

## **BTKH FY09 Continuation Grantees Annual Update**

### **\$100 Grantees to maintain Medicaid MH Billing Number:**

- Presbyterian Hospitality House (PHH)
- Residential Youth Care (RYC)

### **Alaska Family Services (AFS):**

The project entered its second year in FY09 with the goal of continuing to expand its school based services program in the Mat-Su. In addition, emphasis was placed on Summer Camps for elementary and secondary age students this past summer. In FY09 AFS served 87 total youth experiencing SED under the BTKH Grant. AFS evidenced a substantial increase in Medicaid billing in FY09 and is now a \$100 BTKH Grantee, maintaining their Medicaid Number for the School Based Services. Their largest challenge has been maintaining a psychiatrist. AFS is currently contracting with Denali Family Services for their psychiatric services.

### **Anchorage Community Mental Health Services (ACMHS):**

This early childhood school based services project entered its second year in FY09 anticipating continued expansion of its Little Tykes Program. At the end of FY09, 80% of BTKH staff have been trained on the ARC (Attachment, Affect Regulation, Competency) trauma focused evidence based practice. All staff have been oriented to Second Step Violence Prevention Curriculum. Two staff were trained in Parent-Child Interaction Therapy. This is a highly structured behavioral intervention in which the parent is taught to follow the child in child directed play and parent directed compliance, coached by the therapist behind a one way glass (parent has an electronic hearing device in her ear). Staff also received training in Child Adult Relationship Enhancement. We have been working with Anchorage School District on discharge planning for those graduating from Little Tykes. ACMHS recruited a new peer navigator from Alaska Youth and Family Network for the fourth quarter FY09. ACMHS served a total of 75 children in Little Tykes during FY09. 24 children graduated during the FY.

### **Catholic Community Services (CCS):**

The CCS Outpatient and Therapeutic Foster Care Expansion project entered its second year in FY09. Specialized Therapeutic Foster Care was an emphasis in FY09; specifically, training foster parents to serve FASD youth and also recruiting Foster Homes in smaller SE Alaska communities (i.e. Hoonah). Medicaid Billing increased in comparison to FY08. Collaboration with other community agencies has increased referrals to the Therapeutic Foster Care Program. In FY09 CCS served 40 youth experiencing SED. CCS also entered into an agreement with a new parent navigator from Alaska Youth and Family Network. CCS anticipates continued expansion of its therapeutic foster care program in FY10 to work alongside its new Early Childhood Program in Hoonah (BTKH Grant).

### **Central Peninsula General Hospital (CPGH):**

The CPGH Outpatient Program entered its second year in FY09. During FY09 CPGH served a total of 39 youth experiencing SED, over half of which received both Behavioral Health and Substance Abuse outpatient services. CPGH's behavioral health program continues to experience growth in Medicaid revenue. Their gross patient revenue jumped from \$17,064 in quarter one, to \$23,357 in quarter two, to \$28,371 in quarter three, and \$32,310 in quarter four.

Total billable services were \$101,102 for FY09. They are also noticing a very high rate of collection but this data is currently impacted by the high number of in-process claims. Developing systems that would separate mental health and substance abuse claims at billing greatly delayed or initial billing efforts. They continue to work toward increasing efficiencies will further improve revenue streams but we may be reaching a plateau soon and improved efficiencies may not be all that is needed for sustainability. Billable service is now making up approximately 76% of the associated staff costs. The project has entered its 3<sup>rd</sup> year in FY10 and is not sustainable. The BTKH population's Medicaid costs either cannot be reimbursed or are not fully reimbursable. Without the \$100,000 funding, CPGH estimates a scale-back to 1.5 providers (currently at 3.5) for rehabilitation services and limiting psychiatric appointments to emergencies only. With this increased funding, CPGH has a stronger chance of sustaining this program after FY10. In FY10 CPGH will become a Designated Treatment and Stabilization Center ("DES"); expanding their capacity to provide MH services to SED youth, while contracting with their own psychiatrist. CPGH was awarded \$100,000 (48 percent of total FY09 funding) BHTK funds to supplement their program.

**Denali Family Services (DFS):**

This project entered its second year in FY09. This outpatient pilot project continued to expand its services in providing individual, group and family therapy services to youth experiencing SED and their families in FY09. Services include community families in addition to children placed in their foster homes. DFS is serving community youth in addition to OCS and DJJ youth by providing clinical services through their BTKH Grant. DFS's long term measure of success for the treatment of individuals who are sexually reactive or sexually aggressive (both adjudicated and non-adjudicated) are declines in rates of physical and sexual abuse associated behaviors as well as the individuals commitment to use their safety network for support and the ability of that network to intervene when needed. 7 children graduated from the program in FY09; 2 of which were on probation and 5 of which were non-adjudicated sexually reactive/aggressive youth. In all, DFS served 24 total youth experiencing SED. With increased Medicaid revenue in addition to utilization of ISA funds, DFS reports these are sufficient to provide financial sustainability to the program.

**Family Centered Services of Alaska (FCSA):**

The REACH program entered its second year of BTKH funding in FY09. Intent was to decrease the number of acute care admits while evidencing an increase support services to families and youth experiencing SED in order to evidence a decrease of burnout in hopes of avoiding future crisis situations for these families. Per their Quarterly Reports, the REACH program served well over 200 youth experiencing SED, diverting many from acute care placements. The REACH program continues to move toward sustainability through increased Medicaid revenue. This grant concluded in FY09, though FCSA has a Medicaid MH Billing Number to continue service in the REACH program.

