);
 - a family system focus rather than just services for a specific child;
 - younger children and earlier interventions; and
 - needs identified through community/regional planning.
3. Establish grant funding through DHSS for school based behavioral health services to:
 - develop a tool kit to expand behavioral health services in school settings;
 - provide coordination between residential settings and school districts to increase the success of transitions for children moving out of residential care; and
 - provide startup grants to develop school-based behavioral health programs to serve children with emotional disturbances in their home school districts.
4. Increase the number of foster parents available for children experiencing severe emotional disturbances and retain quality foster parents by raising base rates and providing training. Base rates have not been raised for nine years.
5. Build an individualized services account to finance clinically necessary supports to keep a child out of residential care when there is no other funding source (Medicaid, grants, parental resources, community resources, etc).

For more information: hss.state.ak.us/commissioner/btkh/reports.html.

II. Community Diversion, Care Coordination and Gate Keeping

Over the next five years there will be an emphasis on linking families with supports and services while closely managing access to residential care resources in Alaska and out-of-state. Partnerships will be established with families, providers and communities to support children in their homes.

GF/MH \$2,361.1	Federal \$544.5	TOTAL \$2,905.6
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Fiscal year 2013 base funding in thousands of dollars

1. Expand assessment and coordination available to educate caregivers and assist them to access in-state resources and lower levels of care.
2. Expand scrutiny of residential psychiatric treatment referrals to ensure that out-of-state care is used only for children who cannot benefit from, or cannot get into, in-state services.
3. Continue Bring the Kids Home planning summits to identify gaps, develop community resources and identify additional resources needed for program planning and implementation.
4. Develop regional teams to assist in identifying community resources for children at risk of residential care and their families.
5. Evaluate criteria used for children to access acute care, establish a single point of entry into services and identify strategies to decrease use of acute care.
6. Continue to develop regulatory and policy strategies and standards for residential care as required to manage utilization and outcomes.
7. Implement regular review of residential psychiatric treatment centers both in-state and out-of-state, and actively manage providers to obtain desired outcomes.
8. Expand parent/peer navigation statewide to help families access natural supports and appropriate services, and to keep children in their homes.



For more information: hss.state.ak.us/commissioner/btkh/reports.html.

III. System Management, Outcomes Tracking and Continuous Quality Improvement:

Over the next five years there will be an emphasis on evaluating individual clinical outcomes, family outcomes, provider outcomes and system outcomes. An investment will be made in the tools and activities to improve these outcomes.

GF/MH \$2,203.4	Federal \$105.0	TOTAL \$2,308.4
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Fiscal year 2013 base funding in thousands of dollars

1. Expand the capacity of the Bring the Kids Home coordinator to manage projects, communications and collaboration among Department of Health & Social Services, stakeholders, providers, planning boards, and The Trust by providing a project assistant.
2. Complete implementation of new regulations developed to: integrate behavioral health services; expand access to early childhood services; incentivize in-home services; and expand the services available to families of a child with a severe disturbance.
3. Incorporate the perspectives of consumers into Department of Health & Social Services planning, policy development and system oversight activities. There must be a partnership with consumers and their families in order for services to be effective.
4. Provide Behavioral Health with resources for hands-on assistance to children's services providers for infrastructure development. Funding will assist providers to meet performance-based funding goals and to improve delivery of integrated, family-driven and recovery-oriented services. Bring the Kids Home summits and community program planning will direct these activities. Assistance may be provided by state staff or contractors, on-site or by teleconference.
5. Support tribes to expand health service delivery, including for behavioral health, as recommended by Senate Bill 61 (Medicaid Reform report). Funding may support staff within Department of Health & Social Services Tribal Health Programs or with-in Behavioral Health or state contractors.
6. Expand monitoring of new Bring the Kids Home projects to include independent evaluation of outcomes by a contractor funded by The Trust.
7. Apply for federal funding to enhance resources available for system development from The Trust and the department. Gradually replace federal funding for proven components of care with general funds for Bring the Kids Home where required for sustainability.

