

Bring (Keep) the Kids Home Quarterly Meeting

Monday, November 3rd

Meeting Notes

1. Data Report: Mark H.S.

Discussion:

- The service capacity graph still needs to be updated/verified.
- There are questions about the changes and patterns in the recidivism category. We may need to continue looking at how to measure progress on recidivism to care. As we tease out – can we ask about underlying diagnoses? Also ask about family support for children returning home?
- Rural areas still cannot access resources that are available in urban areas. The rate increase that will move forward later this year should result in an expansion in service availability as it will increase funding. We also have an increment in the BTKH budget for rural/tribal system development.
- There are gaps in data measurement from parent standpoint: waitlists, ISA issues – dollars but not bodies to provide services, also coordination.
- How are children out-of-state reviewed to ensure that they are transitioned home promptly when they are able to finish treatment closer to home? Response: Qualis is responsible to monitor children's status with regards to clinical necessity for continuing care and part of the job remains with the parent.
- Issues related to OOS treatment: Qualis does not work directly with the family. The RPTC may or may not engage with the family extensively. Thus, the family gets lost in the process at times. Factors that play into this include:
 - The in-state TX plan must be closed at the BH center after 3 months. There is no funding mechanism for on-going work.
 - The OOS residential center often develops a completely separate treatment plan that does not include the in-state community providers and may not be driven by the family/youth.
 - The original therapist in the community may not have any on-going contact with the child and contact may not be facilitated upon the child's return.
 - There continues to be a significant disconnect around re-entry into school district. This will be discussed under education subcommittee report.
 - There is still a requirement for one time weekly family therapy for children in RPTC care. Research supports the need for more than just 1 x week family therapy to achieve strong clinical outcomes for children.

Follow Up:

- Need to find a way to measure increase in funding for community based services. Should measure increase in both grants and Medicaid and ISA. Is there a way to capture data on a wider range of BTKH children – other than RPTC?
 - *Who:* OISSP - Mark
- On-going tracking after 2013: After 2013 need to ensure that we institutionalize a mechanism for data gathering and monitoring system change so that progress is not lost.
 - *Who:* DHSS, Trust
- Length of stay: Need to take a look at whether 50% cut in LOS is appropriate: if harder children are served in residential care then it may not be reasonable to expect a 50% cut in LOS. However, make sure that system does not keep children in services just to keep income

for RPTC. Need to make sure that clear criteria drive decisions about when a child is ready to come home.

- *Who*: OISSP
- Add case management to the FY2010, FY2011 budget. How and where?
 - *Who*: Brita Bishop & DHSS, Trust
- “Service capacity” graph needs to be revised and updated.
 - *Who*: Bradley Grigg
- Recidivism: Pam and Mark will f/u on review of the 41 cases who returned to in-state care w/in 1 – 30 days of discharge.
 - *Who*: Pamela Miller/Mark Haines-Simeon
- Consumer satisfaction: This year will start adding BHIP for RPTC services.
 - *Who*: OISSP
- Functional Improvement: This FY need to develop mechanisms and mechanisms to capture CSR information specific to RPTC settings.
 - *Who*: Mark Haines-Simeon
- CSR for youth: Need to break down by youth and adults for yearly report.
 - *Who*: Mark Haines-Simeon
- May need teleconferences to talk about how to coordinate services better.
 - *Who*: Brita Bishop/Bill Herman

2. Non-Custody RPTC Review Process – Pamela Miller

Discussion:

- Workforce shortages impact ability to take advantage of ISA funding. Agencies may not have staff to coordinate ISA or to provide Medicaid services.
- Children fall out of Medicaid eligibility. The care coordinators at Qualis or at the RPTC work with providers to try to keep Medicaid eligibility for the youth after discharge and to ensure youth does not fall off of Medicaid.
- Does resource team stay engaged with providers to work on developing capacity so that a youth can come back sooner rather than later? To some extent, yes, this is already happening; children are flagged when it looks like services can be developed in-state and resource team will encourage service development so that children can be brought back when the services are available.
- Parents are NOT consistently involved in planning for bringing children home or keeping children in-state; per AYFN. This continues to be an issue that needs to be addressed.
- If ISA were more flexible then they could be used more easily in villages: Can’t access ISA w/out a TX plan. Can’t get a TX plan w/out an agency assessing youth, developing a TX plan.
- We are coming at coordination from the management perspective – we need to help at the case management level to develop the plans and elicit support of schools & community. Partly WF development and partly need for case management.
- Can children whose primary is SA access ISA? Must have SA plus MH diagnosis?
- In elder services there are separate case management agencies who can manage the funding to better coordinate the funds.

