

BTKH Work Group: Prioritization of FY11 Funding Increments

Name	Score	FY11 Budget Increment	Project Description
Transition Age Yth	284	\$200 GF & \$200 MHTAAR	<p>This funding will start-up and sustain community-based capacity for transitional aged youth to move into adulthood with age appropriate services ensuring productive work or educational activities. The goal of this increment is to target youth who are vulnerable to moving into systems such as juvenile justice, adult justice, emergency mental health or substance abuse, early pregnancy or hospital based services. This increment will particularly target those youth with few or no family supports. It will seek to coordinate existing service systems and help youth access existing resources whenever possible and will fill service gaps when necessary to bridge the transition from child services to adulthood.</p>
Individualized Services	255	\$600K GF	<p>Funding to cover the cost of services necessary to keep a child out of residential care that would not otherwise be funded via Medicaid or any other funding source. For FY11 we anticipate DJJ and OCS will each need a total of \$175K for ISA funding. In addition, we would like to expand to include: youth with primary diagnosis of Substance Use Disorder as well as to cover the cost of case management, skill development and clinical services to a family while a child is in RPTC care, and possibly, while children are in lower levels of residential care (when appropriate).</p>
Com BH outputx	245	\$250K MHTAAR, \$500K GF \$200K MHTAAR, \$200K GF	<p>I. Grants to start-up and sustain community-based capacity (\$250K MHTAAR, \$500K GF). Non-residential services supported by the evidence base. Funding will gradually move from start-up of programs funded via Medicaid/insurance into essential services requiring long-term grant support. Projects will be evaluated for outcomes. Anticipated FY11 goals include implementation of: 1) "Love and Limits" and strategic family therapy, 2) Person Centered Planning, 3) trauma informed services, 4) services for under-served children and families or to address gaps (Under-served populations may include: children 6 - 12, juvenile sexual offenders, children dually diagnosed with developmental disabilities and SED).</p> <p>II. Grants for therapeutic Foster Care Development (\$200K MHTAAR, \$200K GF). Therapeutic foster care models that meet the standards of the Foster Family Treatment Association and best practices for the populations to be served. A robust therapeutic foster care system is flexible, can be adapted to new populations/needs, and reduces higher levels of residential care. It is a model suited to rural hubs. The length of stay, treatment model, and funding sources will match the population served. Target populations are youth for whom therapeutic foster care services are still limited or not available and their families: juvenile sexual offenders, sexually reactive youth, youth aged 6 to 12. Youth may be in the custody of the State or in parental custody. Goal: reduce need for long-term, intensive residential services, facilitate step-down from more intensive services, stabilize youth for return to family.</p>

