

Strategy #1: Ensure effective communication between families, behavioral health providers and schools regarding youth going to, and leaving from, residential placements.

ACTIVITIES	RESOURCES	PROCESS PERFORMANCE MEASURES	OUTCOME PERFORMANCE MEASURES	OUTCOME INDICATORS
<i>In order to address our problem we will accomplish the following activities:</i>	<i>In order to accomplish our set of activities we will need the following:</i>	<i>We expect that once accomplished these activities will produce the following evidence or service delivery:</i>	<i>We expect that if accomplished these activities will lead to the following changes:</i>	<i>We expect that if accomplished these activities will lead to the following changes in 7-10 years:</i>
Parent Involvement: By 10/31/10 DHSS/DBH UR Team will encourage parents to be actively engaged in treatment decisions regarding their youth with SED.	DHSS/DBH UR Team will actively solicit parent involvement. SESA educational tracking contractors will encourage parents to be actively engaged in treatment/education decisions regarding their youth with SED.	By 1/31/10 DHSS/DBH UR Team, report #/% of parents actively engaged in treatment decisions regarding their youth with SED, before and after residential treatment.	By 6/30/10, at least 50% of DBH in state and out of state RPTC	Greater than 60% of parents with youth with SED will be actively involved in treatment decisions.
Discharge Involvement: By 10/31/09, BTKH Educ Subcommittee will receive reports with: #/% of RPTC discharges with SESA involvement and effectiveness of the intervention.	By 10/31/09, DHSS/DBH UR Team report results to subcommittee on success at getting parents to sign ROIs. SESA contractors will approach an increasing percentage of parents and schools for active involvement in youth with SED	By 6/30/10, at least 50% of DBH in state and out of state RPTC actual discharges quarterly will have SESA involvement.	By 6/30/10, 80% of families and schools involved with SESA support will report increased success in school and home and other positive results.	By sharing critical RPTC discharge information about returning youth, families and schools will document increased success in school and decreased disciplinary actions.

FY2010 Education Behavioral Health Work Group LOGIC MODEL Draft 9-28-09

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STRATEGY #1 (continued): <u>Ensure effective communication</u> between families, behavioral health providers and schools regarding youth going to, and leaving from, residential placements.				
Discharge Involvement: SESA contractor will be a part of the management team, conducting educational tracking as part of the discharge process and work for parent/school involvement in that process.	By 10/31/09, DBH will explore with Attorney General, the legality of establishing educational tracking contractors (SESA) as part of the discharge management team (similar to Qualis).	By 1/31/10, SESA will become a recognized provider within the DHSS RPTC discharge system.	By 6/30/10, at least 50% of DBH in state and out of state RPTC actual discharges quarterly will have SESA involvement. By 6/30/10, 80% of families and schools involved with SESA support will report increased success in school and home and other positive results.	Lower recidivism: (youth returning to RPTC within one year): Lower the rate of youth returning to RPTCs to a reasonably low percentage consistent with good practice.

Strategy #2: Establish DHSS/DEED institutional leadership supportive of an effective behavioral health provider/school interface.

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<p>State departmental leadership: Establish MOU between DHSS/DEED to:</p> <ul style="list-style-type: none"> • Identify system components, existing and proposed, that will ensure behavioral and academic success of youth with ED/SED. • Develop DHSS and DEED consensus on ensuring confidentiality issues do not impede good services desired by all: parents, schools, and providers. • Integrate RTI/PBS approaches with schools & providers. 	<p>DEED & DHSS will assign staff to develop MOU and establish critical areas of collaboration needed.</p>	<ul style="list-style-type: none"> • By 1/31/10, MOU will be signed, and shared with the BTKH Education Subcommittee • By 10/31/09, there will be adequate leadership involvement in BTKH Education Subcommittee • Define key staff responsible for collaboration between DHSS and DEED on new and existing initiatives related to youth with ED/SED • By 1/31/10, DEED will designate an RTI & PBS Coordinator. 	<p>Consensus on services and funding sources: By 6/30/10, clear DEED and DHSS leadership will develop consensus & collaboration in establishing using appropriate funding for effective & appropriate school environments supporting academic progress & behavioral health, including adequate school/treatment services for youth with ED/SED.</p> <p>By 1/31/10, steps established to ensure adequate information sharing about youth without breaching federal confidentiality regulations.</p>	<p>The academic and behavioral needs of the general public school youth population, as well as youth at risk for or experiencing ED/SED, will be appropriately and collaboratively supported by the DHSS provider system in collaboration with statewide schools.</p> <p>Increased academic progress & reduced disciplinary actions: Disciplinary actions and out of school suspension will be reduced to well below national norms.</p>

Strategy #3: Develop & replicate good models (**one urban** and **one rural**) of community-based solutions for the prevention, early intervention and treatment of youth at risk of or experiencing serious emotional disturbances.

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BH/Educ work group: <ul style="list-style-type: none"> • define “readiness” for communities to be good pilot sites: agency collaboration, key community “champions,” etc. • By 12/31/09, select <u>two pilot communities</u> (one urban, one rural) for increased support to build community relationships. • By FY2012, BH/Educ work group uses learned expertise to replicate to other sites. • If needed, recommend additional FY12 funding. 	In pilot communities: <ul style="list-style-type: none"> • BH/Educ work group encourages other BTKH resources and grants that could be focused toward communities • DBH staff organize follow up meetings from BTKH Regional Summits as applicable • BTKH Peer Navigation to be cultivated • SESA/DBH to focus on ROIs from parents to increase effective follow-up 	In pilot communities: <ul style="list-style-type: none"> • By 3/31/10, increased # of collaboration meetings • By 6/30/11, increased appropriate funding resources come into community. 	In pilot communities by 3/31/10: <ul style="list-style-type: none"> • # of youth collaborations increase; • # of parent involvements increase; • # youth remaining in home based services increases 	Pilot communities will act as a template for replication to other communities. An increased number of Alaska communities will have improved service continuums as a result of this model development.

Strategy #4: Conduct a follow-back study of returning youth.

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Trust to initiate contract from FY10 independent evaluation funding for a follow back study to do: <ul style="list-style-type: none"> • Sampling the “trajectories” of youth (with parent ROIs) placed out of state residential care • Utilize this information to inform the BTKH Stakeholder groups 	By 10/31/09, Trust will identify unspent funds that can be used to elicit a “follow back” contract. By 10/31/09, BH/Educ work group assists Trust in establishing parameters of contract. Contract let by 11/30/09.	By 3/31/10, study will be completed and will identify evidence that will inform further changes to the system.	Within youth’s home community provide improved consensus & collaboration between youth, families, providers and schools.	Efforts will inform better recovery methods among youth that return from out of state residential placement.