For more information: hss.state.ak.us/commissioner/btkh/reports.html

IV. Work Force Development

Over the next five years there will be an emphasis on institutionalizing mechanisms to develop a strong behavioral health work force. Strategies have also been put in place for advanced training and mentoring for the work force already in the field.

GF/MH \$975.0	TOTAL \$975.0
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Fiscal year 2013 base funding in thousands of dollars

1. Develop formal educational opportunities for behavioral health workers:
 - Support the University of Alaska Rural Human Services training academy.
 - Expand scholarships for behavioral health care providers to obtain certification.
 - Expand cross-disciplinary classes for certification and degrees.
2. Develop training for the new DHSS demonstration waiver to keep children experiencing fetal alcohol spectrum disorders out of residential psychiatric treatment centers through:
 - initial training for new provider agencies at the University of Alaska;
 - ongoing mentoring for waiver providers; and
 - online classes for new staff.
3. Establish the capacity to train, monitor, and mentor providers in planning to wrap services around children and families and develop in-state trainers skilled in this wrap around planning model.
4. Develop the capacity to assess and treat young children with behavioral health disturbances and their families. Establish a project coordinator, learning collaborative and service grants.
5. Develop a training site at the new Eklutna residential psychiatric treatment center to provide paraprofessional training and clinical internships for university students seeking advanced degrees in behavioral health.
6. Expand telemedicine capacity and billing mechanisms. Telemedicine is a component of BTKH work force and capacity expansion projects. Behavioral Health is expanding access through the Alaska Psychiatric Institute telepsychiatry project.



For more information: hss.state.ak.us/commissioner/btkh/reports.html.



V. Capital Funding Needs:

Over the next five years there will be an emphasis on supporting small residential options using models that are sustainable in hub areas and in developing sufficient crisis-respite stabilization capacity to keep children out of residential care.

Estimated capital needs between fiscal year 2009 and fiscal year 2013 are:

- \$7.1 million in general funds
 - \$6.3 million in federal authorization through the Denali Commission
1. Provide capital and startup funding to complete current residential care projects. For more information on current projects see the quarterly report on capital projects at: <http://www.hss.state.ak.us/commissioner/btkh/>.
 2. Develop three to five residential group homes in hub communities as needs are identified through community planning (and where sustainable).
 3. Establish a small pool of ongoing capital funding for renovations to develop foster care capacity for children with severe needs (unbreakable glass, etc).
 4. Assist two agencies to purchase homes for long-term therapeutic foster care as an alternative to residential placement.
 5. Where necessary, support development of crisis respite stabilization with capital funding.