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<p>DJJ: Reduce recidivism for youth w/BH needs</p>	<p>209</p>	<p>\$200K MHTAAR, \$200K GF</p>	<p>I. Grants for short-term, structured transition services for youth with BH needs (\$200K MHTAAR, \$200K GF). Decrease recidivism to juvenile justice settings, into long-term residential treatment facilities, or into adult justice settings. Currently, youth return to DJJ or adult justice services at a high rate. This is a negative and expensive outcome. This project will develop strategies to improve functional outcomes for youth and families. Priority population: youth at high risk of transition failure due to personal characteristics (behavioral health fetal alcohol spectrum disorders, etc) and/or family characteristics (homelessness, poverty, parental neglect, etc). Funding will support one urban pilot (Anchorage or Fairbanks) and one rural pilot (Bethel).</p> <p>II. Improve outcomes for Alaska Native youth with BH needs (\$100K MHTAAR, \$100K GF) Currently there is a significant (get numbers) over representation of AK Native Youth in DJJ custody with very poor outcomes. This project will implement recommendations of the DJJ Ak. Native Rural Advisory Committee in order to develop specific strategies/services for AK Native youth. Priority population: Alaska Native youth with severe emotional disturbances, or at risk of severe emotional disturbances, or substance use disorders.</p>
<p>Parent/FP Services</p>	<p>207</p>	<p>\$75 MHTAAR & \$75 GF \$200 MHTAAR, \$200 GF</p>	<p>I. Recruitment, screening of foster parents & training, mentoring and support for parents and foster parents (\$75 MHTAAR & \$75 GF). Parents and foster parents need strategies and skills in order to provide safe, supportive homes for their children. This funding builds skills and strategies for foster parents and parents parenting youth with severe disorders. Maintain for FY11. Build slightly for FY12, depending upon outcomes.</p> <p>II. OCS Brief Intensive Family Preservation (\$200 MHTAAR, \$200 GF). Short-term, intensive, assessment and in-home services for families who do not yet require OCS protective custody of children to ensure safety. Services will provide a cost effective alternative to the costs incurred once OCS has to remove children from the home. Target population: Families in which one or more child has a severe emotional or substance use disorder, or families in which one or more parents has a chronic mental illness, substance use disorder or developmental disability where children are at risk of a chronic disorder. Goal: Reduce trauma associated with out-of-home placement, thus reducing long-term negative health impacts. Support parents to maintain custody and responsibility for their children. Reduce the number of children in OCS custody moving into long-term out-of-home care (foster care, mental health rehabilitation services, or RPTC). Support Early Childhood Comprehensive System Grant goals to develop interventions to support healthy children in their families.</p>
<p>Parent/peer Navigation</p>	<p>205</p>	<p>\$ 100K MHTAAR, \$200K GF</p>	<p>I. Direct Peer Navigation (\$ 100K MHTAAR, \$200K GF). Develop parent/peer navigation services in each region to: 1) work with families to access necessary services, 3) teach coping and recovery skills, and 4) provide support to youth and to caregivers. FY11 possible expansions 1) establish appropriate level of base administrative funding for Statewide Youth and Family Network base capacity, 2) fund participation of Peer Navigator in Resource Team & in Statewide Planning, 3) expand peer navigation access: consider models for peer navigation, refine AK model and determine overall funding need for a statewide system.</p>

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		<p>\$ 75 K MHTAAR, \$75K GF</p>	<p>II. Peer Run Respite Services (\$ 75 K MHTAAR, \$75K GF). Pilot a cost effective peer to peer model involving family members who have received the same parenting training, met with each other to plan out the circumstances for use of the preventive respite and coordinated the preventive respite with an involved clinical team. A parenting/respite coordinator coordinates the training and placements. The respite providers will have appropriate background checks and/or licensing and be covered by liability insurance supervised by the respite provider agency and/or OCS/DJJ. Goal: decrease caregiver burn-out, stress in the home, and use of acute or residential care. The respite philosophy is: community placement in the least restrictive setting possible; individualized service plans; a safe environment with parents who employ similar parenting styles and who know and are known by the child/youth and family; collaboration with families & agency personnel that services are preventive and not crisis driven. Suggested budget is \$150,000 yearly for 5-10 respite homes: training/coordinating staff & admin support= \$90 K; training costs = \$ 25K; insurance/legal = \$25K, program costs (recreation, supplies, transportation etc) \$10 K.</p>
<p>BTKH Clinician to work with Head Start & Day Care Centers</p>	<p>179</p>	<p>\$ 100 MHTAAR, \$100 GF</p>	<p>Project provides grant funding to a provider with a clinician to engage early childhood professionals to provide screening and intervention services at day care programs, Head Start programs, and families across the State. This funds an important part of the Bring the Kids Home (BTKH) Initiative, namely to intervene early with youth at risk of experiencing serious emotional disturbance (SED). Outcomes focus on the number of youth that are able to maintain placement at their site or in their home. Data strongly supports that infants and toddlers not meeting developmental milestones, who live in high risk families or who are born into otherwise aversive life situations have a substantially higher probability of developing severe emotional or behavioral disturbances. Grantee will provide consultation and/or professional development to at least 50 professionals serving at least 100 children who are at risk of experiencing serious emotional disturbance (SED) and of losing their placement in an early childhood program or removal from their home.</p>
<p>Rate Increase for BRS Crisis Stabil</p>	<p>178</p>	<p>\$1,071,530.5 GF & \$1,071,530.5 Federal</p>	<p>Rate increase for BRS "level II" crisis stabilization facilities. This will bring the rate closer to the increased rate recommended by the rate study done in _____. Crisis stabilization is an essential tool to help children remain in community settings, despite the need for occasional structured and intensive supports.</p>