Follow Up:

- Have an Individualized Service Agreements (ISA) meeting to discuss how to improve access in rural areas, address workforce issues, and whether a free standing coordination mechanism is needed.
 - *Who*: Pamela Miller set up.
- ISA Funding:

- Need clarification on status of ISA funding for FY09 to date.
- Need ISA funds for OCS, DJJ and BH all reported together.
- Need to take another look at the 2010 projection for ISA funding to make sure it's at the right level.
- *Who:* Pamela Miller.
- Need to talk about how to over-encumber safely so that we do not under-expend too much. ...
 - *Who:* Brita Bishop – work with BH on this?
- There are huge discrepancies in the average amount used per child based on region.
 - *Who:* DBH will be following up on the differences in ISA average cost.
- Need to involve parents consistently in planning for diverting and stepping children down and developing plans. This discussion may also tackle ideas for increasing ability to link with SESA and AYNF.
 - *Who:* Bradley Grigg set up.

3. ISA Use for Custody youth: Courtney King, Deborah Craig

Discussion

- DJJ: Interesting regional discrepancies. Some real variation in who is asking for services. However, SC and SE are not using funds – not sure why.

Follow Up:

- DJJ: needs to explore the reasons for regional discrepancies.
 - *Who:* Courtney King
- OCS and DJJ will provide written reports next time.
 - *Who:* Courtney King & Deborah Craig
- OCS and DJJ will work with DBH to get data onto a shared D-base.
 - *Who:* Courtney King & Deborah Craig working with DBH

4. FY 08 FY08 Home and Community Based Capacity Grants: Bradley Grigg

Discussion

- Lessons learned:
 - Workforce development is required in order to move forward, high turnover, expense of new staff training, etc.
 - Intense on-site TA (esp. around Medicaid) to assist grantees to get started.
 - Sustainability may not be feasible with some services and/or within time frame required.
- How can we connect workforce development needs of grants with Center for Human Development?
- Crisis respite stabilization continues to be a need.
- RFP: we will be working on an RFP for 2010. Some project ideas:
 - Early intervention for children failing out of day care – linked to ECCS work.
 - Family focused work: EBP for family work such as brief strategic family therapy.
 - Transitional aged pilot project.

Follow Up:

- Add percentages of children with an FASD for total served, provide data by grantee.
 - *Who:* Bradley Grigg.
- Make sure that workforce development needs for H & B grantees are linked to activities with Center for Human Development?
 - *Who:* Bradley Grigg
- Provide TA on sustainability:

- *Who:* Bradley Grigg will do on-site TA visits to all of the grantees needing TA by Q3 of FY08

5. Parent/Peer Navigation – Fran Purdy & BH

Discussion

- Parents still not getting involved with support early enough – they may not get help at all and most frequently may call the first time they touch emergency room, etc. This is late to try to help salvage the situation and put supports in place to keep the child from going OOS.
- Major barriers for families with regards to OOS RPTC care are: sibling issues, family organizational changes, educational coordination, respite, and transportation issues (hotel costs when there is not a Medicaid covered hotel in the area of the RPTC).

Follow Up:

- Reports are a little confusing.
 - *Who:* Fran Purdy work with Bradley Grigg to make reports more accessible/easy to understand.
- Respite care: need to figure out how to get this as an available service in the continuum.
 - *Who:* This goal will need to be worked on over the next couple of years. Brita Bishop will take the lead in looking into this.
- Follow up with Sally Bowers in public health and the Alaska Medicaid Advisory Committee: about on-going hotel issues for parents.
 - *Who:* Pam Miller - RPTC coordinator role?
- Research business agreement and mechanisms for creating easy linkage with parent navigation system for families.
 - There is already a DHSS work group on confidentiality issues. Brita Bishop will follow up with that group on this issue.

