

State of Alaska FY2010 Governor's Operating Budget

Department of Health and Social Services Services for Severely Emotionally Disturbed Youth Component Budget Summary

Component: Services for Severely Emotionally Disturbed Youth

Contribution to Department's Mission

To protect and improve the quality of life for consumers impacted by mental disorders or illness.

Core Services

- The Services for Severely Emotionally Disturbed Youth component provides competitive grant funding to community mental health agencies for a range of services for severely emotionally disturbed youth, their families, and for those youth who are at risk of becoming severely emotionally disturbed.
- The core services provided are assessment, psychotherapy, chemotherapy, case management and rehabilitation. Specialized services include individual skill building, day treatment, home-based therapy and residential services.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: \$13,462,900	Personnel:	
	Full time	0
	Part time	0
	Total	0

Key Component Challenges

As part of the Bring the Kids Home initiative (BTKH), the department has been and will continue to initiate a number of actions. Some of these include collaborative work groups with planning board staff, state staff, agency staff and parent advocates. Funded projects include: improving existing gate-keeping processes and incorporating new gate-keeping and care coordination structures focused on non-custody children; working to develop additional capacity in homes, schools, communities and regions; stepping children down to less intensive services as quickly as appropriate; and developing the entire continuum of care to meet long-term system needs.

Challenges include:

- The number of children placed in out-of-state residential psychiatric centers continues to present a significant challenge. While system stakeholders are aligned in their desire to reverse this trend, and indicators are showing the success of the initiative in reducing the numbers of children in out-of-state care, there are many children accessing out-of-state care. This absorbs resources that could be used in-state. An on-going financial investment is required to expand in-state services to meet the uniquely complex needs of these children and to develop a system where children and families receive services earlier to prevent movement into residential care.
- A challenge to the in-state system of care is the need for both immediate and long-term workforce development. This will continue to be a focus of the initiative and a challenge, particularly in rural areas. This includes developing and sustaining therapeutic foster and group home parents, and highly skilled professional and paraprofessional staff.
- An additional challenge is the development and institutionalization of mechanisms to support home and community based services. Due to the unique and varying nature of Alaska's communities, this requires creativity and flexibility. It also requires accessing natural supports and community resources to supplement the professional and paid resources. Through this initiative, we are building the system to allow/develop individual solutions for individual families. However, these efforts are still segmented and must be expanded across the state. Examples include pilot projects to provide care coordination, to build capacity for

wraparound facilitation, to make funding available for individualized service agreements, and to start up pilot projects to reduce residential care in specific communities.

- In the children’s mental health system, there is an increasing focus on addressing the needs of infants and young children to avoid development of more intensive needs later in life. An on-going challenge is to identify funding support for these early intervention and prevention activities. The integration of substance abuse and mental health provides an opportunity to leverage prevention activities by pooling resources.

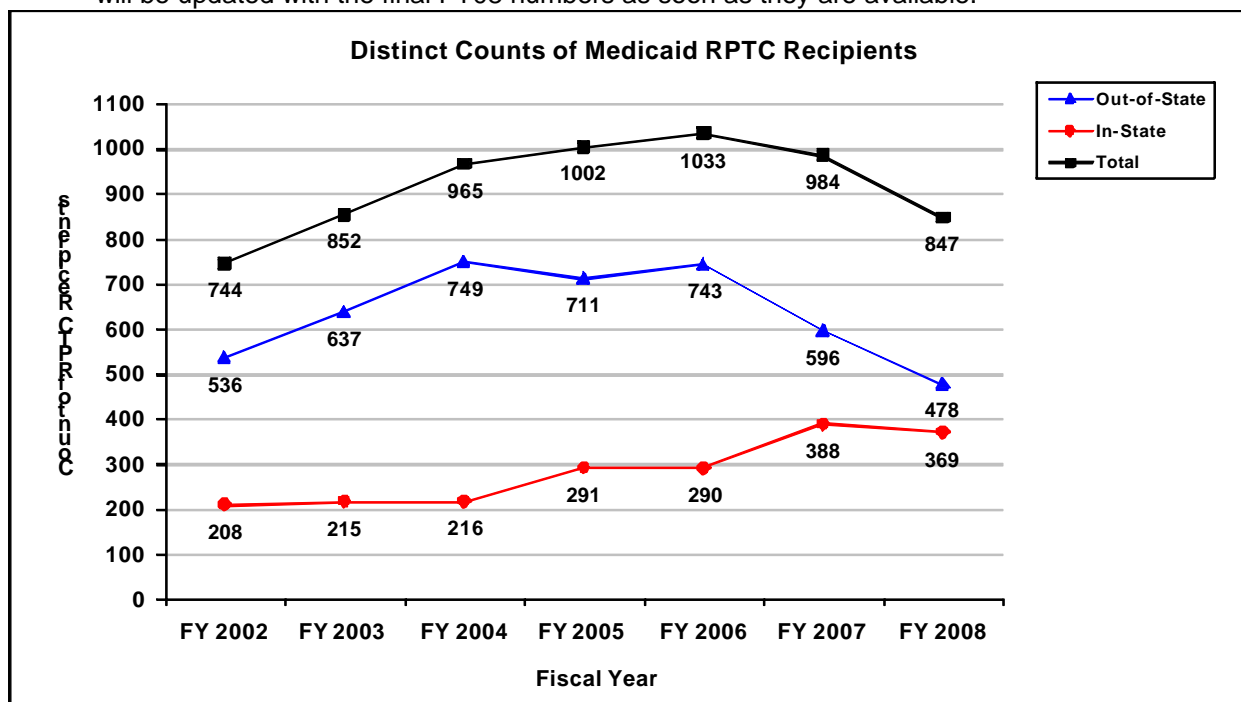
Significant Changes in Results to be Delivered in FY2010

