

# Bring the Kids Home Focus Area

## Prevalence and Penetration Rate for youth experiencing SED in Alaska

### Population Accountability

#### 1. What population are we concerned about? What is the desired result?

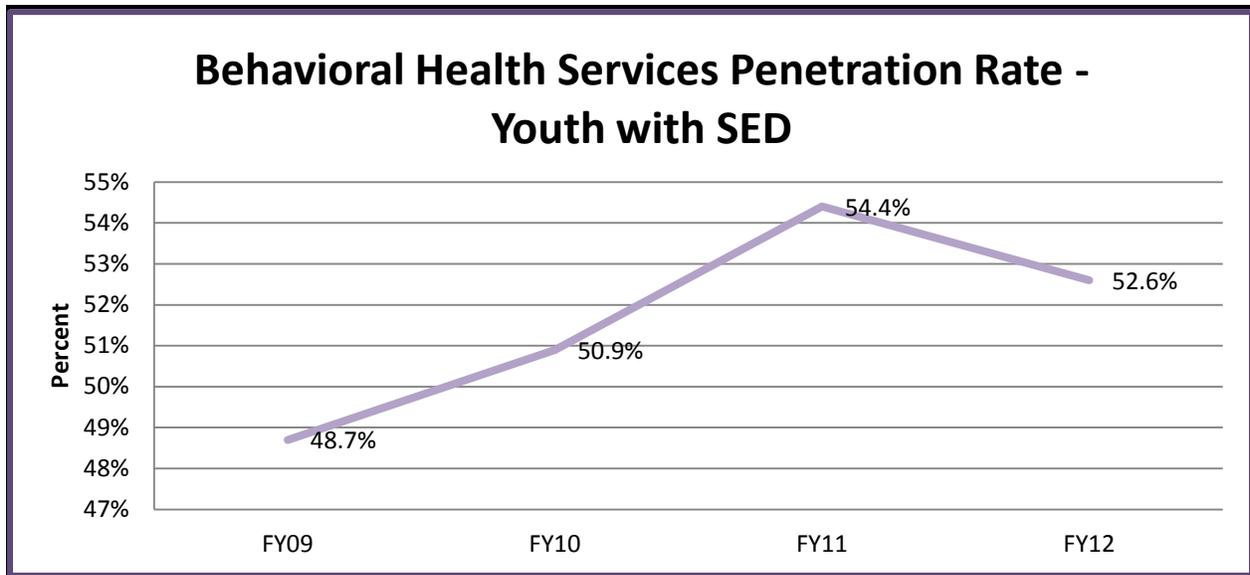
Customers of the Bring the Kids Home (BTKH) Focus Area include all children in Alaska experiencing, and at risk for experiencing, severe emotional disturbances (SED). The goal of the Bring the Kids Home Focus Area is to develop and improve an integrated mental health service system in Alaska, so that children and youth are served in the most culturally competent, least restrictive setting, as close to home as determined to be safe and appropriate.

#### 2. What is the population-level indicator that has been selected related to this result?

The BTKH initiative has a primary focus of increased access to in-state community-based services, with a decreased utilization of out-of-state residential psychiatric treatment centers (RPTC). The selected measure targets the capacity of the community based behavioral health treatment system using “prevalence” and “penetration” rates. The Division uses Alaska prevalence estimates of serious behavioral health disorders, as a method to measure the need for behavioral health services. The estimated need of services (prevalence rate) is compared to those who accessed services, and results in an estimation of met need (penetration rate). The penetration rate of “met need” serves as a proxy for service capacity. Based on the 2006 census prevalence estimates, the FY2012 penetration rate for community-based behavioral health services was 52.6% for youth with SED.

#### 3. How are we doing?

Penetration Rate for community-based services for youth experiencing SED in Alaska (based on FY06 prevalence of youth with SED (estimates))



Data Source: “Behavioral Health Prevalence Estimates in Alaska: Serious Behavioral health Disorders by Household,” conducted by the WICHE Mental Health Program, January 15, 2008.

