

Bring the Kids Home



3 Year Update

State of Alaska • Department of Health & Social Services • Fiscal Years 2005–07

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



Bring the Kids Home is an initiative to return children with severe emotional disturbances from out-of-state residential facilities to treatment in Alaska and to keep new children from moving into out-of-state care.

Three primary goals guide the initiative:

- Significantly reduce the numbers of children and youth in out-of-state care and ensure that the future use of out-of-state facilities is kept to a minimum.
- Build the capacity within Alaska to serve children with all intensities of need.
- Develop an integrated, seamless system that will serve children in the most culturally competent, least restrictive setting, and as close to home as possible.

History:

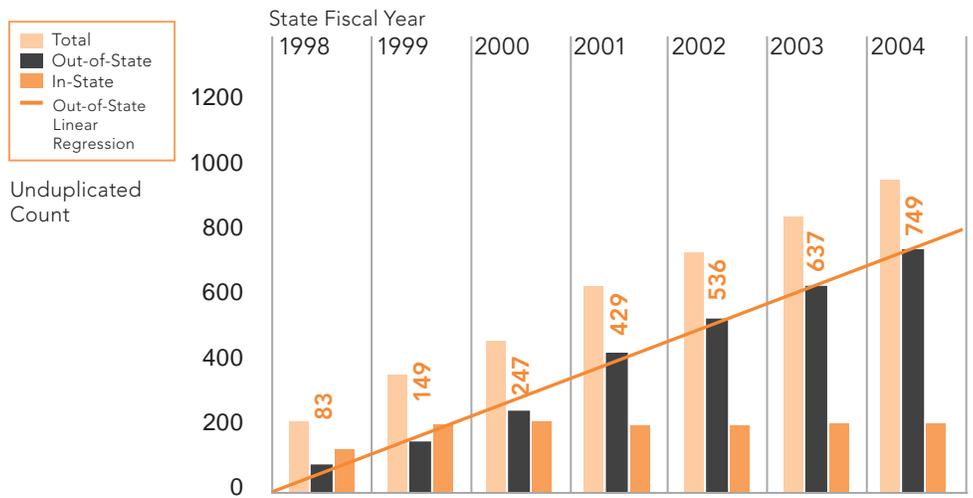
From 1998 to 2004, Alaska’s behavioral health system became increasingly reliant on Residential Psychiatric Treatment Centers (RPTC) for treatment of youth with severe emotional disturbance. **Out-of-state placements grew by nearly 800 percent.** Alaska Native children were over-represented: 49 percent of children in state custody and 22 percent of non-custody children in out-of-state placements were Alaska Native while only 16 percent of the general population is Alaska Native.



Out-of-State Residential Psychiatric Treatment Centers

Between fiscal year 1998 and fiscal year 2004, out-of-state Residential Psychiatric Treatment Centers (RPTC) Medicaid expenditures experienced an overall increase of over 1,300 percent. By fiscal year 2006, Medicaid expenditures were over \$40 million for a relatively small number of children with severe emotional disturbances in out-of-state Residential Psychiatric Treatment Centers.¹

Distinct Count of Medicaid Residential Psychiatric Treatment Centers (RPTC) Recipients