For more information: hss.state.ak.us/commissioner/btkh/reports.html

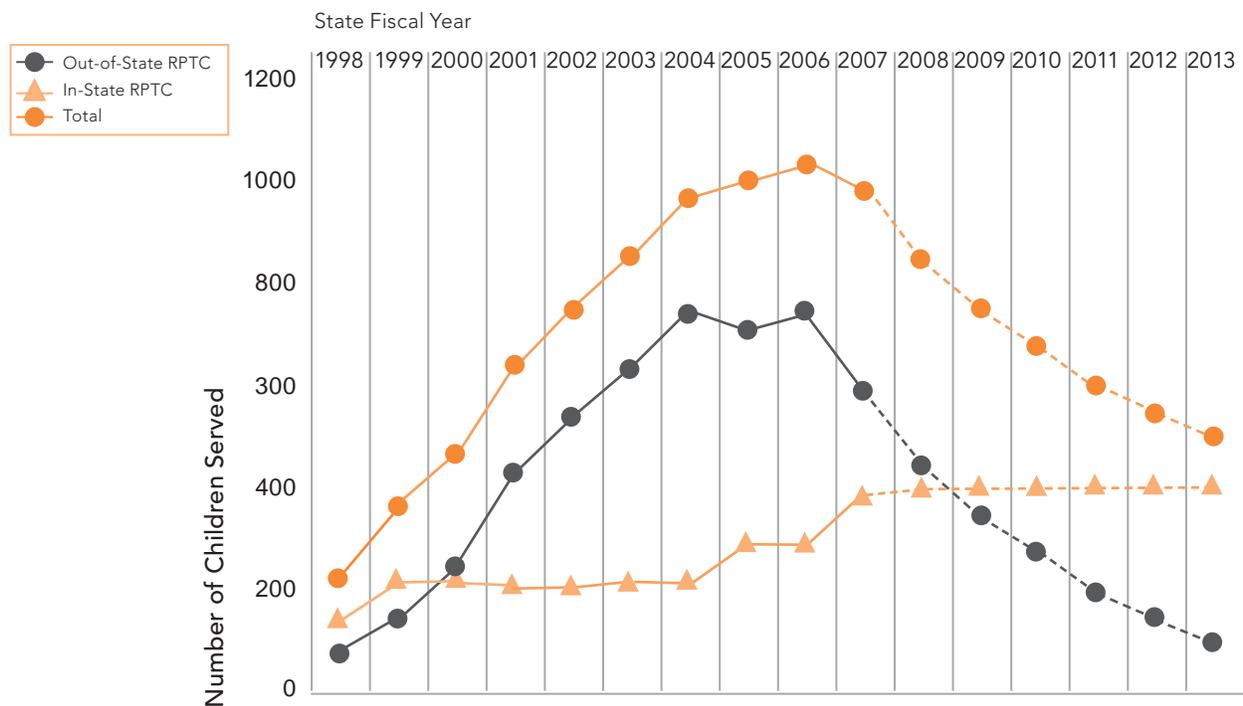
Bring the Kids Home Performance Measures: System Change and Reinvestment

Performance Measure 1: Client Shift (Bed Counts)

Fiscal Year 2013 Goals

- The number of out-of-state residential psychiatric treatment center (RPTC) **admissions per year** will decrease from 297 admissions in fiscal year 2007 to less than 50 admissions to out-of-state RPTC during fiscal year 2013.¹
- The distinct number of out-of-state RPTC recipients **served per year** will decrease from 596 served in fiscal year 2007 to less than 100 served in out-of-state care during fiscal year 2013.²
- The distinct number of recipients served per year at in-state RPTC will stabilize at no more than 400 by fiscal year 2013.

Figure 1 - Performance Measure 1
Projected Change in Residential Psychiatric Treatment Utilization Over Time



Notes on Figure 1.

- This chart shows a projection of change in children served in residential psychiatric treatment care over each fiscal year.
- Figures for fiscal years 2005–2007 are based on the actual number of children served in RPTC care.
- Figures for fiscal years 2008–2013 are based on BTKH goals for the number of children to be served in RPTC care.
- Data are from Behavioral Health, Policy and Planning section. Additional data are available in the BTKH annual reports at: <http://www.hss.state.ak.us/commissioner/btkh/>.

¹Unduplicated total youth admitted to out-of-state RPTC during fiscal year, not including those admitted a previous fiscal year.

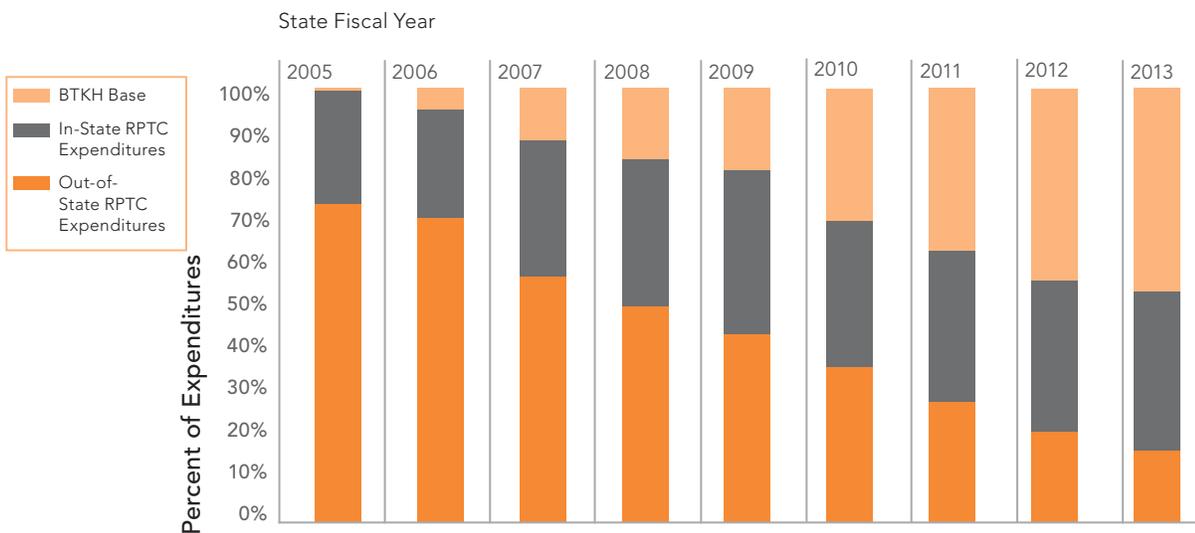
²Unduplicated total youth served in out-of-state RPTC during fiscal year, including those admitted a previous fiscal year.