#### 4. Who are key partners that have a role in turning the curve?

Between FY98 and FY04, the Alaska service system began relying on out-of-state residential psychiatric treatment centers (RPTCs) to serve youth experiencing severe emotional disorders, and out-of-state placements grew by 802% (from 83 to 749 children). As a result, out-of-state Medicaid claims payments increased quickly. For FY04, the State of Alaska paid almost \$40 million for Alaskan children with severe emotional disturbances to receive services in out-of-state RPTCs.

A number of factors contributed to the increase in reliance on out-of-state residential psychiatric treatment center services, including:

- Lack of gate-keeping and resource coordination
- Limited in-state Residential Psychiatric Treatment Center (RPTC) bed capacity
- Lack of clearly articulated best practice guiding principles for the behavioral health system, and poor integration of desirable principles into the regulations, policies, procedures, and practices of the Alaska behavioral health system.
- Workforce issues employee turnover in beneficiary-related service positions,
- Service gaps including insufficient in-home services and family therapy,
- Lack of support for performance improvement and implementation of best practices
- Resource issues including lack of adjustment for market changes for Medicaid rates, limitations on access to existing beds at lower levels and lack of funding mechanisms to support individualized needs of highly intensive youth
- Little incentive or support for coordination across systems

As a result of these factors, children were not able to access in-state services and were placed into out-of-state RPTC too frequently. In FY04, the Bring the Kids Home (BTKH) focus area was initiated by the Trust, in partnership with the Department of Health and Social Services and stakeholders. The focus area stakeholders aimed to expand in-state capacity and ensure placement in appropriate levels of in-state care whenever possible. Activities to expand and utilize in-state capacity in-state included:

- Alaska statute 47.07.032 clarified that before approving out-of-state RPTC placement, the Department of Health and Social Services is required to determine that the services are unavailable in the state. This resulted in a new process for review of out-of-state RPTC referrals and helped to divert many RPTC referrals to in-state services.
- Improving access to existing in-state beds at RPTC and at other levels,
- Creating new beds (as needed) at all levels of care,
- Creating a new grant program to expand community-based services.
- Providing services earlier to prevent the need for RPTC level of care,
- Helping youth and families access in-state services effectively,
- Monitoring out-of-state referrals to ensure full utilization of in-state resources,
- Changing the Medicaid RPTC eligibility review process for non-custody youth,
- Providing support for implementing best practices.

These activities had the effect of increasing in-state service utilization and decreasing the utilization of out-of-state residential psychiatric treatment centers as well as decreasing the overall utilization of residential psychiatric treatment centers. BTKH activities may have contributed to an **increasing** penetration rate for youth who experience SED between FY09 and FY11. However, there was a **decrease** in the penetration rate between FY11 and FY12 for SED youth, which is still under analysis. Given a decline in SED youth counts (FY 12), with a corresponding increase of total youth served (.6% increase), this change could simply reflect the shift of SED youth to lower levels of services. Regardless, the small decline does not meet the threshold of statistical significance.

## 5. Who are key partners that have a role in turning the curve?

- Alaska Mental Health Trust Authority
- Trust Statutory Partner Advisory Boards
- Family & Youth Advocate Agencies
- Behavioral Health Providers
- Other Community Providers
- Denali Commission
- Tribal Entities
- Department of Health and Social Services
- Department of Education
- School Districts

## 6. What works to turn the curve?

The Surgeon General's Report on Mental Illness (USDHHS, 1999) was a children's mental health landmark report on the future direction for service delivery. Eight recommendations were set forth in the Surgeon General's report:

- Continue to build a science base;
- Overcome stigma;
- Improve public awareness of effective treatment;
- Ensure the supply of mental health service providers;
- Ensure delivery of state-of-the-art treatments;
- Tailor treatment to age, gender, race, and culture;
- Facilitate entry into treatment; and
- Reduce financial barriers to treatment

These recommendations guide BTKH planning, and in addition, a variety of evidence-informed strategies have informed BTKH. A 2004 paper by the National Association of State Mental Health Program Directors outlined strategies to improve services for individuals with co-occurring developmental and behavioral health challenges including cross system communication, data development and tracking, use of best practices, and use of a universal assessment tool<sup>1</sup>. DHSS is working internally and with providers to improve collaboration and services for youth who span these systems.