**Juneau Youth Services (JYS) – Early Childcare Support Project:**

The project is entering its 4<sup>th</sup> year in FY10 and continues to produce anticipated outcomes; however, the main barrier continues to be minimal Medicaid reimbursement opportunities for services provided to the target population. For the ECS project, Medicaid alone will not sustain these services. The state has recognized this dilemma and is putting a positive effort into finding sustainable funding for these services. Even with the current state funding, JYS has run a deficit

in project which they have met through its own agency savings. JYS has reduced their FY10 request to \$80,000 versus FY09 grant of \$100,000 and has increased their Medicaid projection by nearly \$28,000 in FY10 (25% increase). In FY09, the ECS Project served 108 youth experiencing SED. The FY10 requested \$80,000 accounts for only 36% of the overall project funding. JYS will meet the remaining 64% of the project cost through Medicaid and other sources.

**Juneau Youth Services (JYS) – Independent Living Project:**

The project, in its 3<sup>rd</sup> year in FY10, continues to work toward sustainability through BTKH and federal funding. JYS reduced their FY10 request to \$48,950 versus FY09 grant of \$56,954 (14% reduction) and has increased their Medicaid revenue projection by \$5,960 in FY10 (a 10% increase). Not all youth services are eligible for Medicaid, a barrier to sustainability. This year, federal reviewers visited and asked JYS to serve more non-SED runaway and homeless youth, a non-reimbursable population in Medicaid. The \$48,950 accounts for only 17% of the overall project funding. JYS will meet the 83% of the project cost, through their federal grant, Medicaid and JYS contribution.

**Maniilaq Association:**

This In-Home and Community Based Project entered its second year in FY09. The grant funded Clinical and Case Management Staff in addition to village based counselors. Barriers continue to be psychiatric services. Throughout FY09 Maniilaq contracted with API for same. A Navigator from Alaska Youth and Family Network has become an active component in the treatment plans and as extra support for the therapist and village based counselor's and attends the weekly review meetings. This connection maximizes resources for children and families and enables them to receive the quality care they need and deserve. 87 youth experiencing SED were served in FY09. The BTKH funding concluded in FY09. The services are still being provided under Maniilaq's Comprehensive Grant with DBH.

**Metlakatla Indian Community (MIC):**

The Outpatient and Therapeutic Foster Home Project entered its 2<sup>nd</sup> year in FY09. MIC added additional therapeutic foster homes to bring its total to eight. While this has been a great on-going financial success, it has also been gratifying for MIC to be able to keep twenty-three children in the community who would have been placed elsewhere. It has also been good to be able to put substantial dollars into the community as a result of this program. MIC has also been able to establish closer links to the school system where few existed in prior years. Progress in working relationships with the school district has been slow to evolve. Metlakatla has a new school superintendent this year that has been more open to Children's Mental Health involvement. The superintendent is now agreeable to beginning to have a trial of one MHA in the elementary school. The elementary school principle has been delighted with the progress of all our children in his school.

**Presbyterian Hospitality House (PHH):**

This grant is in the sustainability phase, and is a \$100 grant allowing PHH to maintain a Medicaid MH Billing Number to provide Clinical and Rehab services to youth experiencing SED in its Independent Living Program for males in addition to Clinical Services to its youth in their BRS programs. Medicaid Revenue continues to increase, and it is anticipated that PHH

will expand to providing these ILP services to females in FY10. PHH served a total of 68 youth under this BTKH grant, 10 of which were in the ILP Program.

**Residential Youth Care (RYC):**

This grant is in the sustainability phase, and is a \$100 grant allowing RYC to maintain a Medicaid MH Billing Number to provide Therapeutic Foster Care both in Ketchikan and on Prince of Wales Island (POW) in addition to Clinical Services to its youth in their BRS programs. Medicaid Revenue continues to increase, and it is anticipated that RYC will expand to providing these TFC services on POW in FY10. PHH served a total of 48 youth under this BTKH grant, 9 of which were via Therapeutic Foster Care.

**Sitka Counseling and Prevention Services (SCAPS):**

This outpatient and community based project entered its second year in FY09. SCAPS designed a similar 'campaign' for the Sitka School District, including expanded prevention services, hoping to build on work (and additional rapport) established during the past quarter. There, their efforts have been greatly abetted by the successful expansion and burgeoning goodwill garnered by the new Family Center program. This program, made possible by BTKH expansion funding received late in Q3 FY08, has produced a number of positive results, already. One is, the doubling of clients in the SED program, from 6 to 12, with another pending assignment as this is written. The Family Center provides for a case-manager position, which helps to supervise BHTs and provides coverage for the Program Coordinator during time off. Clinical Director completed a first 'Love and Logic Parenting' course in June, and has a second scheduled for August and September. The parents attending the first course organized a support group, with monthly potlucks, which they intend to keep going, inviting new participants as training courses are completed.

**Volunteers of America Alaska - Home & Community-Based Enhancements - ARCH**

The ARCH treatment program serves up to 24 (expansion from 18-24 bed approved Q3 FY09) youth 12-17 and involves a residential stay of 5 to 7 months. The youth's chemical dependency is addressed in a therapeutic environment and their maladaptive behavior patterns are addressed by the program's community. VOAA uses evidence-based strategies of treatment to maximize treatment success. During FY09 VOA contracted outside of their agency for assistance with their Medicaid Billing. Medicaid revenue evidences continued increasing. 47 youth experiencing SED were served in FY09. For FY10, the Alaska Legislature placed intent language in the FY10 budget to provide funds to VOAA for ARCH. The \$181,000 is allocated for FY10 and will come from general funds outside of the funds allocated for the Bring the Kids Home Program.