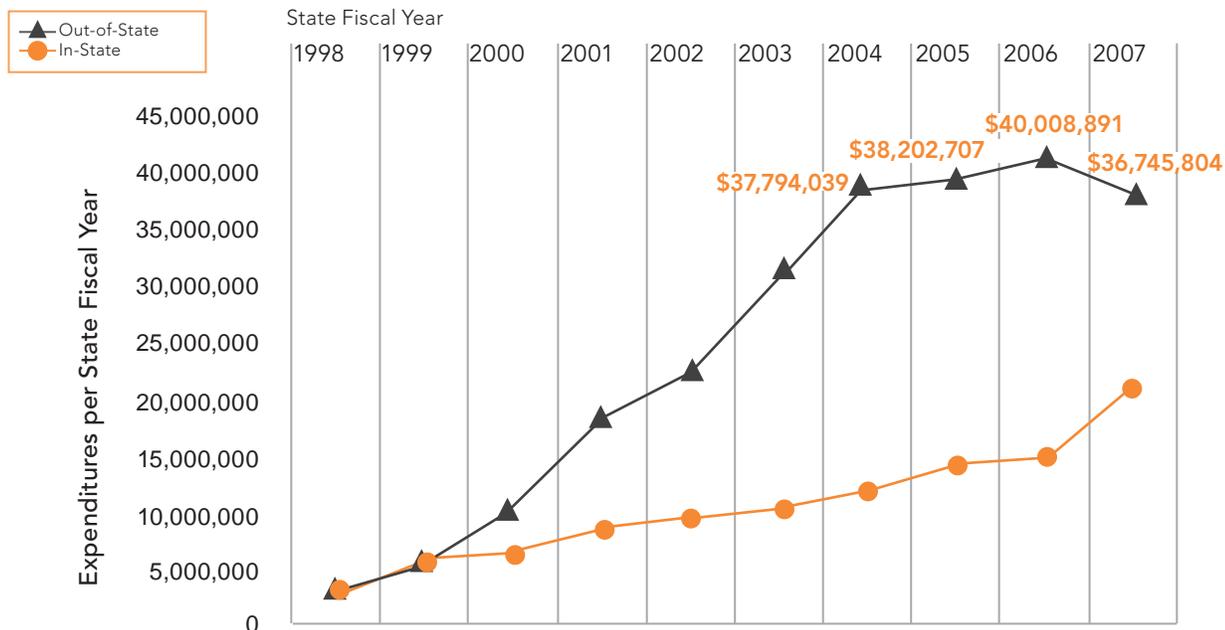


¹Data found in this update are from Behavioral Health Policy and Planning — more detail can be found in Bring the Kids Home yearly reports for FY05, FY06 and FY07 at: hss.state.ak.us/commissioner/btkh/reports.html.



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Residential Psychiatric Treatment Centers: Decrease in Out-of-State Expenditures and Shift to In-State Care



State Fiscal Year (SFY) 07 calculations completed by the Department of Health & Social Services (DHSS), Finance and Management Services (FMS) and include all claims incurred and paid in FY07 as well those incurred in FY07 and paid in the first quarter of FY08. SFY98–SFY06 calculations were provided by Behavioral Health (DBH). Every attempt was made to replicate the parameters used between DBH and DHSS FMS. Parameters have now been standardized and future years will replicate the parameters used for FY07.



System impact of these trends:

The foregoing cited trends limit the development of in-state mental health care because Alaska Medicaid resources are already invested in the out-of-state services. These trends create difficulty coordinating a child's return home, resulting in problems with medication management, school records and involving families in clinical supports in the community. Families and children are separated and cultural differences can be significant. If children need residential care, it is better delivered close to home.

As noted, these trends represent a financial investment in residential services. However, waiting until children move into residential care increases the problems experienced by the child, the family and the community. Alaska needs proactive, community-based services to keep children from becoming severely disturbed and needing residential treatment, as well as in-state residential services for children with severe emotional disturbances.

Human impact of these trends:

When a child needs intensive mental health services in Alaska, the family often faces a serious dilemma: what is the best thing for their child and what can they afford?

A story (names and situation are composites to preserve privacy):

When Jill was 13, she became withdrawn and suicidal. Her mother (Lisa) tried counseling, consequences and bribes. Nothing helped. Jill attempted suicide when she was 14. By

then, their insurance benefits were used up. The family went to a Community Mental Health Center (CMHC), but services were limited by funding, workforce, training and geography. Both Lisa and the CMHC were afraid that Jill would hurt herself again. Lisa took increasing time off from work and her boss began to complain. The younger children started to act out. Local residential treatment facilities did not want to admit a child who had attempted suicide when there were other children with less severe problems being referred.

A friend told Lisa about an out-of-state facility that boasted a strong school program and welcomed suicidal and depressed children. The state would pay for Jill's treatment after 30 days. Out-of-state residential care seemed the only option.

