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PRESENTA-

TION:

BRING THE

KIDS HOME

UPDATE

Bring the Kids Home



3 Year Update

State of Alaska • Department of Health & Social Services • Fiscal Years 2005-0

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.

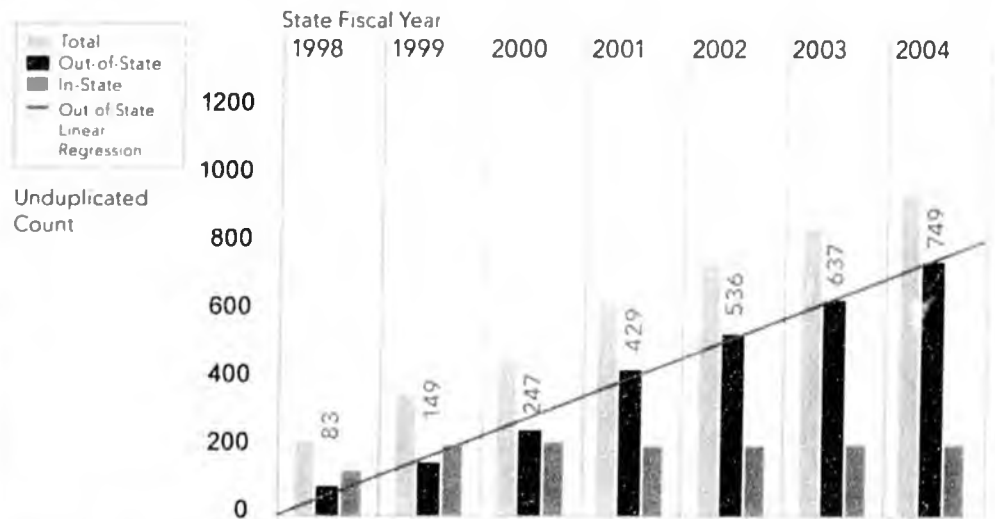
History:

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.*

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

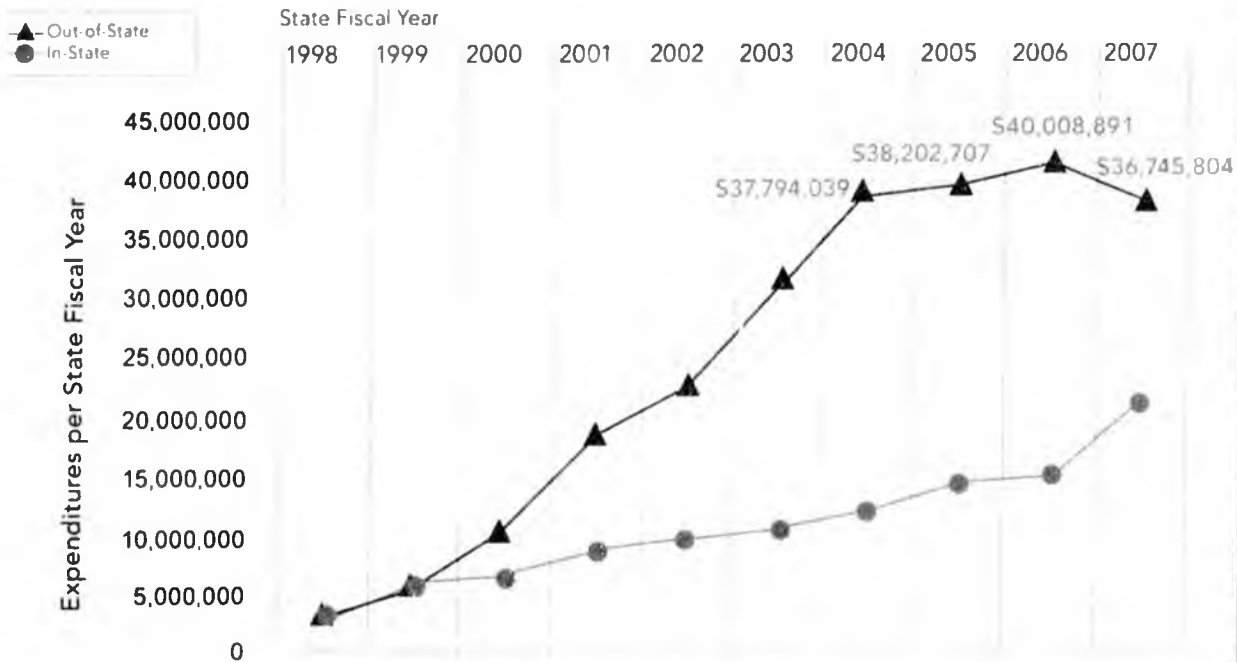


*Data found in this update are from Behavioral Health Policy and Planning — more detail can be found in Bring the Kids Home yearly reports for FY05, FY06 and FY07 at hss.state.ak.us/commissioner/btkh/reports.html

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.



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

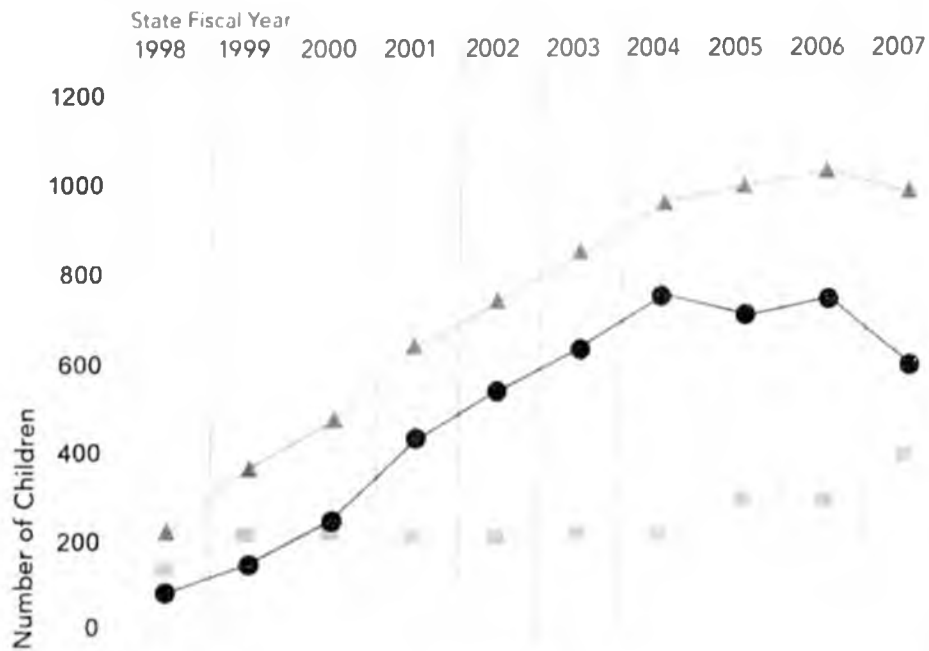
- 28 new Bring the Kids Home operating grants are developing services in 12 communities. During fiscal year 2006 and 2007, 56 new in-state beds were developed, 236 children were stepped down from more restrictive in-state or out-of-state care and approximately 500 children were served.
- Individualized 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.

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

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.

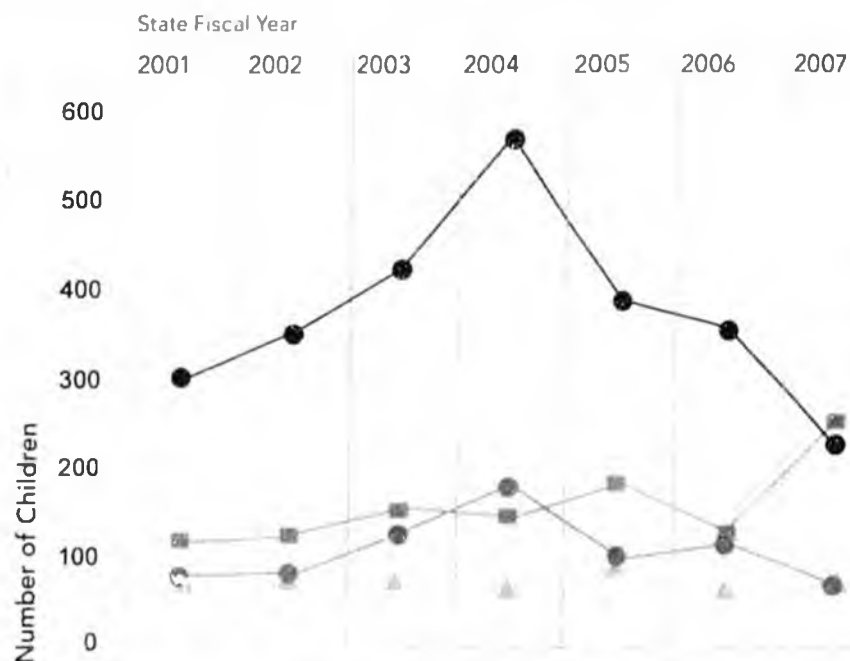
For more information, visit <http://state.ak.us/commissioner/btkhreports.html>

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/bkhrreports.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 served¹ 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.

- 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, 27 percent were in-state and 73 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.)

¹Un-duplicated total youth served in Residential Psychiatric Treatment Centers during fiscal year — including those admitted a previous fiscal year.

²Un-duplicated total youth admitted to Residential Psychiatric Treatment Centers during fiscal year — including those admitted a previous fiscal year.

³FY07 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: <http://ssa.state.ak.us/commissioner/btkh/reports.html>

But will it... Save Mr...

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... with severe... solution. The result... services and support... **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/mission/brkhr/reports.html

1998-2004 Indicators

2007 Annual Report

2006 Annual Report

2005 Annual Report





State of Alaska
Department of Health & Social Services
Bring the Kids Home

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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			
DFMHS	Federal	Other	TOTAL
\$17,450	\$1,380.0	\$155.0	\$18,865.0

2. Community Diversion, Care Coordination and Gate Keeping		
DFMHS	Federal	TOTAL
\$2,400.0	\$445.6	\$2,905.6

3. System Management, Outcomes Tracking and Continuous Quality Improvement		
DFMHS	Federal	TOTAL
\$1,700.0	\$608.4	\$2,308.4

4. Work Force Development	
DFMHS	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 workforce.

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
- 66 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 increase to 52 percent
- Drop in out-of-state expenditures for RPTC care between fiscal years 2006 and 2007 of 8.14 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 on page 14)





5 Year Projected Plan: Fiscal Year 2009-2013

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

- drastically 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 & 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 disturbance.