Performance Measure 2: Funding Shift Fiscal Year 2013 Goals

- Medicaid expenditures for out-of-state residential psychiatric treatment center (RPTC) will decrease from \$40 million in fiscal year 2006 to less than \$8 million by fiscal year 2013.
- In-state RPTC expenditures will stabilize at \$20 million or less by fiscal year 2013.
- Department of Health & Social Services will strive to bring this number down as additional capacity to serve children in non-residential care is developed.

Figure 2: Performance Measures 2
Projected Bring the Kids Home Reinvestment



Notes on Figure 2.

- This chart represents the reinvestment of resources into the in-state system.
- The chart captures expenditures for RPTC care and BTKH funding to develop in-state services and reduce the number of children moving into RPTC care.
- The first three years (fiscal years 2005–2007) are based on the actual BTKH base budget and the expenditures for residential psychiatric treatment center care.
- The remaining years are based on the projected BTKH base budget and expenditures for residential psychiatric treatment center care (based on Performance Measure 1).
- Expenditure data for fiscal years 2005 and 2006 are from Behavioral Health Policy and Planning based on paid claims for Medicaid data. Expenditure data for fiscal year 2007 are from calculations completed by DHSS Finance Management and include all claims incurred and paid in fiscal year 2007 as well claims incurred in fiscal year 2007 and paid in the first quarter of fiscal year 2008. Every attempt was made to replicate the parameters used between Behavioral Health and Finance Management Services. Parameters have now been standardized and future years will replicate the parameters used for fiscal year 2007.
- Additional data are available in the BTKH annual reports at: <http://www.hss.state.ak.us/commissioner/btkh/>.

FY05 – FY07 based on actual BTKH budget and expenditures for residential psychiatric treatment center care.

FY08 – FY13 based on projected BTKH budget and expenditures for residential psychiatric treatment center care

**Performance Measure 3: Length of Stay
Fiscal Year 2013 Goals**

- The length of stay in out-of-state residential psychiatric treatment centers (RPTC) will average 260 days or less.
- The length of stay for in-state RPTC will average no more than 120 days.

As significantly fewer children are served in RPTC, they will have more intensive needs and may require longer lengths of stay. Length of stay goals may require adjustment based on the clinical needs of the children served. For fiscal year 2007 the average length of stay is illustrated below.



**Figure 3: Performance Measure 3
Average Length of Stay By Custody Status for In-State and Out-of-State Residential Psychiatric Treatment Centers.**

Average Length of Stay (in days)								
Custody	IO	01	02	03	04	05	06	07
Custody	In-State	129.5	154	146	158	170	173	171
Custody	Out-Of-State	131.4	249	255	240	302	294	293
Non-Custody	In-State	94.0	101	108	124	141	207	141
Non-Custody	Out-Of-State	126.3	200	250	251	309	297	335

Notes on Figure 3.

- These data were provided by Behavioral Health, Policy and Planning.
- Additional data are available in the BTKH annual reports at: hss.state.ak.us/commissioner/btkh/.