How can families manage in these very difficult circumstances?

Problems exist with a system that cannot provide care before a child becomes severely disturbed. Problems can include:

- The family's insurance, financial and emotional resources are exhausted.
- Family relationships are disrupted and the other children begin to have difficulties.
- The child becomes more disturbed.
- School performance suffers and school resources are stretched thin.
- The juvenile justice or children's protective services systems become involved.

A frequent result is that a child enters acute care and is referred for long-term residential placement. **After 30 days, the state begins to pay for most residential care through Medicaid.**



Bring the Kids Home Accomplishments:

The following is a summary of Bring the Kids Home accomplishments. Detailed reports and budget information are available on the Bring the Kids Home Web site at: hss.state.ak.us/commissioner/btkh/.

Capacity Development

- 28 new Bring the Kids Home operating grants are developing services in 12 communities. During fiscal year 2006 and 2007, 56 new in-state beds were developed, 236 children were stepped down from more restrictive in-state or out-of-state care and approximately 500 children were served.
- Individualized Service Agreements (ISA) were created to fund services to prevent children from moving into residential care. During the first full year, ISA supported 61 children in community-based settings.
- A Department of Health & Social Services rate review mandated an 18 percent increase for behavioral rehabilitation services and new regulations expanded access to 54 in-state beds for non-custody children. During fiscal year 2007, the length of stay for non-custody children in in-state Residential Psychiatric Treatment Centers was 141 days, whereas the out-of-state average was 335 days.
- Funding was identified to develop a facility in Anchorage to stabilize children in acute crisis and help return them to community settings. This will proceed in fiscal year 2008.
- Regulations were developed for school Medicaid mental health service delivery as part of a child's individualized education plan. During fiscal year 2008, a "tool kit" will be created to assist with expanding school mental health capacity. Two schools enrolled in fiscal year 2007.
- New capital funding is developing residential treatment/group homes in Anchorage, Fairbanks, Juneau, Ketchikan, Kenai, Kotzebue, Dillingham and Eklutna.
- New funding is supporting expanded tribal mental health services that are culturally competent, closer to home, and that access the 100 percent federal reimbursement rate. One new tribal facility estimates full year savings of state general funds of \$500,000.
- Workforce issues are being addressed with new grants: through training and mentoring, and through the Bring the Kids Home workforce subcommittee. During fiscal year 2007 the "Residential Services Certificate Program" enrolled 58 students; the Fetal Alcohol Spectrum Disorder demonstration waiver trained its first cohort of over 25 participants; and a statewide early childhood mental health learning collaborative trained providers and began follow-up mentoring.

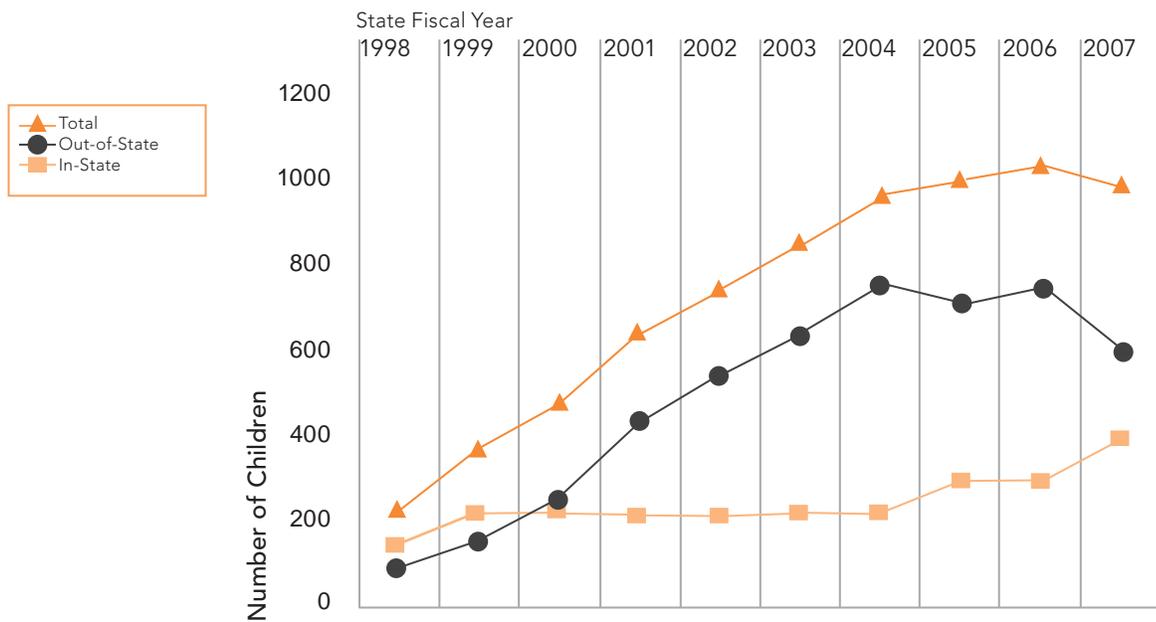
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How do outcomes reflect this capacity development?