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 PTKH 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.

CF MH	CFM	CFM	TOTAL
\$17,450.0	\$1,200.0	\$10,000.0	\$18,650.0

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 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.
 - 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
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 toolkit 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 financially 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, see <http://www.hss.state.ak.us/commissioner/btkh/>

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.

Activity	FY2009 (\$1,000)	FY2013 (\$1,000)	TOTAL \$2,905.6
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Fiscal year 2011 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, visit <http://alaskahealthcare.com/bringthekidshome/>

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 \$1,004	Federal \$1,304	TOTAL \$2,308.4
Fiscal year 2013 base funding in thousands of dollars		
<ol style="list-style-type: none"> 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. Complete implementation of new regulations designed to integrate behavioral health services, extend access to early childhood services, incentivize in-home services, and expand the services available to families of a child with a severe disturbance. Integrate 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. 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- 	<ol style="list-style-type: none"> driven and recovery oriented services. Bring the Kids Home summits and community program planning will direct these activities. Activities may be provided by state staff or contractors, on-site or by teleconference. Support efforts to expand health services, including for behavioral health, as recommended by Senate Bill 61 (Medicaid Reform). Support funding may support staff within Department of Health & Social Services, Tribal Health Programs, or within Emergency Health or state contractors. Support monitoring of new Bring the Kids Home projects for private, independent providers of substance use treatment by The Trust. Allocate federal funding to enhance mental healthcare for system development by The Trust plus the department. (Continually update federal funding for proven components of care with general funds for Bring the Kids Home where required for sustainability). 	

For more information, visit <http://www.dhss.alaska.gov/bringthekidshome/>

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.

GFMS \$975.0	TOTAL \$975.0
-----------------	------------------

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 CHSS 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 (NMI).
 - Online classes for new staff.
3. Establish the capacity to train, monitor, and mentor providers in planning to wrap care around children and families and develop in-state trainers skilled in the wrap-around planning model.
4. Develop the capacity to assess and treat young children with behavioral health vulnerabilities and their families. Establish a project coordinator, learning collaborative and leverage 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, please contact the author at rlh@alaska.gov.



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:

- \$75 million in general funds
 - \$6.5 million in federal authorization through the Dental 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.hls.state.ak.us/commissioner/bkfr>
 2. Develop three to five residential group homes in hub communities as health care identified through community planning and other systems data.
 3. Establish a small pooled funding capital funding for renovations to develop three care capacity for children with severe needs and special needs 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, see state.ak.us/commissioner/bkfr

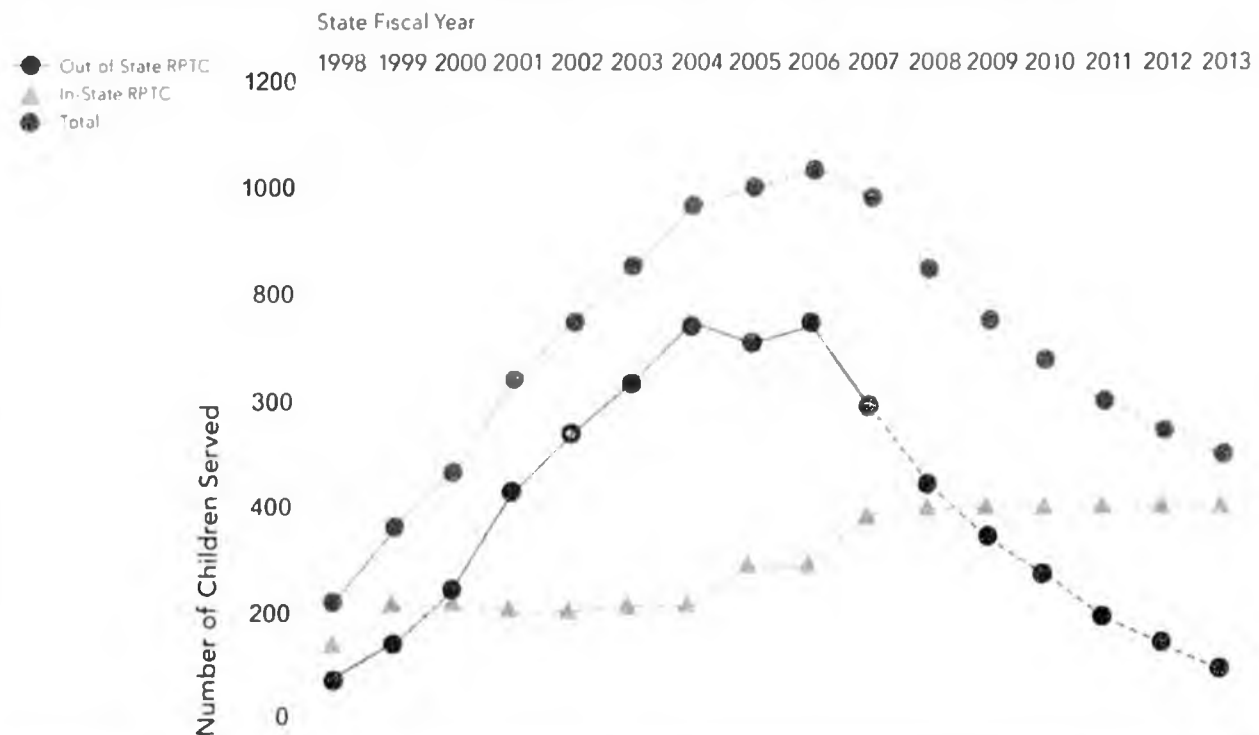
Bring the Kids Home Performance Measures: System Change and Reinvestment

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.
- 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.
- 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 future residential psychiatric treatment utilization by fiscal year.
- Figures for fiscal years 2008-2013 are based on the actual number of children served in RPTC care.
- Figures for fiscal years 2008-2013 are based on KIDHS goals for the number of children to be served in RPTC care.
- Data are from: Bureau of Health Policy and Planning section. Annual reports are available at the BHPH annual reports at <http://bhp.hawaii.gov> or by contacting the BHPH section.

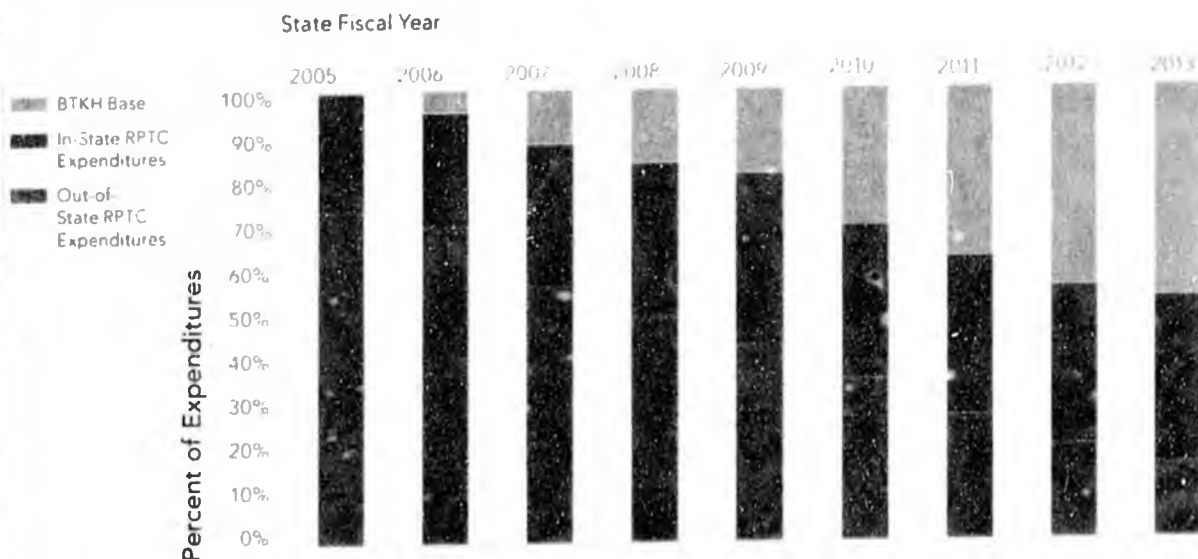
Children admitted to youth admission units in state RPTC during fiscal year *n* are included in the admissions figures for fiscal year *n*. Children admitted to out-of-state RPTC during fiscal year *n* are included in the admissions figures for fiscal year *n+1*.



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 also tracks expenditures for RPTC care and BTKH residential development staff services and infrastructure for children moving into KPTC 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 2b.
- Expenditure data for fiscal years 2005 and 2006 are from Behavioral Health Policy and Planning Services provided under Medicaid data. Expenditure data for fiscal year 2007 are from expenditures completed by DMSS Legacy Management and Medicaid claims incurred and paid in fiscal year 2007 as well as claims incurred in fiscal year 2007 and paid in the first quarter of fiscal year 2008. Every attempt was made to separate the parameters used by Legacy Health and Finance Management Services. Parameters have now been standardized and future years will separate the projections used for fiscal year 2007.
- Additional data are available in the BTKH annual reports at <http://www.hss.state.ak.us/commissioner/brk/>.