Performance Measure 4: Service Capacity (In-State Bed Counts)

Fiscal Year 2013 Goals

- In-state residential beds for children will increase 29.7 percent by fiscal year 2013.

*Figure 4: Performance Measure 4
Estimated Bed Capacity Change between Fiscal Year 2007 and Fiscal Year 2013*

	FY07	FY13	Anticipated bed Count	Percent Increase
In-State Bed Capacity: below RPTC	638	821	183	28.7%
In-State RPTC Capacity	166	222	56	33.7%
TOTAL In-State Beds	804	1043	239	29.7%

Notes on Figure 4.

- These data were gathered from Health and Social Services staff based on current capacity and estimated capacity increases to behavioral health residential care operated using Medicaid or grant funding.
- Additional data are available in the BTKH annual reports at: hss.state.ak.us/commissioner/btkh/.

Performance Measure 5: Recidivism (In-State Bed Counts)

Fiscal Year 2013 Goals

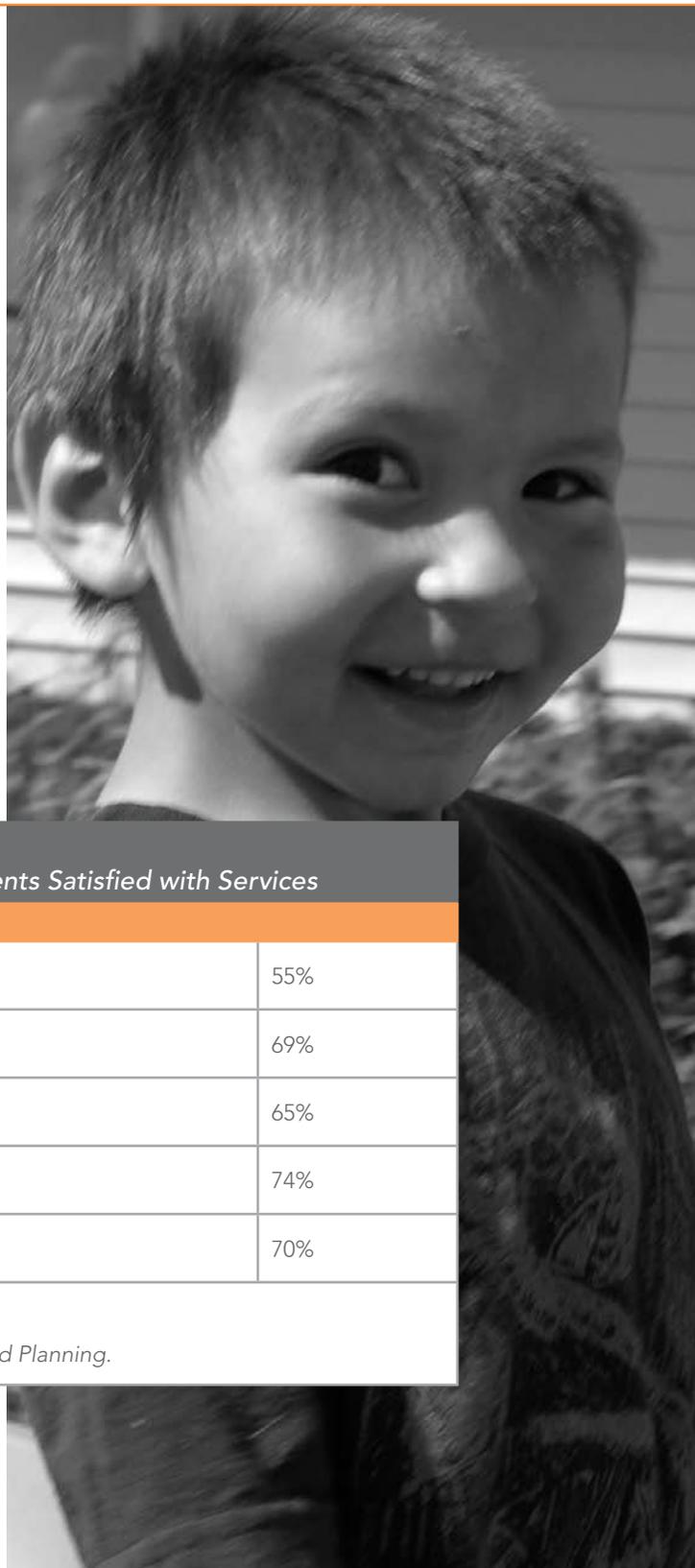
- Overall average recidivism rates in residential psychiatric treatment centers (RPTC) will stabilize at 7.5 percent. Recidivism is defined as children/youth returning within one year to the same or higher level of residential care.

