

Bringing (Keeping) the Kids Home

Detailed Funding Descriptions - Five Year Plan



State of Alaska • Department of Health & Social Services • Fiscal Year 2005 – 2013

Additional information is available at: <http://www.hss.state.ak.us/commissioner/btkh/>

BTKH 5-Year Projected Plan: Detailed Funding Description

Infrastructure Development

1. Crisis Bed Stabilization, Statewide

A. Explanation

This project will develop crisis stabilization beds in Anchorage to keep children safe while a community-based plan can be developed. Most children move into out-of-state care from acute care. This escalates when in-state services are not readily available.

B. Geographic Need

The first stage of this project is in Anchorage, and then beds will be developed in hubs to keep children from moving into Anchorage for crisis care. Hub communities may include: Juneau, Mat-Su, Bethel, Fairbanks, Ketchikan, Homer or Soldotna, Prince of Wales, Nome or Kotzebue and Dillingham.

C. Funding Need and Impact

Additional funding is required to expand this project beyond Anchorage. Alaska Medicaid covers residential care for most children after 30 days. This creates an incentive for residential care. This project will create an alternative option to avoid overuse of out-of-state care.

D. Expected Outcomes

Tracking will include: number of children served, the number diverted from acute care, and where children are ultimately placed.

2. Community Behavioral Health Capacity Development

A. Explanation

This will fund in-state grants to keep children at the lowest levels of care possible. Most Medicaid mental health resources for children are supporting residential care for children with severe emotional disturbances. This delays care until children's and families' needs are severe. Most out-of-state placements are by families who don't have resources to purchase the services the child needs or access to in-state services due to waitlists.

B. Geographic Need

This is a statewide project. Through fiscal year 2008, 28 operational grants were funded in Seward, Kenai, Ketchikan, Kodiak, Kotzebue, Metlakatla, Bethel, Prince of Wales, Juneau, Anchorage, Fairbanks and Mat-Su. Resources will be targeted to needs identified through community planning; children for whom in-state services are severely limited (e.g., aggressive, self-harming, etc.); and other gaps as they are identified.

C. Funding Need and Impact

Additional funding is required to expand services statewide for children in community settings. Children without appropriate community services are more likely to move into juvenile justice, residential treatment and acute care settings. Without in-state capacity, an exorbitant amount of state resources will continue to support a relatively small number of children in out-of-state settings.

D. Expected Outcomes

These grants will be evaluated by an independent evaluator. Possible outcomes measures will include: number served; number diverted or stepped down from out-of-state care; functional improvements; sustainability; and cost effectiveness.

3. Expansion of School-Based Services

A. Explanation

This project will develop a tool kit to assist schools to implement behavioral health programs and practices or to develop school Medicaid service delivery and billing. It will also support coordination of school discharge planning for children in residential care and support school behavioral health programs through grants.

B. Geographic Need

These projects will increase delivery of school-based behavioral health services statewide. School based Medicaid became available in fiscal year 2007; however, only two schools have taken advantage of it. Grant funding will be awarded based on documented gaps.

C. Funding Need and Impact

Over the next five years, additional funding will be required to expand this project. School failure can sabotage a child's ability to remain at home and impacts the transition from residential care when a structured school setting is often needed. Between state fiscal years 2004–2006, the greatest risk of readmission to an RPTC occurred within 31–180 days from discharge (44.2 percent) (Source: First Health Data: Behavioral Health Policy and Planning).

D. Expected Outcomes

Possible outcome measures will include: contract deliverables; schools trained; school satisfaction; transition success; and development of new school behavioral health programs.

4. Foster Care Rate Increase

A. Explanation

This project will increase the average daily rate for foster care. This rate increase is overdue; there has not been a rate increase for nine years.

Geographic Need

This is a statewide need. Foster care is a key service to reunify families. Family reunification is more likely when a youth is closer to home, and out-of-home episodes are brief. Foster homes are an effective strategy for achieving the OCS mission to strengthen families.

B. Funding Need and Impact

Failure to identify a placement is a factor both in children leaving the state for RPTC care and for delaying a child's transition home. Foster care can also provide non-custody children and families with intensive services rather than using residential care when a child needs to be out of home for a time.