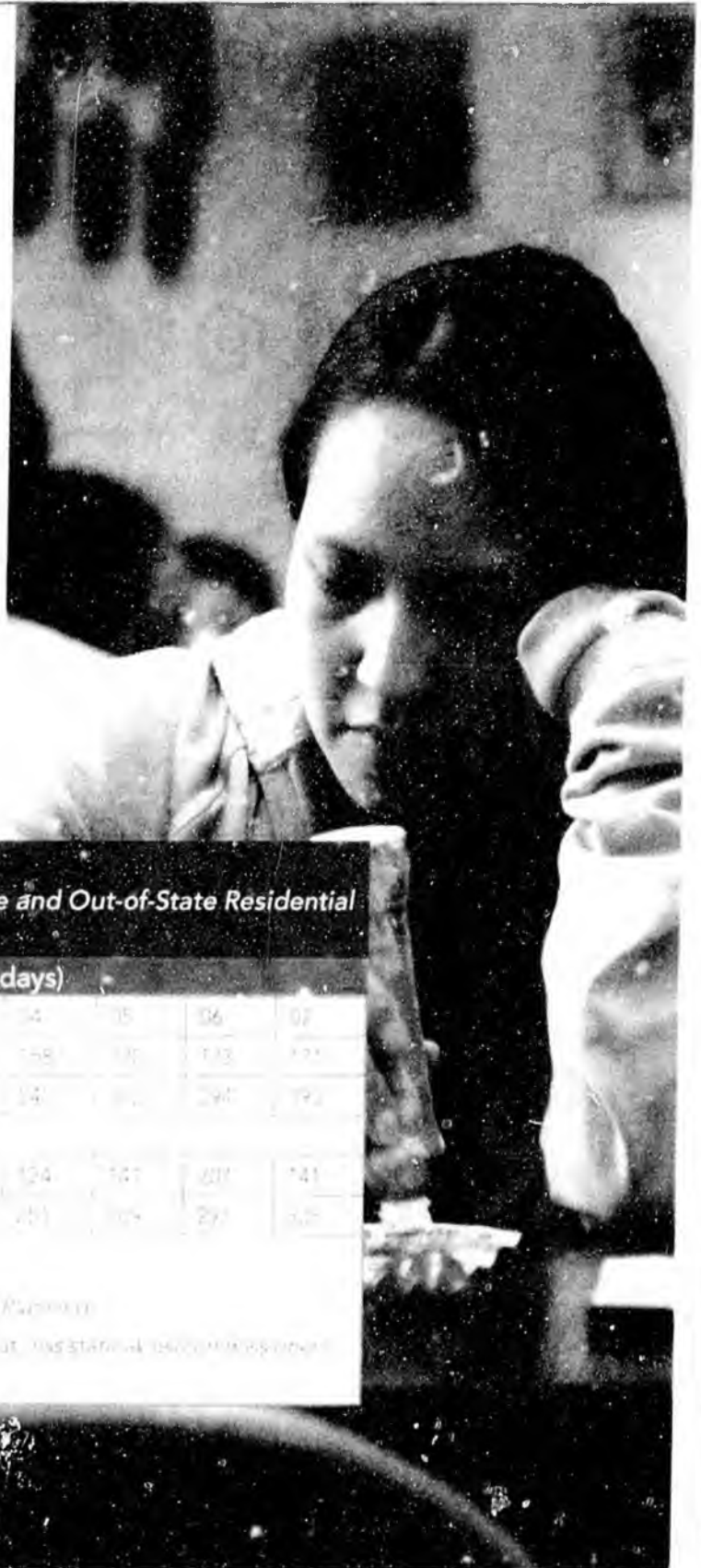
FY05 – FY07 based on actual BTKH budget and expenditures for residential psychiatric treatment center care.

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	Year	2007	2008	2009	2010	2011	2012	2013
Custody	In-State	162	151	142	148	130	113	121
	Out-of-State	251	247	233	241	231	240	191
Non-Custody	In-State	91	90	118	124	121	207	141
	Out-of-State	129	125	120	131	104	297	120

Notes on Figure 3

- These data were derived from the Department of Health & Social Services.
- Additional data are available in the RPTC annual reports at: <http://www.dhss.alaska.gov/comm/comm/comm.htm>

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	871	16	2.5%
In-State RPTC Capacity	167	221	34	20.4%
TOTAL In-State Beds	805	1092	50	6.2%

Notes for Figure 4

- These data were gathered from Health and Social Services Staff projections and capacity estimates of bed capacity reported by community-based providers in the state of Alaska.
- Additional data are available at <http://www.dhss.state.ak.us>

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 a 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**

Residential Treatment Centers	55%
Outpatient Services	57%
Emergency Department	60%
Community Services	70%
Outpatient Residential Services	72%
Outpatient Services	

• Data is also available for 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



For more information:

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Available on our Web site:

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

2007 Peer Navigation Report AYFN 0711

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



State of Alaska
Department of Health & Social Services

Bring the Kids Home

Sarah Palin, Governor
Karleen K. Jackson, Commissioner

Brita Bishop, LCSW
Bring the Kids Home Coordinator

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Juneau, Alaska 99811 0601
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January 2008

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Attachment One

Bringing (Keeping) the Kids Home: Actual and Projected Budget
Information



3 Year Update
& 5 Year Plan

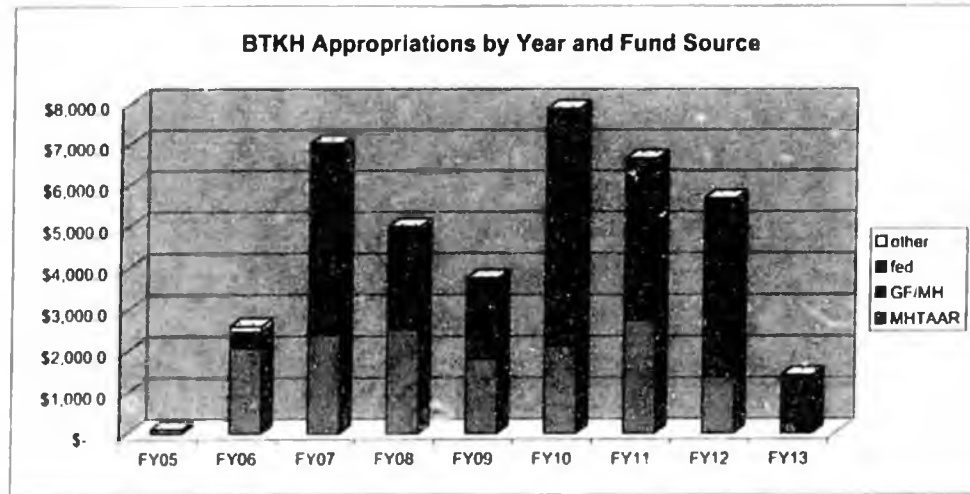
State of Alaska
Department of Health & Social Services
Fiscal Year 2005 - 2013

Additional information is available at
<http://www.hss.state.ak.us/commissioner/btkh/>

BRING THE KIDS HOME TOTAL BUDGET BY YEAR AND FUND SOURCE

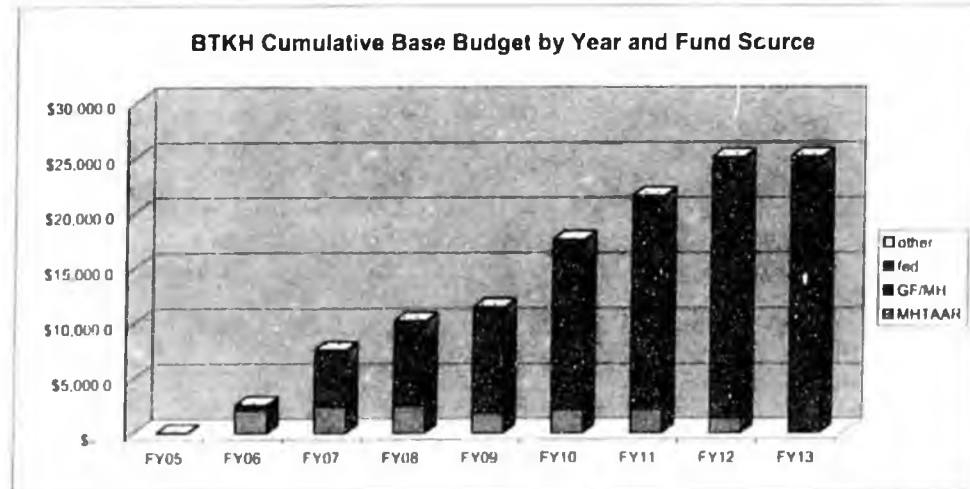
All funding shown in thousands of dollars

BTKH Appropriations by Year and Fund Source					
	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$ 100.0	\$ -	\$ -	\$ -	\$ 100.0
FY06	\$ 2,045.5	\$ 204.5	\$ 204.5	\$ 135.0	\$ 2,589.5
FY07	\$ 2,365.0	\$ 3,135.0	\$ 1,515.0	\$ -	\$ 7,015.0
FY08	\$ 2,500.0	\$ 2,489.0	\$ -	\$ -	\$ 4,989.0
FY09	\$ 1,775.0	\$ 1,975.0	\$ -	\$ -	\$ 3,750.0
FY10	\$ 2,100.0	\$ 5,588.2	\$ 180.0	\$ -	\$ 7,868.2
FY11	\$ 2,725.0	\$ 3,911.0	\$ -	\$ -	\$ 6,636.0
FY12	\$ 1,350.0	\$ 4,316.8	\$ -	\$ -	\$ 5,666.8
FY13	\$ -	\$ 1,400.0	\$ -	\$ -	\$ 1,400.0



*Fiscal year 2005 - 2008 = actual BTKH budget.
Fiscal year 2009 - 2013 = projected BTKH budget.*

BTKH Cumulative Base Budget by Year and Fund Source					
	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$ 100.0	\$ -	\$ -	\$ -	\$ 100.0
FY06	\$ 2,045.5	\$ 204.5	\$ 204.5	\$ 135.0	\$ 2,589.5
FY07	\$ 2,365.0	\$ 3,339.5	\$ 1,719.5	\$ 135.0	\$ 7,559.0
FY08	\$ 2,500.0	\$ 5,828.5	\$ 1,719.5	\$ 135.0	\$ 10,183.0
FY09	\$ 1,775.0	\$ 7,803.5	\$ 1,719.5	\$ 135.0	\$ 11,433.0
FY10	\$ 2,100.0	\$ 13,391.7	\$ 1,899.5	\$ 135.0	\$ 17,526.2
FY11	\$ 2,125.0	\$ 17,302.7	\$ 1,899.5	\$ 135.0	\$ 21,462.2
FY12	\$ 1,350.0	\$ 21,619.5	\$ 1,899.5	\$ 135.0	\$ 25,004.0
FY13	\$ -	\$ 23,019.5	\$ 1,899.5	\$ 135.0	\$ 25,054.0



*Fiscal year 2005 - 2008 = actual BTKH budget
Fiscal year 2009 - 2013 = projected BTKH budget.*