During fiscal year 2007, the overall recidivism rate was 7.5 percent for a readmission to an RPTC within 365 days of the date of discharge.

**Performance Measure 6: Client Satisfaction
Fiscal Year 2013 Goals**

- Seventy-five percent of children and families will report satisfaction with services rendered on an annual basis.
- Client satisfaction reports will include both residential psychiatric treatment center care (in and out-of-state) as well as community-based services.

Currently, Behavioral Health reports on community-based services and is developing the capacity to expand this indicator to include residential psychiatric treatment centers. For fiscal year 2007, Behavioral Health youth satisfaction with services is illustrated below.

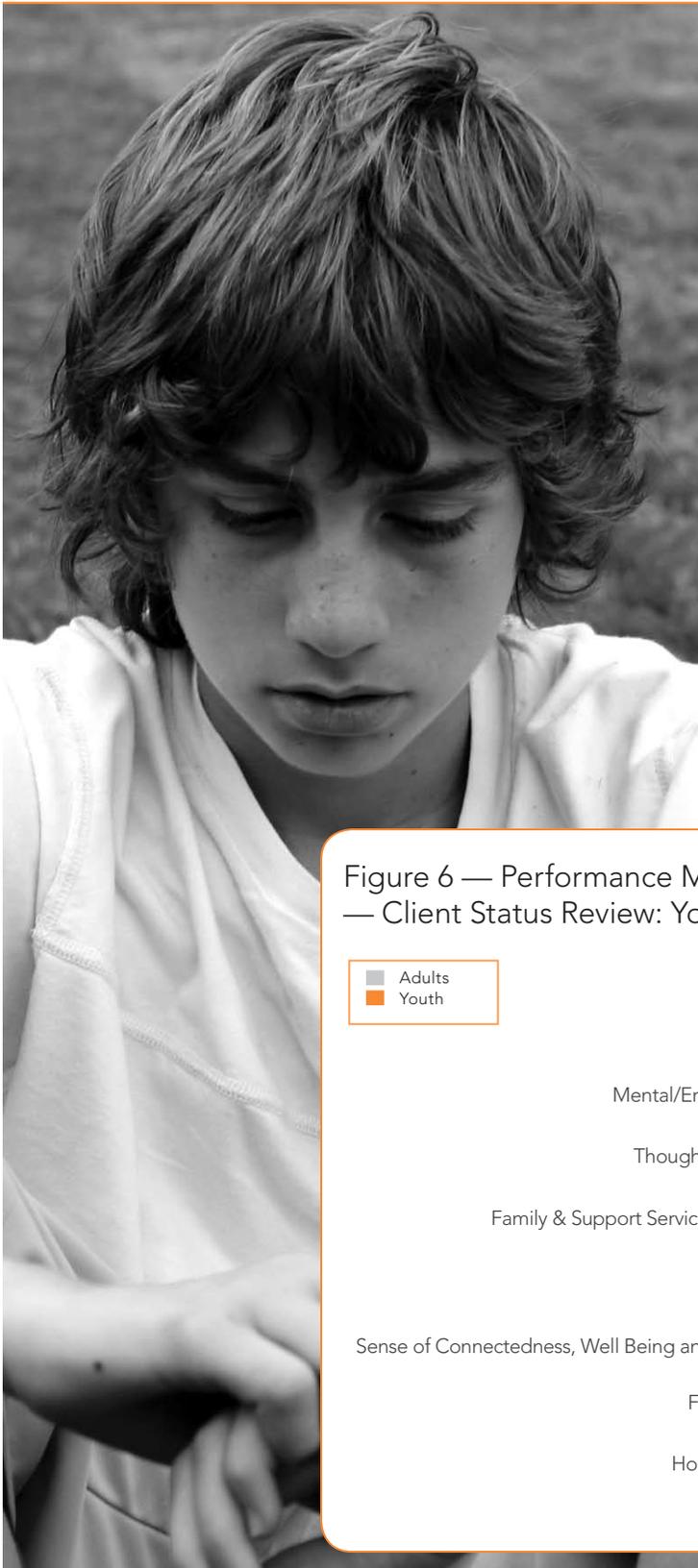


**Figure 5 : Performance Measure 6
Youth Behavioral Health Consumer Survey Respondents Satisfied with Services**

Access to Services	55%
Satisfaction with Services	69%
Participation with Treatment	65%
Cultural Sensitivity	74%
Positive Outcomes of Services	70%

Notes on Figure 5.

- These data were provided by Behavioral Health, Policy and Planning.