C. Expected Outcomes

Possible outcome measures will include increase in therapeutic foster and group homes and outcomes for children served in these homes.

5. Individualized Services

A. Explanation

This funding supports services identified on a child and family treatment plan and necessary to keep a child out of residential care. It covers services for which there is no other funding source available, including Medicaid, health insurance, and family and community resources.

B. Geographic Need

This is a statewide project. Flexible funding is an essential ingredient in keeping children in their homes and communities and will be an ongoing need, particularly as more children move into community based placements.

C. Funding Need and Impact

Additional funding is required to meet statewide need. A lack of services such as respite, transportation, or equipment such as a motion detector can result in a child moving into Medicaid-

funded residential care. It is more cost-effective and better practice to provide necessary supports to maintain the child in the home.

D. Expected Outcomes

Outcomes to be monitored include number of children served, number of children diverted from RPTC care and success of services in keeping children in community settings.

Community Diversion, Care Coordination and Gate Keeping

1. BTKH Care Coordination

A. Explanation

This funding meets statewide needs. Currently most diversion by these coordinators is taking place in three acute care facilities in Anchorage. Over the next five years, this will expand in conjunction with development of regional-community resource teams across the state.

B. Geographic Need

This funding meets statewide needs. Currently most diversion by these coordinators is taking place in three acute care facilities in Anchorage. Over the next five years, this will expand in conjunction with development of regional-community resource teams across the state.

C. Funding Need and Impact

Increased funding will be required to expand activities statewide. Starting in January 2007, all referrals to out-of-state care are reviewed for diversion. Limited review for non-custody children referred to out-of-state care is partially responsible for the exponential growth in RPTC care.

D. Expected Outcomes

Outcomes being monitored include: the numbers of children diverted from acute care, the numbers of children served through individualized service agreements and the overall use of out-of-state and in-state RPTC care.

2. BTKH Planning and Community Diversion

A. Explanation

This project supports BTKH community infrastructure development to identify regional needs and community specific resources. Follow-up from the BTKH summits will implement regional solutions to keep children in their homes and communities.

B. Geographic Need

This is a statewide project. A written report with an analysis of common themes and issues resulted from the BTKH summits to guide planning and infrastructure development. Communities requested support to achieve goals identified in the summits. So far, summits have been held in Kodiak, Fairbanks, Kenai, Juneau, Bethel and Kotzebue.

C. Funding Need and Impact

No new funding required. Base funding will be maintained and activities will gradually shift from identifying infrastructure development needs into follow up projects to address the gaps. Activities will help design a system to better serve children with severe emotional disturbances and their families.

D. Expected Outcomes

Outcomes include a written report on each summit and an analysis of common themes and issues. In addition, participants are being asked for feedback on the process.

3. BTKH Peer Navigator Program

A. Explanation

Provides hands-on, flexible, in-home and community supports, education and navigation. Parent/peer navigation is a national model where trained parents or peers provide services and support to a child

and/or a family. The BTKH target population is children at risk of movement into residential care and their families.

B. Geographic Need

This is a statewide project. Currently, navigation services are available in Anchorage and in limited supply in other areas. During fiscal year 2008, this will expand to two additional communities. Future expansion will develop navigation services in each of the four Behavioral Health regions.

C. Funding Need and Impact

Additional funding will expand parent/peer navigation statewide. Currently, services are funded in Anchorage. Where possible, services are being designed to take advantage of Medicaid billable activities. However, services are not sustainable through Medicaid alone.

D. Expected Outcomes

Outcomes to be measured include: number of family and youth involved; family and youth satisfaction; and movement into residential, home or other settings.

System Management, Outcomes Tracking and Continuous Quality Improvement

1. BTKH Coordinator & Project Assistant

A. Explanation

The coordinator position supports project management, communication and collaboration between DHSS, stakeholders, providers, planning boards, and the Trust. This position is also responsible for seeking federal funding to assist with system development.

B. Geographic Need

Both positions will be in Juneau with statewide responsibility for activities related to BTKH and to children's system redesign that crosses DHSS divisions and stakeholder groups.