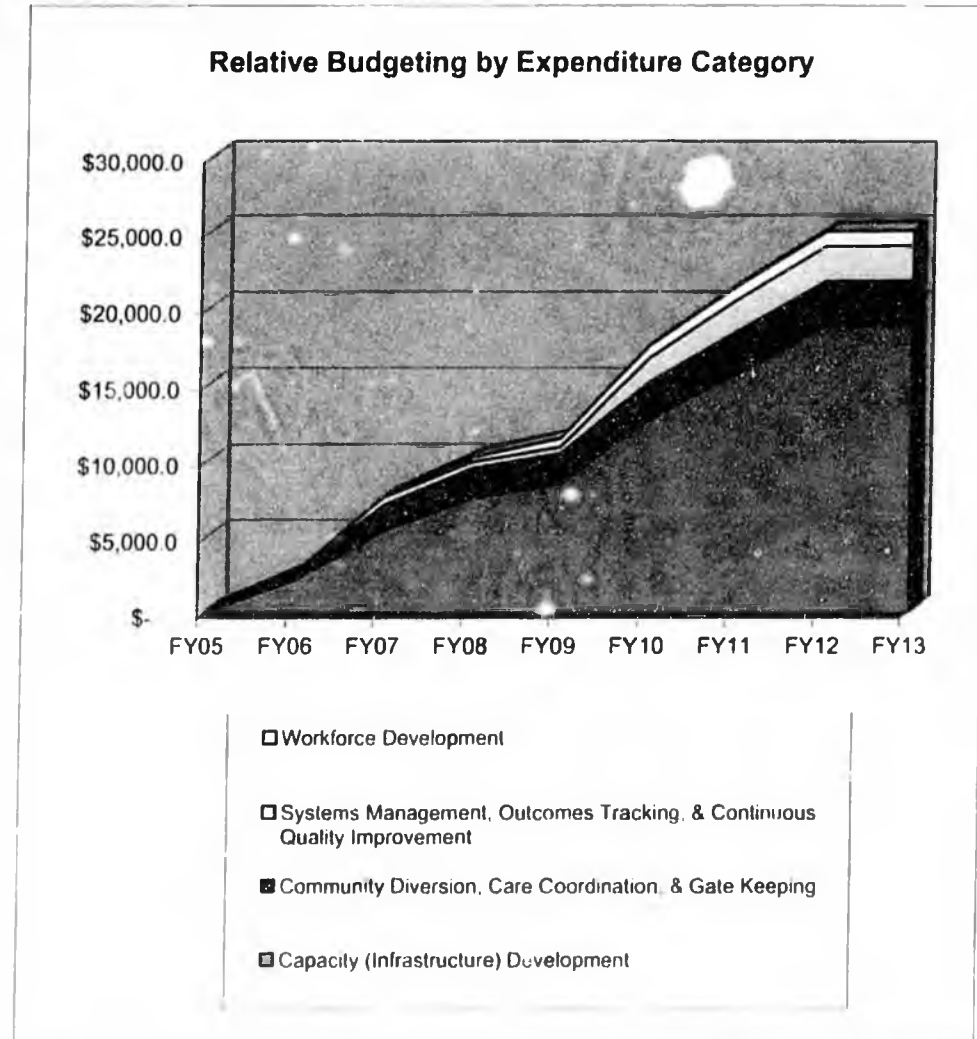
BTKH RELATIVE BUDGETING BY EXPENDITURE CATEGORY WITHIN CUMULATIVE BASE BUDGET

Funding shown in thousands of dollars.

RELATIVE BUDGETING BY EXPENDITURE CATEGORY					
	Capacity (Infrastructure) Development	Community Diversion, Care Coordination, & Gate Keeping	Systems Management, Outcomes Tracking, & Continuous Quality Improvement	Workforce Development	TOTAL
FY05	\$ -	\$ 100.0	\$ -	\$ -	\$ 100.0
FY06	\$ 2,078.0	\$ 471.5	\$ 40.0	\$ -	\$ 2,589.5
FY07	\$ 5,305.0	\$ 1,719.0	\$ 535.0	\$ -	\$ 7,559.0
FY08	\$ 7,424.0	\$ 2,015.6	\$ 438.4	\$ 305.0	\$ 10,183.0
FY09	\$ 8,424.0	\$ 2,015.6	\$ 438.4	\$ 555.0	\$ 11,433.0
FY10	\$ 12,682.2	\$ 2,455.6	\$ 1,583.4	\$ 805.0	\$ 17,526.2
FY11	\$ 15,698.2	\$ 2,755.6	\$ 2,108.4	\$ 900.0	\$ 21,462.2
FY12	\$ 18,815.0	\$ 2,905.6	\$ 2,308.4	\$ 975.0	\$ 25,004.0
FY13	\$ 18,865.0	\$ 2,905.6	\$ 2,308.4	\$ 975.0	\$ 25,054.0

Fiscal year 2005 - 2008 = actual BTKH budget.

Fiscal year 2009 - 2013 = projected BTKH budget.

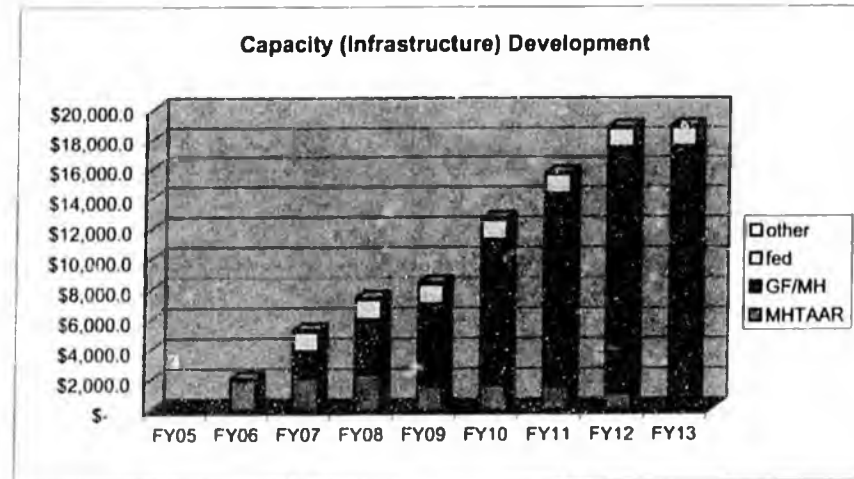


**FUND SOURCE DETAIL FOR
BRING THE KIDS HOME RELATIVE BUDGETING BY EXPENDITURE CATEGORY
WITHIN CUMULATIVE BASE BUDGET**

All funding in thousands of dollars

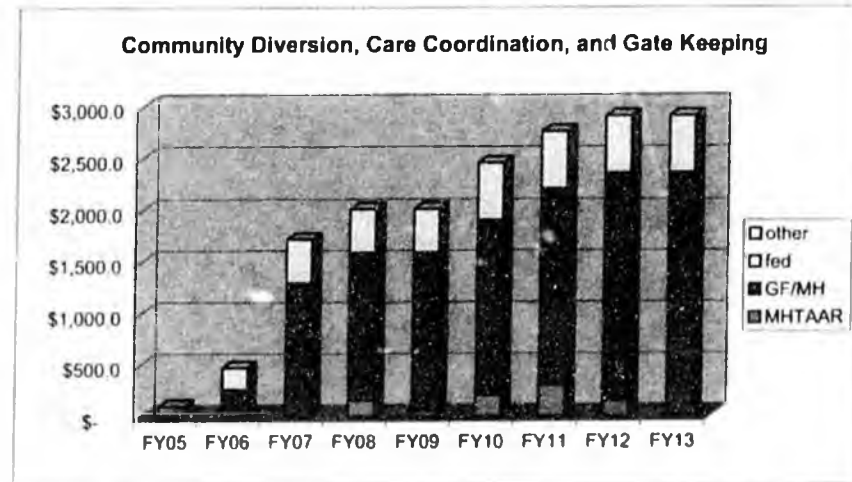
Capacity (Infrastructure) Development					
	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$ -	\$ -	\$ -	\$ -	\$ -
FY06	\$ 1,943.0	\$ -	\$ -	\$ 135.0	\$ 2,078.0
FY07	\$ 2,090.0	\$ 1,830.0	\$ 1,250.0	\$ 135.0	\$ 5,305.0
FY08	\$ 2,325.0	\$ 3,714.0	\$ 1,250.0	\$ 135.0	\$ 7,424.0
FY09	\$ 1,550.0	\$ 5,489.0	\$ 1,250.0	\$ 135.0	\$ 8,424.0
FY10	\$ 1,600.0	\$ 9,697.0	\$ 1,250.0	\$ 135.0	\$ 12,682.2
FY11	\$ 1,550.0	\$ 12,763.2	\$ 1,250.0	\$ 135.0	\$ 15,698.2
FY12	\$ 1,050.0	\$ 16,380.0	\$ 1,250.0	\$ 135.0	\$ 18,815.0
FY13	\$ -	\$ 17,480.0	\$ 1,250.0	\$ 135.0	\$ 18,865.0

*Fiscal year 2005 - 2008 = actual BTKH budget.
Fiscal year 2009 - 2013 = projected BTKH budget.*



Community Diversion, Care Coordination, and Gate Keeping					
	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$ 100.0	\$ -	\$ -	\$ -	\$ 100.0
FY06	\$ 62.5	\$ 204.5	\$ 204.5	\$ -	\$ 471.5
FY07	\$ -	\$ 1,294.5	\$ 424.5	\$ -	\$ 1,719.0
FY08	\$ 150.0	\$ 1,431.1	\$ 424.5	\$ -	\$ 2,015.6
FY09	\$ 50.0	\$ 1,541.1	\$ 424.5	\$ -	\$ 2,015.6
FY10	\$ 200.0	\$ 1,711.1	\$ 544.5	\$ -	\$ 2,455.6
FY11	\$ 300.0	\$ 1,911.1	\$ 544.5	\$ -	\$ 2,755.6
FY12	\$ 150.0	\$ 2,211.1	\$ 544.5	\$ -	\$ 2,905.6
FY13	\$ -	\$ 2,361.1	\$ 544.5	\$ -	\$ 2,905.6

*Fiscal year 2005 - 2008 = actual BTKH budget.
Fiscal year 2009 - 2013 = projected BTKH budget.*