6. Parent & Foster Parent Training and TA: OCS

Discussion

- There will be conference in January with a parent track. Scholarships will be available. Some of the family voice funding will go towards this.
- Other family voice funding will go toward training and TA that OCS is coordinating originally just for foster parents will expand to parents – we will share proposal once we get it.

Follow Up:

- Need to get proposal finalized with Tracy Spartz Campbell at OCS.
 - *Who:* Steve Krall

7. Providence Sub-Acute Stabilization: BH &/or OCS

Discussion

- Somewhat slower to get referrals when necessary. Doing a lot of marketing.
- Service can be accessed somewhat earlier.

Follow Up:

- Include with Behavioral health regional meeting/ABHA/AAHC.
 - *Who:* JB Atkinson will f/u with ABHA.
 - *Who:* Bradley Grigg will f/u with Anchorage provider group.
- Less narrative, more numbers on report next year.
 - *Who:* JB Atkinson

8. CODI Project: Bradley Grigg

Follow Up:

- Randy Moss planned to do a retrospective review of children who had gone OOS to see what precursors and treatment trajectory were prior to their moving into RPTC Care OOS. We need to see where he is on this.
 - *Who:* Bradley Grigg will F/U.

9. Workforce Development:

Discussion

- Kathy Craft appointed to AK WF investment board. Bringing a voice to the table related to BH training needs.
- Eklutna project now aimed at urban WF working with rural/indigenous training. Model is to use AK native elders and faculty to structure, design, develop and deliver a cultural attunement.
- Can use some of the workforce to assist transitional aged youth.
- Need to keep in mind that not everyone wants to do a credential – some folks just need training on the job and another issue is that Medicaid training is a need.
- The Behavioral Health Research and Services (BHRS) received a CDC grant to become a regional training center on FASD. The full announcement can be found at <http://www.uaa.alaska.edu/news/training-center-targets-fetal-alcohol-syndrome.cfm>. They want to structure FASD 201 to be specific for different providers. If Trust got involved and encouraged specific training for their beneficiary groups this would be good.

Follow Up:

- Workforce meeting September 22 and 23 in Anchorage: future of WF development.
 - *Who:* Kathy Craft keep group posted on this. .
- Eklutna project plan needs to be finalized. Training will be in April.
 - *Who:* Julie Smith is heading up the proposal development for the University. A work group meeting is set up to formulate deliverables.
- On-going discussion on BTKH workforce strategies and internal workforce needs and BTKH TA & Training needs, and on BTKH money.
 - Kathy Craft

10. Educational Coordination Project: SESA, BH

Discussion:

- Kids continue to come home without schools being aware – but not as many surprises.
- Slow getting releases to get connected with parents/youth. So far only two releases have been obtained (last week):
 - BH providing information to SESA about children in OOS RPTC in order to help them gain information about where children are and how they will get into contact with providers.
 - SESA is going to 3 OOS RPTC to create linkages.
 - OCS psych nurses can sign releases right away for custody children.
 - Resource team brings up SESA, CODI, and AYN – as resources for families. Qualis does this too. They do the same thing on site reviews.
- In-state we have more children returning from RDT to home – especially rural areas - how can we facilitate this transition? Does this need to be part of SESA project?

Follow Up:

- Need to connect more aggressively with RPTC. Both OOS RPTC and in-state schools are frustrated.
 - *Who:* Bradley Grigg is working on this with SESA.
- DBH can communicate with providers and RPTC and could send a letter to get folks on board and aware of these issues.
 - *Who:* Bradley Grigg is working on this with SESA.
- OOS providers do not always know who to contact in-state. They need to know who to contact.
 - *Who:* Jerry Sjolander and the BTKH Education subcommittee.
- Ask RPTC to put a release for SESA into their intake and discharge packets.
 - *Who:* SESA has done this for discharge and now is doing it for intake packet.
- Discuss transitions from RDT to rural areas and come up with solutions.
 - *Who:* Education Subcommittee: Brita Bishop will ask that this be on the agenda.