School-based services are also a necessary support to ensure access to behavioral health care in community settings. The Center for Mental Health Services (CMS) identified three key school-based behavioral health practices: using clinicians and student support providers, focusing on wraparound and case management services, and providing school wide prevention and early intervention programs<sup>2</sup>. *Positive Behavioral Intervention and Supports (PBIS)* is a model that includes these CMS key practices. PBIS is being supported through BTKH and through the education system and school districts in a growing number of communities.

Young people with behavioral health challenges often refuse to engage with traditional behavioral health services and as a result, experience high rates of homelessness, unemployment, poverty and reliance on emergency health and mental health services as they move into adulthood. The *Transition to Independence Process (TIP)* is an evidence-supported practice to assist young people with behavioral health disturbances to remain engaged with necessary services and achieve better outcomes in early adulthood. Six outcome studies have demonstrated improved postsecondary progress through TIP<sup>3</sup> and early implementation data in Alaska is showing strong outcomes.

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<sup>1</sup> National Association of Mental Health Program Directors "Serving Individuals with Co-Occurring Developmental Disabilities and Mental Illnesses: System Barriers and Strategies for Reform, 2004".

[http://www.nasmhpd.org/general\\_files/publications/MIDD%20report102704FINAL.pdf](http://www.nasmhpd.org/general_files/publications/MIDD%20report102704FINAL.pdf)

<sup>2</sup> Burns & Goldman, 1999

<sup>3</sup> Theory and Research Underpinnings Supporting the Transition to Independence Process (TIP) Model; <http://www.tipstars.org/TIPModelEvidence.aspx>

In addition, improving access to services for young children and their families will improve our penetration rate and result in better outcomes for children. A history of adverse events in childhood has been shown to result in risk taking behaviors in adolescence and adulthood, including alcoholism and drug abuse, suicide attempts, and multiple sexual partners<sup>4</sup>. As adults, children exposed to adverse events also have higher risks for heart disease, stroke, diabetes, mental illness and other chronic health problems. Early Childhood Mental Health Consultation (ECMHC) is a best practice to intervene with young children in their family, day care and early learning settings. ECHC is being piloted in several sites using BTKH funding.

DHSS is using a “tribal team” approach that provides DHSS staff support, training tools and contractors to assist tribal behavioral health agencies to implement strategies to expand access to Medicaid and increase local service delivery. This will allow more services to be delivered in rural areas of Alaska. This is an expansion of on-going technical assistance that DHSS has provided through Health Care Services and outcomes are still being monitored for this practice.

## 7. What do we propose to do to turn the curve?

In order to continue to reach more children with severe emotional disturbances in community-based settings, DHSS will increase the capacity for services to children who have intensive and co-occurring presentations, who are young, and who live in rural areas. In addition, policies, practices and regulations will be shaped to guide service delivery at the least restrictive setting.

The following activities will assist in meeting these goals:

- RPTC admitting and continued stay criteria have been rewritten. Phase II will include tightening up of these criteria to ensure that children remain in the least restrictive setting.
- Continue work to align service delivery with BTKH guiding principles.
- Continue implementation of the Complex Behaviors Collaborative.
- Continue collaboration to expand best practices in the schools.
- Continue technical assistance strategies to increase delivery of behavioral health services in rural communities using Medicaid.
- Expand in-state clinical competency and best practices to increase services to young children with behavioral health problems.
- Expand peer navigation services statewide and to serve at-risk families in order to support children to remain in their homes and communities.
- Expand access to family therapy and intensive in-home treatment.
- Expand implementation of best practices for youth of transition age.
- Refine the use of ISA to effectively divert residential placements.
- Implement recommendations of the Alaska Early Childhood Comprehensive Systems Plan.
  - Continue to develop in-state competency to treat young children and their families in order to increase the penetration rate for young children.
  - Expand Early Childhood best practice pilot projects to increase the penetration rate and the quality of services for young children.
  - Continue to intervene with young children with behavioral health and their families in early learning and day care settings through the TACSEI project.

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<sup>4</sup> See Adverse Childhood Experiences Study website: <http://www.acestudy.org/>