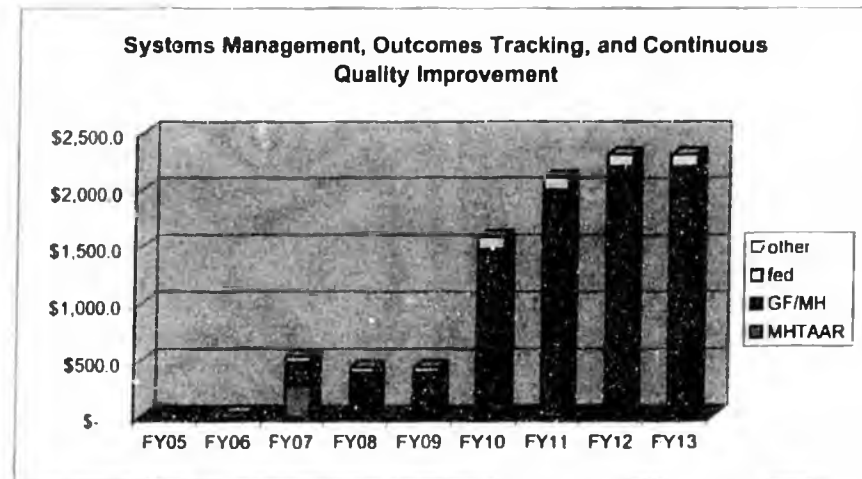


**FUND SOURCE DETAIL FOR
BRING THE KIDS HOME RELATIVE BUDGETING BY EXPENDITURE CATEGORY
WITHIN CUMULATIVE BASE BUDGET**

All funding in thousands of dollars

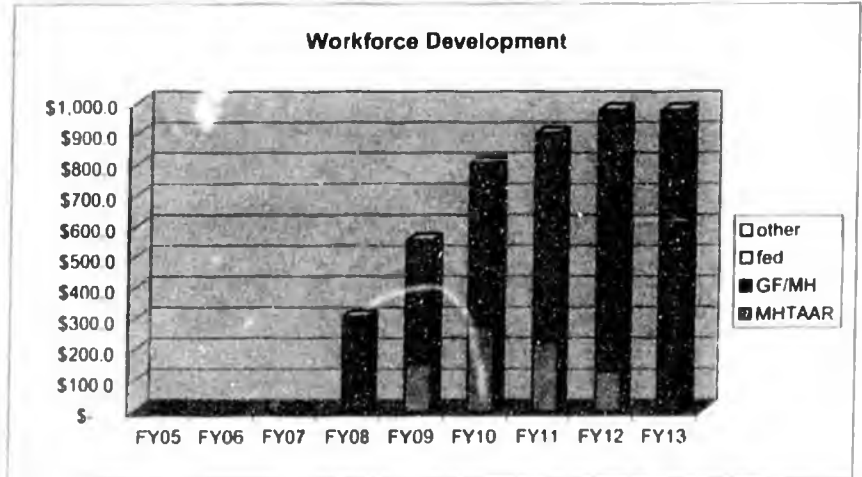
Systems Management, Outcomes Tracking, & Continuous Quality Improvement					
	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$	\$	\$	\$	\$
FY06	\$ 40.0	\$	\$	\$	\$ 40.0
FY07	\$ 275.0	\$ 215.0	\$ 45.0	\$	\$ 535.0
FY08	\$ 25.0	\$ 368.4	\$ 45.0	\$	\$ 438.4
FY09	\$ 25.0	\$ 368.4	\$ 45.0	\$	\$ 438.4
FY10	\$ 25.0	\$ 1,453.4	\$ 105.0	\$	\$ 1,583.4
FY11	\$ 50.0	\$ 1,953.4	\$ 105.0	\$	\$ 2,108.4
FY12	\$ 25.0	\$ 2,178.4	\$ 105.0	\$	\$ 2,308.4
FY13	\$	\$ 2,203.4	\$ 105.0	\$	\$ 2,308.4

*Fiscal year 2005 - 2008 = actual BTKH budget.
Fiscal year 2009 - 2013 = projected BTKH budget.*



Workforce Development					
	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$	\$	\$	\$	\$
FY06	\$	\$	\$	\$	\$
FY07	\$	\$	\$	\$	\$
FY08	\$	\$ 305.0	\$	\$	\$ 305.0
FY09	\$ 150.0	\$ 405.0	\$	\$	\$ 555.0
FY10	\$ 275.0	\$ 530.0	\$	\$	\$ 805.0
FY11	\$ 225.0	\$ 675.0	\$	\$	\$ 900.0
FY12	\$ 125.0	\$ 850.0	\$	\$	\$ 975.0
FY13	\$	\$ 975.0	\$	\$	\$ 975.0

*Fiscal year 2005 - 2008 = actual BTKH budget.
Fiscal year 2009 - 2013 = projected BTKH budget.*



Bringing (Keeping) the Kids Home

A collaboration of Department of Health and Social Services, Alaska Mental Health Trust Authority & partner boards, Denali Commission, Rasmuson Foundation, Alaska Native health providers & other service providers, parents, advocacy groups, AHFC

February, 2008



The Bring (Keep) the Kids Home Initiative

Problem:

- ❖ Over use of out-of-state Residential Psychiatric Treatment Centers

Causes:

- ❖ Funding Gaps
- ❖ Lack of Resource Coordination
- ❖ Regulations/Policies

Results:

- ❖ Disconnection
- ❖ Transition Problems
- ❖ Weaker Outcomes
- ❖ Expense

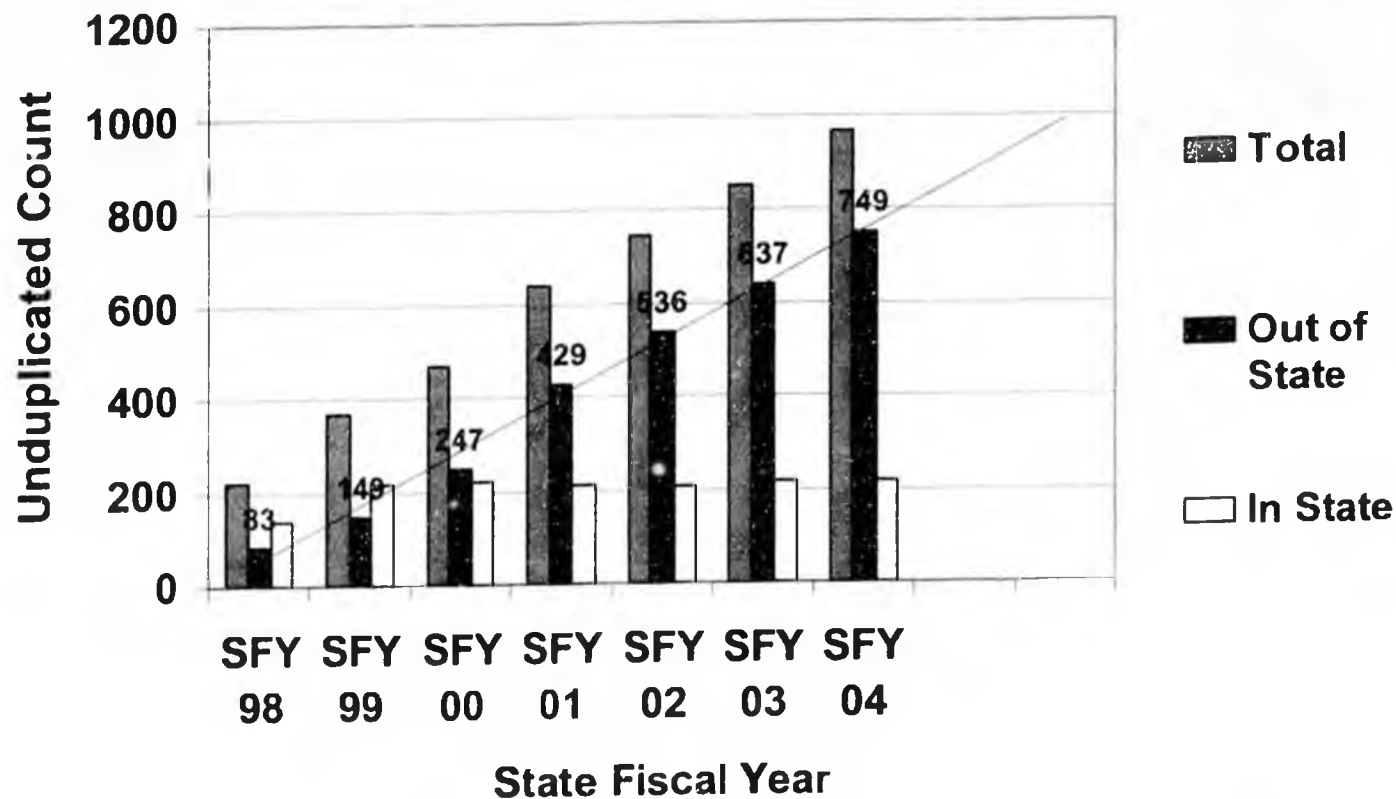
Goals:

- ❖ Serve children with their families and closer to home
- ❖ Serve children with severe disturbances effectively
- ❖ Prevent children from becoming severely disturbed
- ❖ Invest resources in-state



History: Exponential Growth In Use Of Out-of State Residential Psychiatric Treatment Centers (RPTC)