Out-of-state care is declining and in-state care is increasing. (Table shows the distinct count of children served in Residential Psychiatric Treatment Centers during a fiscal year.)



Change in In-State and Out-of-State Residential Psychiatric Treatment Centers Placements Over Time



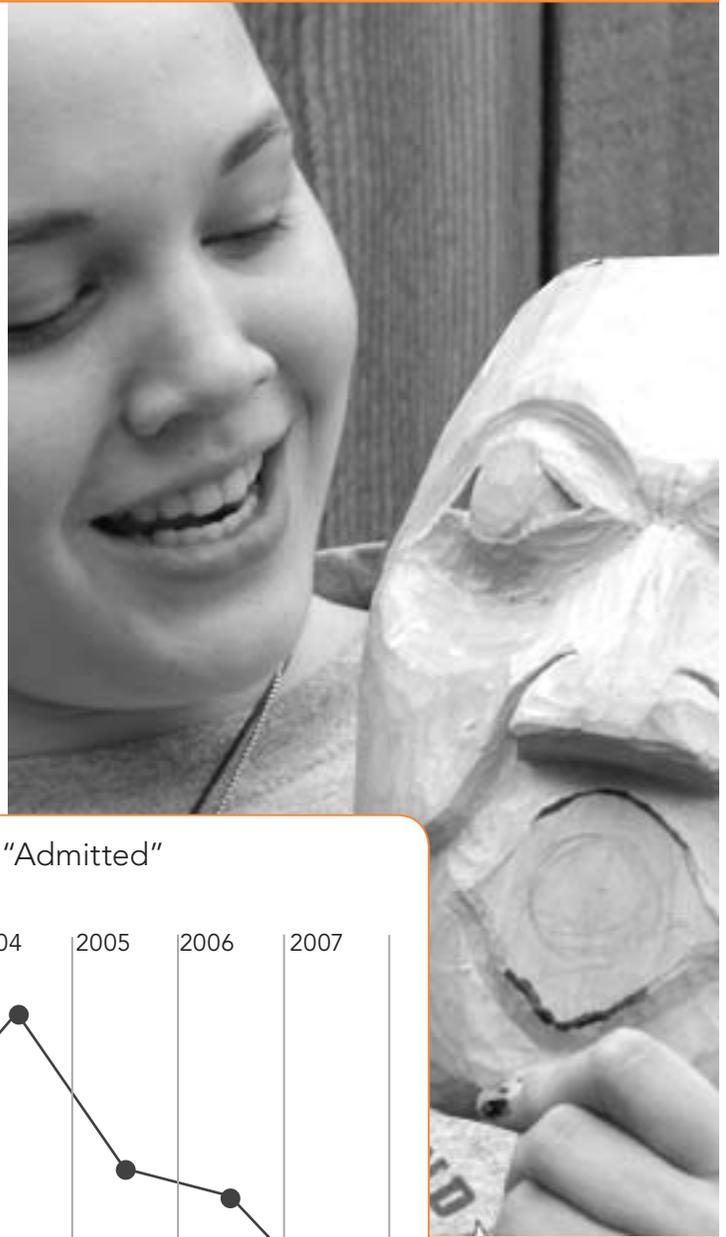
Community Diversion, Care Coordination and Gate Keeping:

- A new care coordination team within the Department of Health and Social Services is monitoring referrals to out-of-state Residential Psychiatric Treatment Centers (RPTC) care, ensuring use of in-state resources prior to out-of-state RPTC care and engaging in system development. The team's activities will expand during fiscal year 2008. A pilot project by this team diverted 37 children in acute care from out-of-state Residential Psychiatric Treatment Centers care during fiscal year 2007.
- Parent/Peer Navigation grants are diverting youth from residential care by helping parents and youth navigate the system and access in-state resources. Between March and September 2007, 55 youth referred for Residential Psychiatric Treatment Centers care were served. Of these, 45 percent (25) were able to remain in community settings. Another 34 percent moved into in-state residential settings. In total, 79 percent were maintained in-state.
- Behavioral Health held Bring the Kids Home summits in 2007 in Bethel, Fairbanks, Juneau, Kenai and Kodiak to identify service gaps and to build collaboration. Additional summits will be held in fiscal year 2008, starting with Kotzebue. Information is used for planning, system development and ongoing coordination of services for children and families.
- In 2007, the Department of Health and Social Services began a pilot project to return/divert children from the Mat-Su region from out-of-state care. The contractor will coordinate comprehensive service plans for the children and their families. If effective, this model may be expanded.
- A new fiscal year 2008 project will coordinate educational transitions, establish protocols and monitor success for children returning from care in Residential Psychiatric Treatment Centers.
- A Level of Care Assessment was implemented at three acute care sites to standardize decision-making. During 2008, it will become part of out-of-state placement reviews.

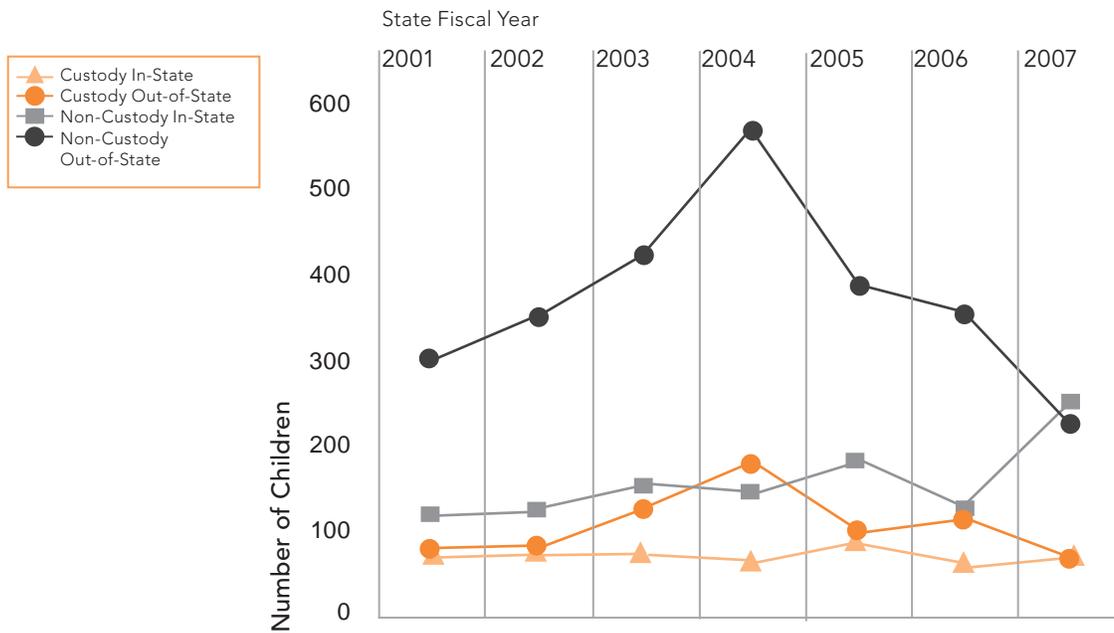
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How do these activities affect outcomes?