C. Funding Need and Impact

Additional funding for a project assistant is required. This will expand the capacity to organize and gather input from multiple stakeholders, to track funding and monitor project development, to incorporate research into planning, to seek federal grants and to report on project outcomes.

D. Expected Outcomes

These positions keep activities within the state linked and avoid duplication of effort.

2. Alaska Mental Health Board (AMHB)—Advisory Board on Alcoholism and Drug Abuse (ABADA) — Family and Consumer Driven Care.

A. Explanation

Supports parent and youth inclusion in BTKH quarterly meetings, teleconferences and travel to ensure that projects will meet the needs of parents and youth.

B. Geographic Need

This is a statewide project to incorporate family input from across the state and ensure that gaps that impact families' abilities to keep children home are addressed. Parents and peers from surrounding areas are assisted to participate in BTKH planning.

C. Funding Need and Impact

A slight increase in funding is needed to incorporate meaningful and consistent family/youth voice into the BTKH initiative as the project expands. Without family voice, policymakers risk decisions that undermine families' success, and may fail to keep children at home.

D. Expected Outcomes

Outcomes to be measured include: number of family and youth involved; family and youth satisfaction with the planning process; and outcomes.

3. DBH Infrastructure Development

A. Explanation

Will allow DBH to provide hands-on assistance to children's behavioral health providers to improve in-state service delivery and expand capacity. Will assist providers to develop capacity to meet performance-based funding goals and improve delivery of integrated, family-driven, and recovery-oriented services. Assistance may be provided by state staff or contractors, on-site or by teleconference.

B. Geographic Need

This is a statewide project. While small rural providers tend to be less sophisticated and to have fewer highly skilled staff, children with more severe needs tend to cluster in urban settings and impact urban providers. Currently Behavioral Health cannot provide regular on-site services to agencies needing support. Agencies frequently identify administrative, billing, clinical and programmatic needs and request assistance. Assisting agencies to address these needs will improve sustainability and allow them to expand capacity or improve program design and outcomes.

C. Funding Need and Impact

These unmet needs significantly limit the community-based services for children and families seeking in-state care. Work force and turnover, billing problems, clinical services and outcomes management are challenges to many providers. Failure to build the capacity for ongoing provider-specific infrastructure development will hamstring the in-state system development efforts.

D. Expected Outcomes

Outcomes will include the number of agencies served and changes related to the specific provider and infrastructure development need identified.

4. Tribal System Development

A. Explanation

This project supports tribes to expand health service delivery as recommended by Senate Bill 61 (Medicaid Reform report). Activities will maintain and enhance sustainability for existing core services and increase cost-effectiveness by improving access and quality of services. Funding may support development activities by state staff, contractors and/or by adding an additional staff to DHSS tribal programs.

B. Geographic Need

This is a statewide project to provide hands-on support to tribes to expand health service delivery. Several tribal groups have requested assistance and others will be encouraged to expand services for children with behavioral health needs. Tribal groups currently involved in children's services system development include: Southcentral Foundation, Maniilaq, Cook Inlet Tribal Council, Metlakatla, Bristol Bay Health Corporation with Bristol Bay Native Association, and Fairbanks Native Association with Tanana Chiefs Conference.

C. Funding Need and Impact

Many tribes find it challenging to move from a health delivery system funded by the Indian Health Service for clinic-based services to one that uses Medicaid funding for community-based services. Success increases culturally competent, rural service delivery, reduces emergency transports from rural areas and reduces the state's Medicaid GF match burden.

D. Expected Outcomes

Outcomes will include the beneficiaries served, increase in claims submission for behavioral health Medicaid and estimates of state general funds saved.

Work Force Development

1. Behavioral Health Residential Training

A. Explanation

This project supports the Rural Human Services Training Academy at the University of Alaska that brings behavioral health providers together in learning about behavioral health issues, sharing strategies specific to rural areas, and creating a learning network. Also supports scholarships to the University of Alaska Anchorage rural human service training program that offers distance, on-site and internship training for communities to "grow their own" work force.

B. Geographic Need

These projects are funded in Anchorage and serve statewide need. Work force shortage/skill level is one of the primary issues identified in needs assessment and planning related to BTKH.