Medicaid RPTC Recipients

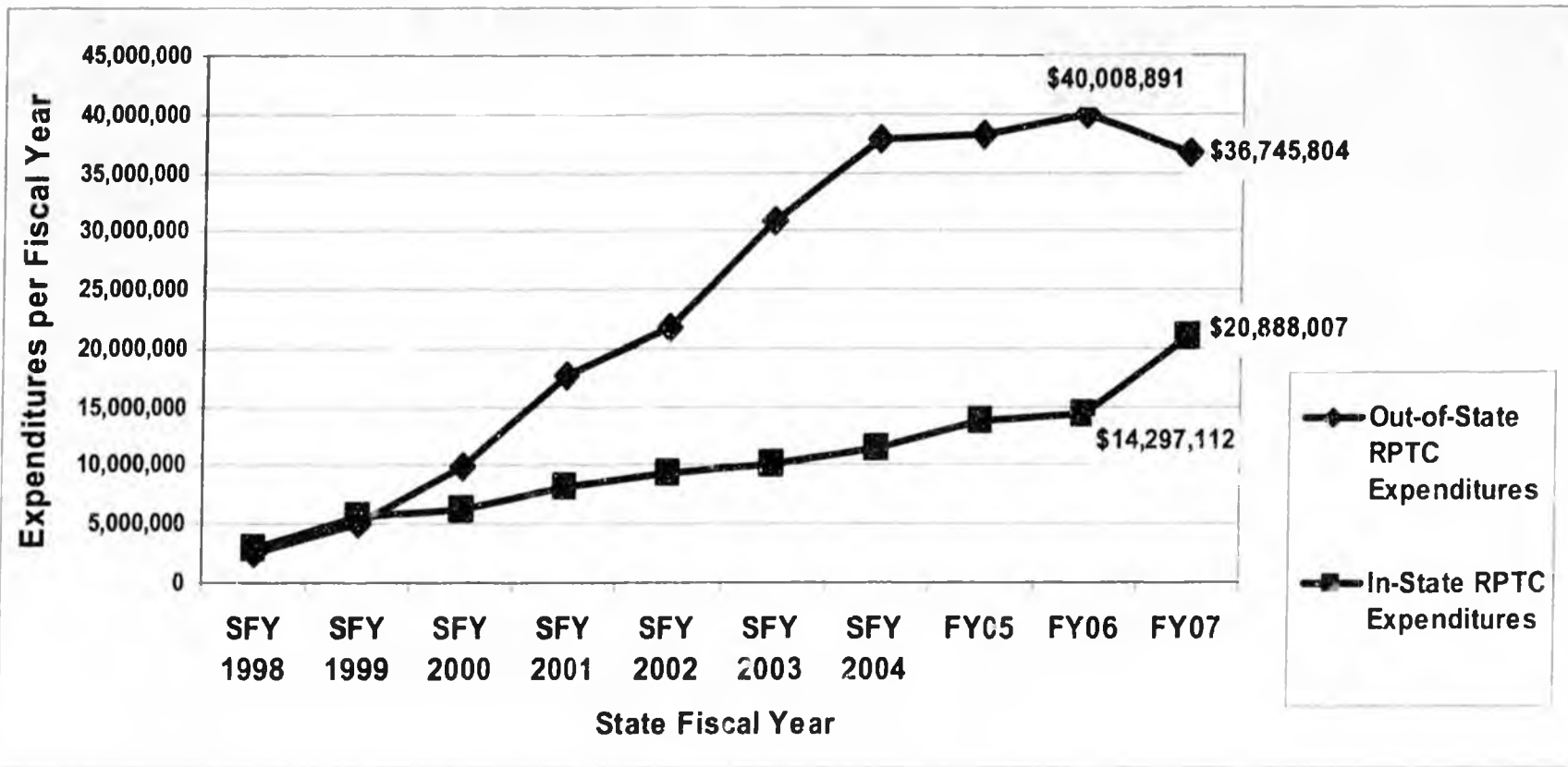


Data are from Behavioral Health, Policy and Planning based on Medicaid claims paid for unduplicated RPTC recipients. Recipients include all children served per fiscal year – including those admitted in a previous year but served during the current year.

Shift to In-State Expenditures

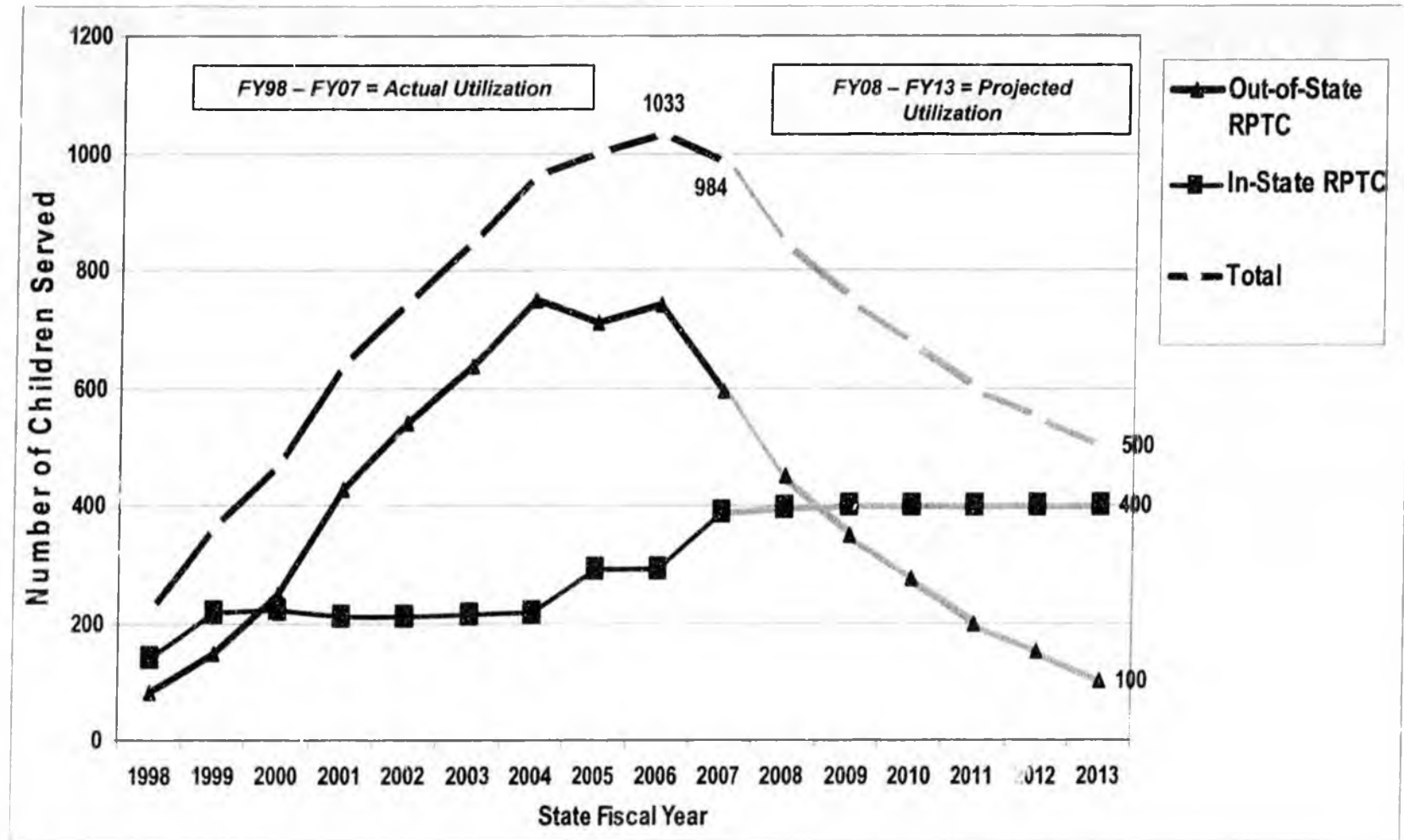


Medicaid Expenditures for RPTC Care



FY05 and FY06 expenditures are from Behavioral Health based on Medicaid claims paid. FY07 expenditures are from DHSS Finance Management and include claims incurred and paid in FY07 as well as claims incurred in FY07 and paid in the first quarter of FY08. Every attempt was made to replicate the parameters used between Behavioral Health and Finance Management Services.

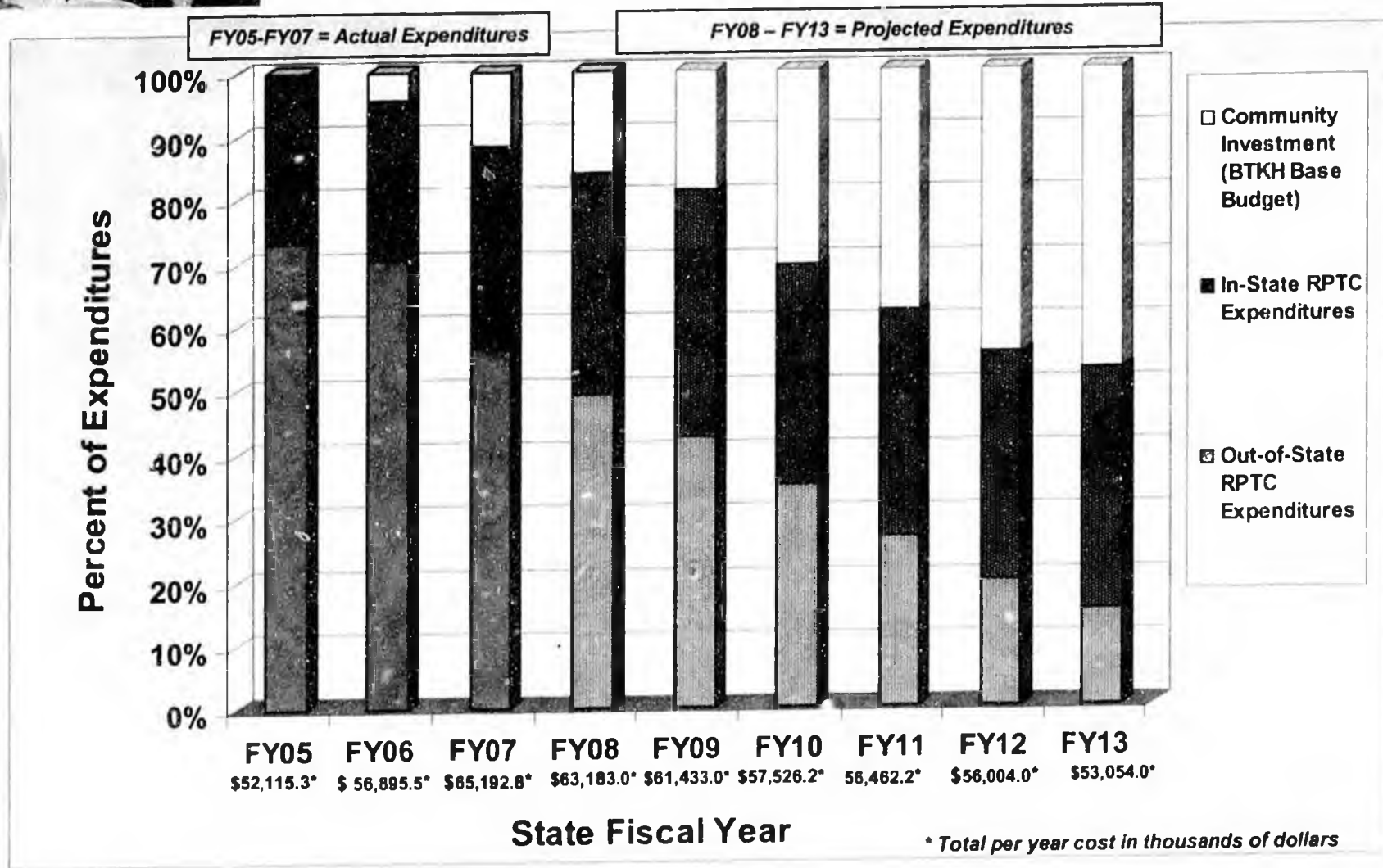
Change in RPTC Use Over Time



Data are from Behavioral Health, Policy and Planning based on Medicaid claims paid for unduplicated RPTC recipients. Recipients include all children served per fiscal year – including those admitted in a previous year but served during the current year. FY05-07 are based on the actual children served in RPTC care. FY08-13 are based on BTKH goals for RPTC utilization.



