

Discussion Topics

7/08 BTKH Quarterly Meeting

Education Discussion:

- RPTC issues:
 - RPTC have trouble with getting information and IEP from schools too.
 - DHSS Resource team will be reviewing RPTC and looking at practices to see if they meet requirements.
 - Qualis is required to do discharge planning that involves/builds community and family support.
 - DEED could be involved in OOS site reviews.
 - Not good communication between schools, providers, families, kids returning from TX w/out plans or w/out the level of support that they need.
 - Leaving the state for treatment damages children's educational progress.
 - When a child no longer meets medical necessity may suddenly be "ready" for discharge the next day when prior the facility felt the child was not ready.
- System issues:
 - Confidentiality.
 - Classroom teachers who do see a problem are not allowed to give parents referral suggestions. They have to make a referral through the system for screening etc. can take many months to get services arranged using the system as it is set up.
 - Lots of ASD kids didn't leave from the top of the pyramid of schools.
 - Have education involved before child goes out of region. Need to get intervention happening earlier, rather than waiting till a child is leaving the region/state.
- Training/Support/TA Assistance:
 - Positive Behavioral Support Project: Will be working to develop school wide practice to support children with BH problems.
 - Schools need training to help them to keep kids in schools.
 - Must talk about the family not the child: must increase communication between schools and family including foster family, when applicable. Must include child, siblings: systemic response.
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- Family Issues:
 - Sometimes even when parents/daycare provider have identified a problem with a young child (3 – 5) the professionals do not agree that there is a problem and then the child cannot get services until much later, if at all. Other referrals are not made to help the family.
 - Solutions must be local and involve community and family support too: how to make this happen?
 - Some parents refuse an IEP or 504 plan as they are concerned with labeling: need parent education.

Peer Navigation Discussion:

- Need to get families involved with IEP, 504 plans. \
- Need to get information out in multiple formats:
 - Fall SPED directors,
 - CD
 - FAQ
 - Video/Talk
 - Parent Training Information simplified expanded to improve parent navigation.
- Need to facilitate obtaining ROI for Parent Navigation:
 - Clarify role of UR staff.

- Provider role.
- At intake or when in crisis is not the right time to seek a ROI: Need to link to parents earlier.
- Parent navigation must be seen as an asset, not a liability.
- Medicaid can support some Navigation activities such as case management, individual skills development, and family skill development.
- Also need to use parent navigation to connect primary care to behavioral health services.
- Places where parent navigation connection could be made:
 - Health fairs
 - Parent Info Center in ILP (3 – 5)
 - Programs for Infants and Children (0 – 3 years)

Aggression Discussion:

- Need to develop a continuum of aggression.
- Need to revise criteria at schools.
- Need provider training in assessing aggression.
- Need to gather more specifics re aggression in inpatient care & schools.
- Need to train in-state providers in handling aggression & need to train schools.
- Need functional behavior assessment in the community & in school
- Include payment mechanism for SBS in BH regulations: *underway at DHSS.*
- Need organizational change around use of seclusion and restraint
- Need to ensure that data reflect the new definition of aggression.
- Need more respite crisis centers for younger populations. *There is capital and operational funding in BTKH budget request to expand crisis respite/emergency stabilization.*
- Need to bring in family/parent and role model non-aggressive behavior.
- Need to bring support to family at least restrictive environment: schools are not welcoming.

BH & DD Discussion:

- Need to clearly define problem
- BH system not equipped to deal with DD (and DD system not equipped to deal with BH).
- Basic differences in treatment approach.
- Hidden cultures of DD because of no congregate living.
- Evals and assessments need to tease out DD from MH and provide recommendations to guide treatment interventions.
- Need to address autism.
- Need specialized care in-state.
- Crossover in schools: emotionally disturbed and developmentally disabled behaviors can be the same but the interventions need to be different.
- Diagnostic categories are different.
- Need blended funding.
- DSIDS need to be at the table.
- DSIDS needs crisis intervention.
- Need to enhance MH services in DD facilities and vice versa.
- Need to use PBS as a way to integrate with DSIDS.