C. Funding Need and Impact

Additional funding is needed to build scholarships. BTKH success relies upon an available, skilled and motivated work force. Without a skilled work force, children will continue to move into residential facilities, and into states in which the work force is cheaper and more available.

D. Expected Outcomes

Outcomes include the number of students trained, the number of scholarships for the Rural Human Service program, and feedback on the program from participants and behavioral health agencies.

2. BTKH Wraparound training and mentoring

A. Explanation

This project will support implementation of a strategic plan to develop competence in wraparound facilitation. "Wraparound" is a research-supported process that uses a child's and family's strengths, needs and desires to build a treatment plan based on both unpaid (or natural) supports found in the family and the community and on paid supports. In the 1980s wraparound was successful in bringing Alaska children back from out-of-state care through the Alaska Youth Initiative.

B. Geographic Need

This is a statewide initiative. Although there are more children with severe disturbances grouped in larger communities, emphasis will also be placed on rural areas where a complete continuum of care may not be available due to geographic, funding and population realities. Wraparound facilitation is an effective way to design a plan around family and community resources.

C. Funding Need and Impact

Children are frequently expelled from services due to difficult behaviors. In-state treatment is often reliant on formal services through grants and Medicaid. Wraparound encourages use of 50-percent unpaid services and this increases community participation. This project will re-institute the wraparound philosophy and support statewide implementation. DHSS is currently seeking a federal grant that would leverage BTKH funding with federal support and increase resources for implementation.

D. Expected Outcomes

Outcomes include the number of training activities as well as measuring the impacts of the initiative on youth and families served. If possible, fidelity to the wraparound model will also be evaluated.

3. Foster Parent Capacity Development

A. Explanation

This project will fund recruitment, training and support to increase the available foster parents for children with severe emotional disturbances. Foster parents provide short- and long-term placements for children in the custody of the state as well as for non-custody children who need time away from their families for treatment purposes.

B. Geographic Need

There is a statewide shortage of foster parents, particularly in rural areas. For that reason, this will be a statewide initiative, but will particularly target rural development where other residential options are not available.

C. Funding Need and Impact

Frequently children are delayed in leaving residential treatment because there is no placement. Children also move into out-of-state care because there is no placement. Foster parents often burn out due to a lack of respite and little training or support. This project will address these issues. Without supports, it will be difficult to build the number and quality of therapeutic alternatives that are needed to keep children out of long-term residential care.

D. Expected Outcomes

This project will increase the pool of available foster parents to serve children with severe disturbances in less restrictive settings. Outcomes to be monitored will include the number of foster parents served, the number recruited and the total number of available.

4. Early childhood mental health system

A. Explanation

Supports the work of the Early Childhood Comprehensive Systems grant to develop and maintain a statewide infrastructure to serve young children under seven with behavioral health needs and their families. To achieve this, a Project Coordinator and learning collaborative will be established and start-up grants will develop service capacity.

B. Geographic Need

Currently there are extremely limited mental health services for young children in Anchorage, Juneau, Fairbanks, Ketchikan, Sitka and a few other communities. Statewide shortages exist because of training, funding and system gaps.

C. Funding Need and Impact

Additional funding is required to add a project coordinator, expand the learning collaborative, and add grant-funded services. Services will take advantage of funding streams such as mental health Medicaid and infant learning grants. As the children in out-of-state care decrease, it is vital to stop additional children from becoming more severely disturbed.

D. Expected Outcomes

Outcomes to be monitored will include expansion of participation of professionals in the learning collaborative, and the numbers of children served through grant activities as well as the functional outcomes for those children.

5. Eklutna RPTC Training Site

A. Explanation

This will develop a training site at the new Eklutna residential psychiatric treatment center to train behavioral health staff. This site will provide both paraprofessional training and clinical internships for university students seeking advanced degrees in behavioral health fields.

B. Geographic Need

Work force is a statewide problem. While this project will train behavioral health workers across the state, there is particular interest in using this format to bring together rural trainees for internship and training opportunities, which will impact both paraprofessional and professional staff development.

C. Funding Need and Impact

This project will need a small amount of additional funding. BTKH success relies upon developing an available, skilled and motivated work force to staff the new programs being developed. Alaska providers must achieve the same level of skill and competency.