Projected BTKH Reinvestment



Data for FY05-06 are from Behavioral Health based on paid claims for Medicaid data. Expenditure data for FY07 are from Finance Management Services and includes all claims incurred and paid in FY07 and claims incurred in FY07 and paid in the first quarter of FY08.



BTKH Indicators*

Indicator 1 - Client Shift. Progress between FY06-FY07:

Decrease of 36.3 % for admissions to out-of-state RPTC care (children admitted to RPTC in the fiscal year).

Decrease of 19.8% for recipients served in out-of-state RPTC care (children admitted in current or a previous FY but served in the current year).

Increase of 33.8% for recipients served in in-state RPTC care.

Indicator 2 - Funding Shift. Progress between FY06-FY07:

Decrease of 8.16% in out-of-state RPTC Medicaid expenditures.

Increase of 46.1% in in-state RPTC Medicaid expenditures.

Indicator 3 - Length of Stay (LOS) in RPTC. Progress between FY06-FY07:

Decrease of 31.9% in average LOS for in-state non-custody placements.

Increase of 12.8% for average LOS for out-of-state non-custody placements.

Decrease of 3% for average LOS for all placements.

Indicator 4 - Service Capacity. Progress between FY06-FY07:

Increase in bed capacity below RPTC (level V) from 535 beds to 638 beds.

Increase in RPTC bed capacity from 123 to 166

Indicator 5 - Recidivism. Progress between FY06-FY07:

Decrease of 48% in the over-all recidivism rate to RPTC w/in 365 days of discharge.

*Data are from DBH Policy and Planning and DHSS Finance Management Services.

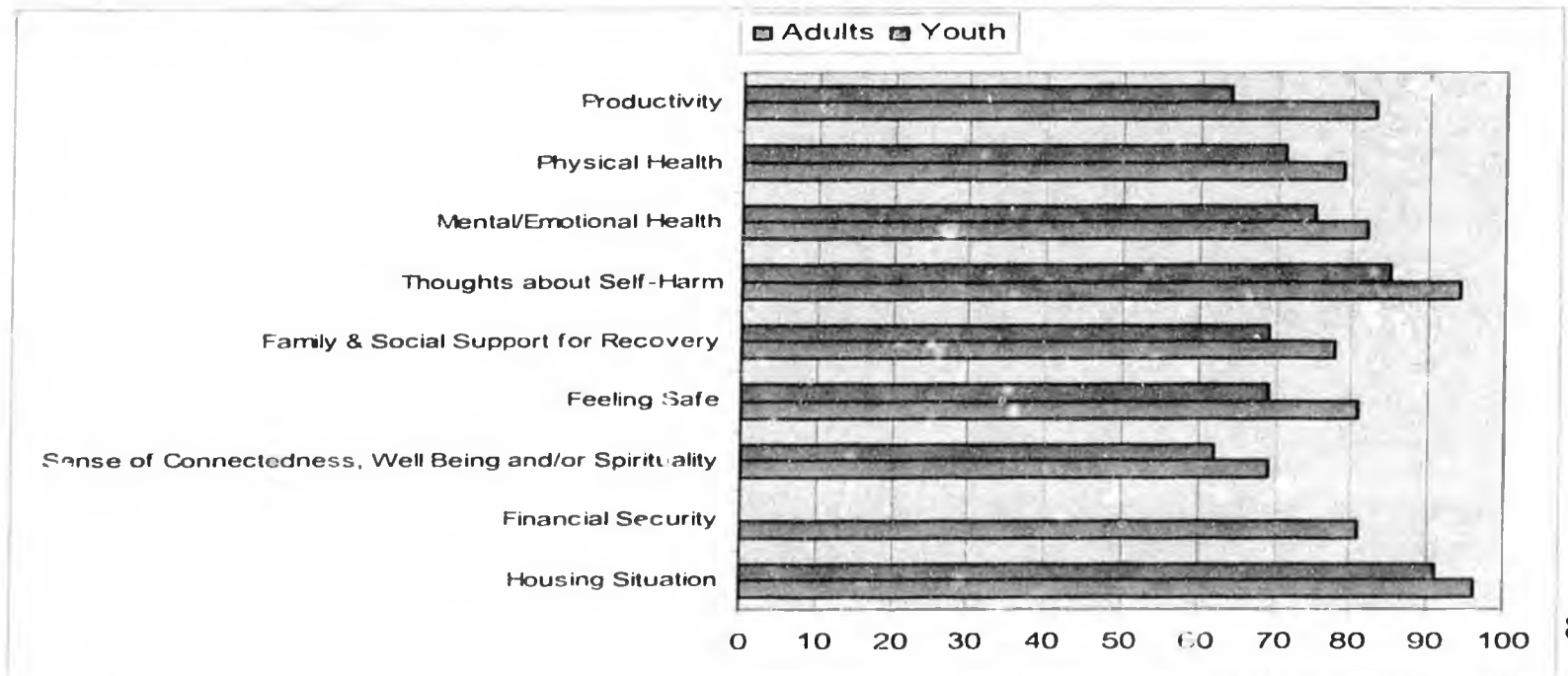
BTKH Indicators, continued

Indicator 6 - Client Satisfaction. FY07 (grantees, community based services only):

Youth Behavioral Health Consumer Survey (all youth respondents):

Access to services	55%
Satisfaction with services	69%
Participation with treatment	65%
Cultural sensitivity	74%
Positive outcomes of services	70%

Indicator 7 - Functional Improvement. Client Status Review, FY07 (grantees, community-based services only)



FY09 Projects/Funding

Transition into BTKH Base Budget:

	<u>MHTAAR</u>	<u>GF/MH</u>	<u>Authority Grant</u>	<u>Total</u>
○ Peer navigation services	\$ 0	\$ 0		\$ 0
<i>Requested Amendments:</i>	\$ 50.0	\$ 100.0		\$ 150.0

Build capacity within BTKH Base Funding:

○ Community BH capacity development	\$ 500.0			\$ 500.0
<i>Requested Amendments:</i>	\$ 250.0	\$1,250.0		\$1,500.0
○ Crisis stabilization services (Anch)	\$ 100.0	\$ 200.0		\$ 300.0
○ Early childhood mental health	\$ 225.0	\$ 150.0		\$ 375.0
○ Foster parent/parent services	\$ 75.0	\$ 75.0		\$ 150.0
○ RPTC training site	\$ 50.0	\$ 50.0		\$ 100.0
○ Independent evaluation of BTKH grants			\$100.0	\$ 100.0

Maintenance of Effort:

○ BTKH strong family voice	\$ 25.0			\$ 25.0
○ Individualized services	\$ 250.0	\$ 250.0		\$ 500.0
○ School based capacity & coordination	\$ 200.0			\$ 200.0
○ School based services: tool kit – best practices	\$ 100.0			\$ 100.0

BTKH Capital Funding:

- Continue planning for projects in development for FY10. No FY09 capital budget requested.

Funding in thousands of dollars



5-Year Plan: Strategies

Primary strategies:

1. Build capacity for lower levels of non-residential care.
2. Expand care coordination to ensure that children access lower levels of in-state care whenever appropriate.
3. Address funding gaps & invest in system development.
4. Monitor system access, service utilization & outcomes.
5. Develop community partnerships to serve children experiencing severe disturbances and their families.
6. Implement strategies to develop and maintain a skilled behavioral health work force.



5-Year Plan: Activities and Estimated Budget



Capacity Infrastructure Development

GF/MH	federal	other	total
\$17,480.0	\$1,250.0	\$135.0	\$18,865.0

- Expanding grant services
- Implementing system for access to individualized funding
- Developing crisis stabilization services statewide
- Obtaining a foster care rate increase

Community Diversion, Care Coordination and Gate Keeping

GF/MH	federal	total
\$2,361.1	\$544.5	\$2,905.6

- Linking families with supports
- Managing access to residential care resources
- Developing partnerships to support children and families in lower levels of care
- Developing peer to peer supports

System Management, Outcomes Tracking & Continuous Quality Improvement

GF/MH	federal	total
\$2,203.4	\$105.0	\$2,308.4

- Evaluating individual clinical, family, provider and system outcomes
- Developing and implementing regulations and policy changes
- Supporting provider & tribal health infrastructure development

Funding in thousands of dollars

5-Year Plan: Activities and Estimated Budget

Work force Development

GF/MH

\$975.0

total

\$975.0

- Advanced training and mentoring for BH workers at all levels
- Providing scholarships for BH providers to obtain training and certification
- Developing a tribal training site for rural BH workers.