For non-custody children, there is a decrease in the number out-of-state and an increase in those placed in-state. For children in state custody, systems were already in place for coordination and gatekeeping, so less impact is evident. (Table shows the distinct count of children admitted to Residential Psychiatric Treatment Centers during a fiscal year).

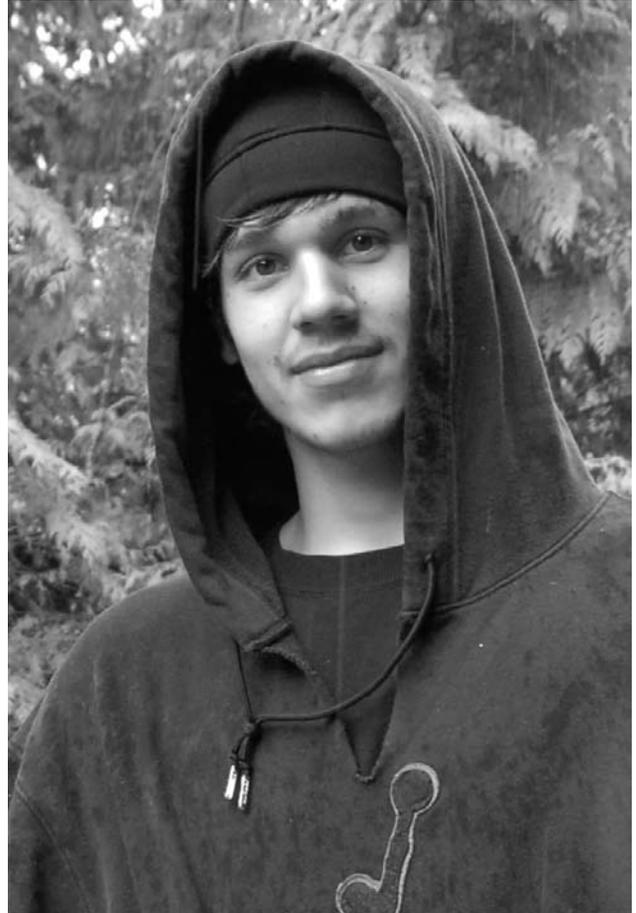


Residential Psychiatric Treatment Center Recipients "Admitted"



System Management, Outcomes Tracking and Continuous Quality Improvement:

- The new care coordination team developed a database to track out-of-state referrals.
- The success of educational transitions will be monitored starting in fiscal year 2008.
- The Alaska Automated Information Management System (AK AIMS) is being developed to track and monitor behavioral health service delivery and system outcomes.
- An independent evaluator will monitor outcomes for new Bring the Kids Home operating grants starting in fiscal year 2008 and continuing in fiscal year 2009.
- The Department of Health and Social Services and the Department of Education and Early Development developed an agreement for the committees that review children for residential care. The departments are also jointly staffing an "Education Subcommittee" to address system gaps related to education for children with severe emotional disturbances.
- The Department of Health and Social Services is revising regulations to improve in-state capacity to serve children and families with behavioral health needs. One project gave Behavioral Health regulatory authority to authorize out-of-state Residential Psychiatric Treatment Centers.
- Behavioral Health developed a new contract for review of referrals to out-of-state care.



The contract expands care coordination, use of the level of care tool and regional team review of referrals. The contract was awarded and a new contractor will begin in January 2008.

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

Between fiscal year 2006 and 2007, the exponential growth in out-of-state care was reversed: the number of children admitted to out-of-state residential psychiatric treatment centers dropped by 37 percent. This meant that 176 fewer Alaska children moved into out-of-state care.

How do these activities affect outcomes?

As the numbers of youth in out-of-state care fall, expenditures have stabilized. Fiscal year 2007 expenditures for out-of-state care began to decline.