D. Expected Outcomes

Outcomes will include developing a training format, numbers of staff trained, satisfaction with the training opportunity, and provider feedback on staff competence.

6. Telemedicine Expansion:

A. Explanation:

Expand telemedicine capacity and billing mechanisms. Telemedicine is a component of BTKH work force and capacity expansion projects. Behavioral Health is expanding access through the Alaska Psychiatric Institute telepsychiatry project.

B. Geographic Need

The need for telemedicine is statewide in rural hubs. A few areas have developed or are already developing telemedicine capacity while others do not yet have the infrastructure to do so. Telemedicine capacity is one tool to expand capacity but must be built in conjunction with other capacity building activities to ensure that basic behavioral health service delivery is available on the ground.

C. Funding Need and Impact

There is no funding specific to this project at this time. Funding for behavioral health start-up grants for BTKH has included use of telemedicine where appropriate to support clinical service delivery. Behavioral Health has a separate initiative through the Alaska Psychiatric Institute to expand telemedicine which also has obtained some funding from The Alaska Mental Health Trust Authority.

D. Expected Outcomes

Outcomes include expanded capacity to provide and bill for behavioral health services in rural areas, as well as the ability to stabilize and treat children and youth more effectively in rural areas without requiring frequent visits to larger communities.

Capital Funding Needs

1. Denali Commission Projects: Underway

A. Explanation

Funding from the Denali Commission, state match, and private providers was pooled to develop necessary in-state residential resources, including the highest level of locked residential mental health treatment and one of the least restrictive levels, therapeutic group home care. At this time, several additional projects will need funding in order to be completed.

B. Geographic Need

Four agencies currently have projects in the Denali Commission's business planning process that will need capital funding over the next five years, if approved. They are in Anchorage, Juneau and Kotzebue.

C. Funding Need and Impact

These projects will be approved through the Denali Commission business planning process to ensure that need is established as well as consistency with BTKH goals, long-term sustainability and a developed business development plan.

D. Expected Outcomes

These projects will increase in-state bed capacity, allowing children to receive residential services closer to home.

2. Expanding Residential Alternatives in Hub Communities

A. Explanation

As basic infrastructure to provide community-based services for children with severe disturbances is expanded, this funding will support residential therapeutic or group home care in hub communities where the level of need will sustain the services. This project will also support modifications to homes to treat children with more severe disturbances (motion sensors, unbreakable glass, etc.).

B. Geographic Need

Geographic need for group home care is limited. New beds have been/are being developed in Anchorage, Fairbanks, Dillingham, Juneau, Mat-Su, Ketchikan, Kenai, Kotzebue and Prince of Wales. Many smaller communities cannot support residential care group homes. However there is need for low levels of base funding for foster home modifications.

C. Funding Need and Impact

Treatment in (or near) a child's home community maintains connections to his/her family and supports. This may include attending the same school or receiving services from a therapist who can continue to treat the child after discharge. Parental involvement and community supports are important for effective behavioral health care.

D. Expected Outcomes

Will develop three to five group homes, provide purchase of two homes for therapeutic foster care and establish on-going general funding for modifications to support therapeutic foster care.

3. Crisis Respite Stabilization

A. Explanation

This project will support capital costs related to developing crisis respite stabilization capacity. Most children move to out-of-state care from acute care. This process escalates when in-state services are not readily available. These beds will keep children safe while services are developed in-state.

B. Geographic Need

The first stage of this project is in Anchorage, and then services will be developed in hubs to keep children from moving into Anchorage or Fairbanks for crisis care. Hub communities may include: Juneau, Mat-Su, Bethel, Fairbanks, Ketchikan, Homer or Soldotna, Prince of Wales, Nome or Kotzebue, and Dillingham.

C. Funding Need and Impact

Additional funding is required to expand this project outside of Anchorage. Alaska Medicaid covers residential care for most children after 30 days. This sets up an incentive for long-term residential care. This project will create a funding source and alternative placement to avoid overuse of out-of-state care.

D. Expected Outcomes

This project will support development of approximately nine crisis respite stabilization projects in new or existing buildings.