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Crisis Bed Stabilization	176	\$150 MHTAAR, \$400 GF	Funding to develop crisis stabilization capacity for children who might either move into acute care, or move into long term residential care from acute care because of a lack of a safe short term transitional placement. This funding will develop crisis respite/single point of entry capacity in Anchorage and will then build crisis respite capacity in statewide hubs. This will stabilize children closer to home and at a lower level of care whenever possible. It will interrupt the cycle that begins when a child moves into acute care, and is separated from family and community responsibility for his/her safe return home. It will also allow a child to be stabilized for medication management, to develop a crisis plan, or to identify a transitional placement after a residential or acute care episode. For FY11 use to develop crisis stabilization in new areas (particularly MATSU and Fairbanks) as well as for pilot project: 24-7 intensive clinical support team to work with families, foster families and facilities to provide on-site stabilization support, telephone support, telepsychiatric training, support and evaluation and on-going skills development and training. This team would include the psychiatrist at API, if funded.
Early Childhood Grants	176	\$75 MHTAAR & \$75 GF	Funding to establish an early childhood mental health learning network, coordinator and grants for agencies to engage in early childhood screening and intervention services.
Child Psychiatry Contract	166	\$50 MHTAAR, \$50 GF, \$150 Federal	Fund a contract with a Board Certified child psych to work contractually through API to provide doc to doc consultation to residential treatment facilities, acute care and primary care, around issues of case planning and treatment recommendations. Provide second opinion for state staff working to divert children from RPTC or step down from acute care. Provide consult to primary care docs for children at risk of moving into acute or residential care. The focus of this consultation service will be to (1) determine appropriate levels of care/placement; (2) reduce the potential overuse of psychiatric medications in children; (3) promulgate the use of alternative, non-medical evidence based treatment practices for children and families. By utilizing API and possibly the API TeleBehavioral Health Network, the state will gain access to a subject matter expert in these identified areas located in another part of the United States, and link this Child Psychiatrist into the Alaska system via technology.
Tribal System Development	146	\$200K GF & \$200K MHTAAR	This funding will develop services and strategies specific to tribal systems. The funding will support tribes to expand health service delivery as recommended by Senate Bill #61 (Medicaid Reform report). Funding may support TA & training from state staff or from contractors and/or adding an additional staff function to DHSS tribal programs. Projects may include developing Medicaid clinical, billing and supervision capacity; technical assistance to link programmatic and finance sections into an effective service delivery/billing revenue generation; implementing telemedicine; Skype or other distance delivery technology; grant writing; blending funding streams or other projects.
Expand Schl Bsd svcs	145	\$200K GF & \$200K MHTAAR	Funding to expand the capacity of the in-state system to deliver behavioral health services to children with severe disturbances in the schools.

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DEED Statewide PBS Coordinator	113	\$75K MHTAAR & \$75K GF	To support the school based projects and services for children with Severe Emotional Disturbances in the schools, a statewide coordinator is needed for Positive Behavioral Support. This position would provide leadership, coordination, training and systems development to build a statewide network of schools with a common language and skill set able to support children with behavioral health needs, autistic disorders and developmental disabilities in the school setting. The coordinator would also work with community agencies (behavioral health and developmental disability providers, etc) on system development to streamline planning and services for children with behavioral health needs. DEED is NOT sure that this is needed. May remove from budget.
Behavioral Health TA	107	\$100K MHTAAR, \$100K GF, \$75K Federal	Funding to streamline business practices with an emphasis on performance based funding and outcomes. Technical assistance, training, & mentoring to improve delivery of integrated, family-driven, recovery oriented services. Training & TA from State staff, contractors, or other providers. Services on-site, via phone &/or video-conferencing. Focus areas a) Medicaid service delivery, documentation & billing capacity or partnerships to achieve administrative economies, b) performance improvement & outcomes monitoring, c) PERM related preparation, d) implementing clinical performance improvement projects such as i) wraparound facilitation, planning & implementation, ii) evidence based or best practices, iii) FASD waiver services, iv) in-home & family therapy service models and v) models for sub-populations of children & families for whom in-state services are limited.
Tool Kit Contract	68	\$50K MHTAAR	Funding contracted out to develop tools to improve practices in the schools (Medicaid billing, EBP) For FY11, cut this down by 50% and then eliminate funding FY12.
H & CB services & start up			NO NEW FUNDING - REMOVED FROM LIST