Overall Bring the Kids Home Outcomes

Between fiscal year 1998 and fiscal year 2004 the total number of youth with severe emotional disturbances served² in out-of-state Residential Psychiatric Treatment Centers care per year steadily increased — 46.7 percent per year on average. However between fiscal year 2006 and fiscal year 2007 there was:

- a decrease of 19.8 percent in out-of-state Residential Psychiatric Treatment Centers recipients;
- an increase of 33.8 percent in in-state Residential Psychiatric Treatment Centers recipients; and
- a decrease of 4.8 percent in total Residential Psychiatric Treatment Centers recipients.

Between fiscal year 2006 and 2007, the exponential growth in out-of-state care was reversed: the number of children admitted to out-of-state residential psychiatric treatment centers dropped by 37 percent. This meant that 176 fewer Alaska children moved into out-of-state care.³

- a decrease of 36.3 percent in out-of-state non-custody Residential Psychiatric Treatment Centers admissions;
- a decrease of 37 percent in out-of-state Residential Psychiatric Treatment Centers admissions; and
- a decrease of 6.6 percent in total Residential Psychiatric Treatment Centers admissions.

There was also a change in the trend of out-of-state to in-state care:

- During fiscal year 2004, of the total children admitted to Residential Psychiatric Treatment Centers, 22 percent were in-state and 78 percent were out-of-state.

- During fiscal year 2007, of the total children admitted to Residential Psychiatric Treatment Centers, 52 percent were in-state and 48 percent were out-of-state.

Between fiscal year 1998 and fiscal year 2004, out-of-state Residential Psychiatric Treatment Centers Medicaid expenditures experienced an average annual increase of 59.2 percent and an overall increase of over 1,300 percent. Between fiscal years 2005 and 2006 :

- out-of-state Residential Psychiatric Treatment Centers Medicaid expenditures increased by only 4.4 percent;
- in-state Residential Psychiatric Treatment Centers Medicaid expenditures increased by 3.5 percent; and
- total Residential Psychiatric Treatment Centers Medicaid expenditures increased by only 4.7 percent — the smallest annual increase since 1998. (Despite an 18-percent increase in the fiscal year 2006 payment rate.)

Between fiscal years 2006 and 2007, Medicaid expenditures for out-of-state residential psychiatric treatment care decreased by 8.16 percent as fewer children accessed out-of-state care. This represents the first decline in out-of-state expenditures for residential psychiatric treatment since Bring the Kids Home efforts began. In-state residential psychiatric treatment centers Medicaid expenditures increased by 46.10 percent to reflect expanded in-state capacity, while total RPTC Medicaid expenditures increased by 6.13 percent. (See the *Bring the Kids Home fiscal year 2007 yearly report* for more details.)

²Unduplicated total youth served in Residential Psychiatric Treatment Centers during fiscal year, including those admitted a previous fiscal year.

³Unduplicated total youth admitted to Residential Psychiatric Treatment Centers during fiscal year, not including those admitted a previous fiscal year.

⁴FY07 Residential Psychiatric Treatment Centers expenditures were not available at publication, however, will be included in the FY07 Yearly Report. It is anticipated that between FY06 & FY07 expenditures for out-of-state Residential Psychiatric Treatment Centers will begin to decline.

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

But will Bring the Kids Home Save Money?

The Bring the Kids Home initiative will shift expenditures from out-of-state to in-state care. Moving children from expensive out-of-state residential treatment to in-state residential treatment may decrease the length of stay and improve outcomes but increase costs per day. Even when children remain at home, it is expensive and intensive to serve children with severe emotional disturbances and their families. Thus, **developing in-state capacity for children with severe disturbances is only a partial solution. The rest of the solution lies in providing services and supports before the child becomes severely disturbed.** The state must invest in earlier interventions for children and families to keep problems from becoming severe.

For more information:

hss.state.ak.us/commissioner/btkh/reports.html

1998-2004 Indicators

2007 Annual Report

2006 Annual Report

2005 Annual Report





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January 2008

This publication was released by the Department of Health & Social Services, Bring the Kids Home, produced at a cost of \$6.61 per copy in response to a request by the Legislature for a comprehensive report on Bring the Kids Home.

Printed in Anchorage, statewide distribution.