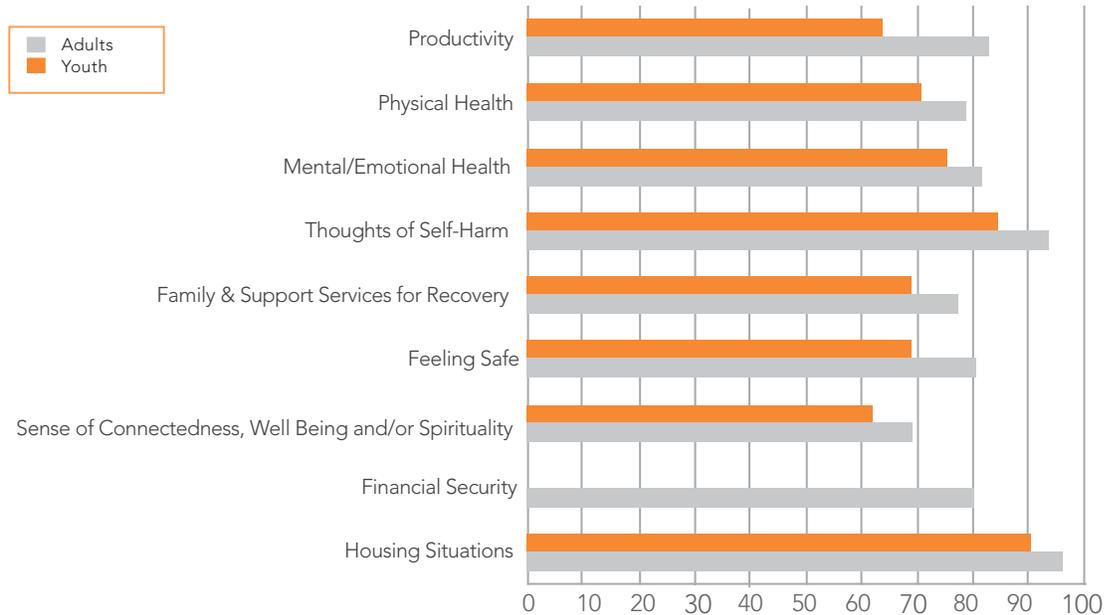
Performance Measure 7: Functional Improvement

Fiscal Year 2013 Goals

- Seventy-five percent of children and youth will show functional improvement in one or more life domain areas at discharge and one year after discharge.
- Functional improvement will be tracked for residential psychiatric treatment center care (in and out-of-state) as well as community-based services.

Currently, Behavioral Health reports on community-based services and is developing the capacity to expand this indicator to include residential psychiatric treatment centers. Fiscal year 2007 Behavioral Health functional improvement measures are in the chart below.

Figure 6 — Performance Measure 7: 2007 Treatment Outcomes — Client Status Review: Youth & Adult



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2007 Peer Navigation Report AYFN Qtr 1

2007 Family Voice Report

2006 BTKH Annual Report

2006 Capacity Grant Report

2005 BTKH Annual Report

BTKH Funding Focus Area Summary

1998 – 2004 BTKH Baseline Data





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