11. Education Subcommittee:

Discussion:

- Invitational conference for Statewide BH plan with Larry Ledoux next week.

Follow Up:

- Provide BTKH feedback to conference:
 - *Who:* Bill Herman.
- Set up BTKH educational committee meeting with Larry Ledoux co-chair.
 - *Who:* Steve Horn is working to get a date that works for Mr. Ledoux.

12. Tool kit contract: Bradley Grigg

Follow Up:

- Oversight group will be put in place.
 - *Who:* Bradley Grigg will f/u with folks to be on the group.

13. Positive Behavioral Support – Kelly Donnelly

Discussion

- Ketchikan, Juneau, Sitka, and Dillingham have been involved with school wide PBS interventions and are pilot sites.
- Recruiting community agencies to participate in training so whole system is trained and aware of PBS.
- 3 face to face trainings in Anchorage building on other training activities. Possibly January 5 – 9, then February then April.
- PBS Coordinator position currently open at CHD.

14. Demonstration Waiver: Maureen Mcglone and Shannon Cross

Discussion:

- Barriers:
 - Interim payment mechanism is in place.
 - Treatment intervention mentors are a key role. TIM has to work under supervision of the agency that the family is working with. Getting TIM on board has been problematic.
- Question: How to identify children in the community who meet criteria for RPTC who are not already in RPTC. Sending out letters to community, parents.

- CMS project officer was visiting and during visit figured out payment mechanism. Also there was a question on choice of TIM related to second barrier – above.
- Interviewing this week for the Medicaid FASD person.

15. Transitional Aged Youth: Brita Bishop

Follow Up:

- All day meeting to start planning: Monday, March 2nd. Send e-mail invite. See about getting Rusty Clarke Hewitt to participate in this meeting.
 - *Who:* Brita
- Set up work group/contact members: volunteers and potential members:
 - Youth???
 - Frances Purdy, AYFN
 - Katy Thibodeau, AYFN
 - Paul Cornils, AYFN
 - Douglas White, Alaska Children’s Services
 - Maureen Hinds,
 - Cheri Scott , Stone Soup Group
 - Lauren Rice, Covenant House
 - Pat Senner, Covenant House
 - Mike Sobocinski, University of Alaska, MH provider
 - Bonita Miller, Center for Human Development
 - Shaelynn Ballard, AYFN
 - Millie Ryan, GCDSE
 - Mark Haines-Simeon, BH Policy and Planning
 - Pamela Miller, BH RPTC Coordinator
 - Bradley Grigg, BH Children’s Specialist
 - Reta Sullivan, BH Utilization and Review
 - Shannon Cross, BH U & R – FASD Waiver
 - Michelle Lyons, DHSS Medicaid
 - Jerry Fuller, DHSS Medicaid Director
 - Jefty Prather, OCS
 - Rebecca Busch, AMHB
 - Diedre Bailey, Div. of Business Partnerships
 - Heidi Frost, Alaska Alliance for Direct Service Careers
 - David Kvasager, Transition Coordinator, DVR
 - Walter Majoros, JYS
 - Drenda Tigner, PHH
 - Paul Prussing, Art Arnold, DEED
 - Teresa Holt, GCDSE
 - Joanne Gibbens, DSDS
 - Stacy Toner, DBH
 - Kathy Craft, DHSS
 - Randy Moss, CoDi
 - Tribal/rural members
 - Education.
 - Assets
 - Nine Star – SSG is contracting with them.
 - OCS caseworkers whose responsibility is d/c planning for aging out
 - AK center for resource families

- Kathleen Graves
- OPA

Other Follow Up:

- DD waiver and BH services. Need to discuss future topic.
- Data F/U:
 - Pat Senner: Data collection to collect for longitudinal study outcomes.
 - Trust evaluation: Trust wants to figure out how to evaluate whether we are succeeding in improving the overall system. Relates to independent evaluation.