Funding in thousands of dollars

Capital Development:

- Completing current BTKH infrastructure development projects
- Developing 3 – 5 group homes
- Developing crisis stabilization beds

general funding

authorization through Denali Commission

total

\$7.1 million

\$6.3 million





Volunteers of America Alaska

- Assertive Continuing Care
- ARCH Residential Facility Expansion Project (from 16 beds to 24 beds)

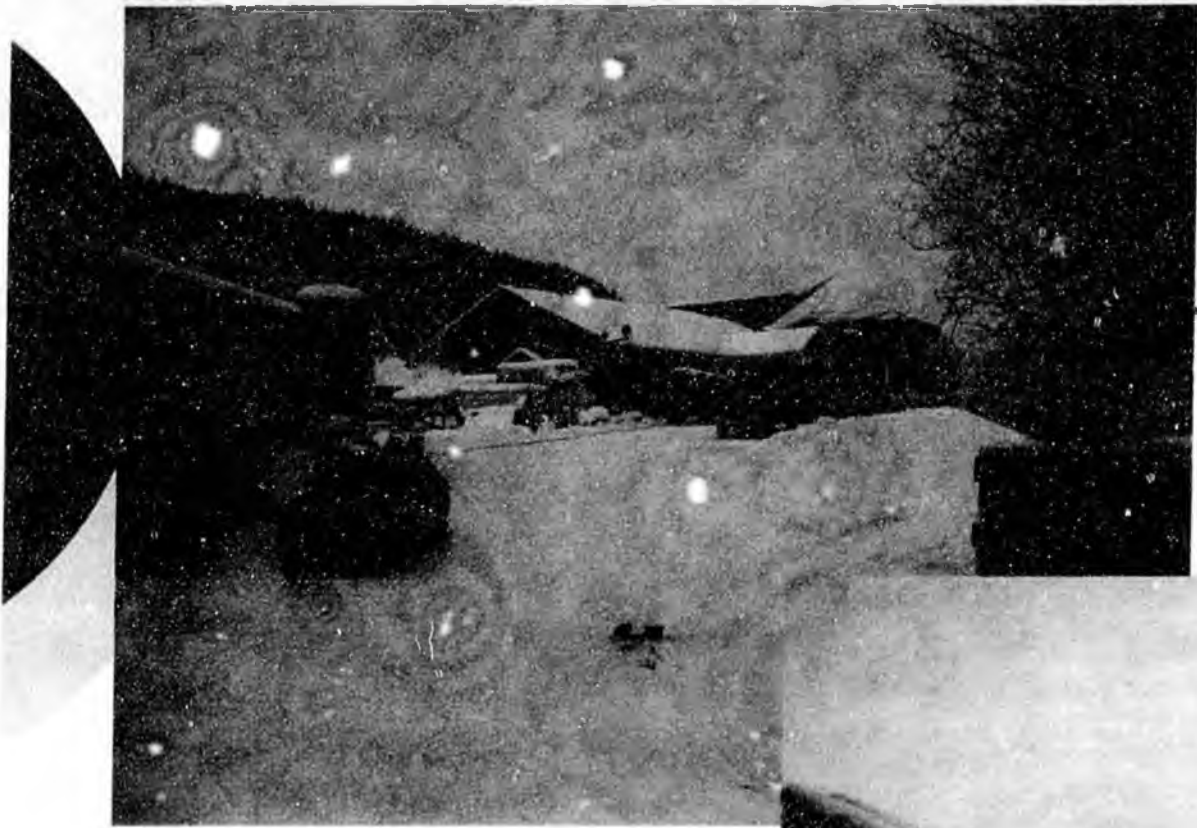


Assertive Continuing Care (ACC)

- Home & Community based
- Serves youth transitioning from residential & outpatient care.
- To date: 121 youth served.
- In FY 07:
 - 37% increase in retention
 - 90% (48 out of 52) of the youth served were diverted from secure residential

Current ARCH Facility







Funding

Capital:

- HRSA Funding \$3,444,325
- Denali Commission \$1,059,234
- State GF Match \$1,059,234
- Rasmuson Foundation \$1,280,760

Land: \$200,000. State of Alaska
\$17,767. Donor contributions
\$82,030. Volunteers of America



Anchorage Mental Health Services – Outpatient Services to Youth

**30 MONTHS BTKH FUNDING:
7/1/05-12/31/07**

RESULTS (107 treated):

- 24 returned from Out of State residential**
- 24 received from In State residential**
- 59 prevented from admit to residential treatment**
- 65 % successfully completed treatment**

Community vs. Residential

Community

Day: \$ 68
Month: \$ 1322
Year: \$ 24,504

Out of State Residential

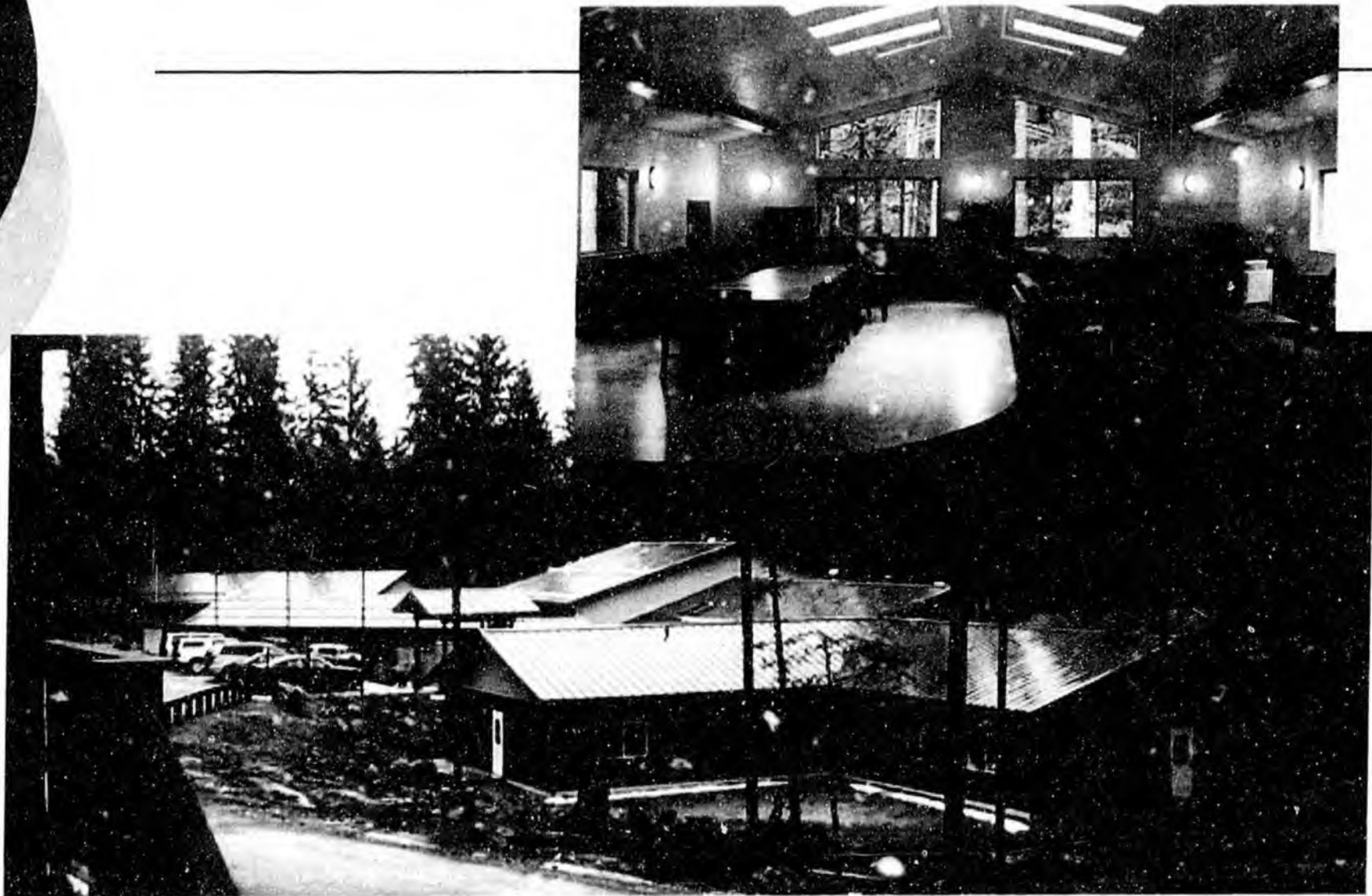
Day: \$ 300
Month: \$ 9,000
Year: \$ 108,000



Juneau Youth Services

- Montana Creek Residential Program
- Black Bear Transitional Living Apartments

Montana Creek Residential Program

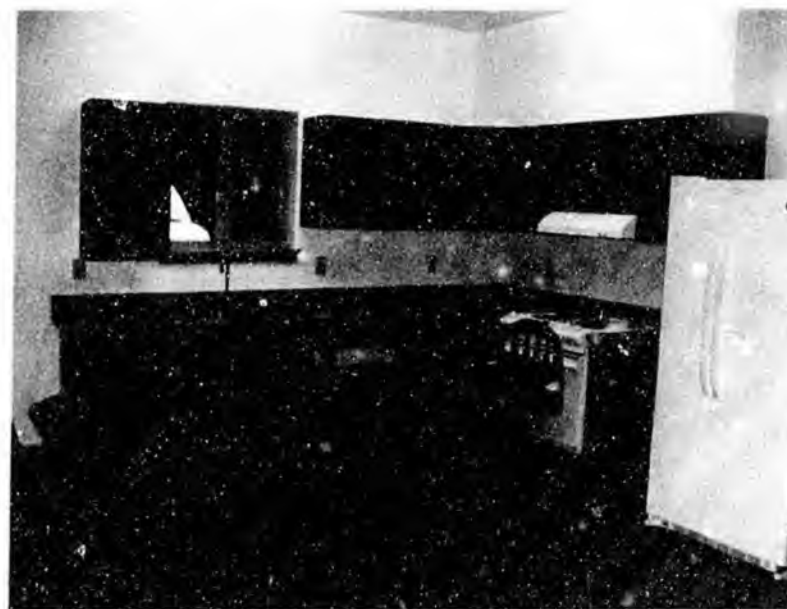




Montana Creek Residential Program

- 15-bed program for youth with mental health and chemical dependency problems
- Multiple capital funding partners
- Unique partnership with SEARHC
- 100% federal Medicaid for Native clients
- Savings of \$64,000 per child per year

Black Bear TLP Apartments





Black Bear TLP Apartments

- 13-bed facility for youth ages 18 to 21
- Includes Resident Case Manager
- Capital funding partnership
 - Denali Commission
 - Alaska Housing Finance Corporation
 - Juneau Youth Services

Reports and detailed information on BTKH are available at:

<http://www.hss.state.ak.us/commissioner/btkh/>

<https://146.63.9.166/sites/SSA/default.aspx>

<http://trustargroups.infoinsights.com/docbtkh.html>



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