The state is beginning to see tangible improvements in the system of care for children as a result of the major redesign caused by the Bring the Kids Home (BTKH) initiative. Such results are already measured by a reduction of children in out-of-state placements. The changes in results for FY10 are anticipated to be:

- Expansion of community-based services through implementation of a wrap-around service model that capitalizes on community resources, Individualized Service Agreements and Medicaid.
- Expanded access to small group homes in rural communities.
- Decreased flow of children to services out of state.
- Diversion from unnecessary movement into acute care.
- Increased referral into lower levels of residential care.
- Increased attention to developing support in the school.
- Increased support to tribes to expand health service delivery to seriously emotionally disturbed children in rural areas.
- Increased age-appropriate services for transitional aged youth moving into adulthood.

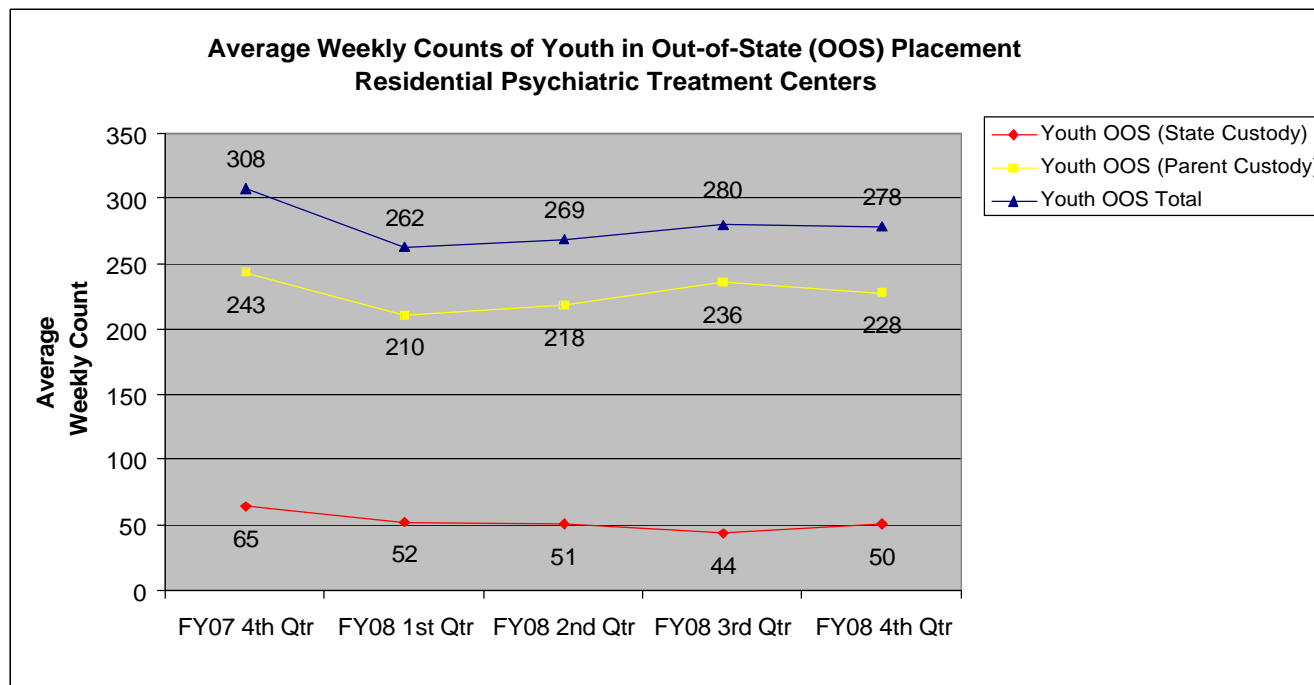
Major Component Accomplishments in 2008

- Preliminary FY08 data indicates that the Bring the Kids Home initiative continues to be successful in reducing the number of distinct out-of-state residential psychiatric treatment center (RPTC) recipients served, while the distinct RPTC recipients who received services instate is increasing.
- Preliminary data indicates that from FY07 to FY08, there was a decrease of about 18% in the number of distinct out-of-state RPTC recipients served, and an increase of about 7% in the number of distinct RPTC recipients who received services instate. The “Distinct Counts of Medicaid RPTC Recipients” graph below will be updated with the final FY08 numbers as soon as they are available.



Methodology: Data appears in the "DHSS BTKH Annual Report 07" (see link below), as provided by the Division of Behavioral Health, Policy and Planning Unit using MMIS-JUCE extracts. Data represents an unduplicated count of RPTC beneficiaries. This graph will be updated with the FY08 data once the DHSS BTKH FY08 Report is complete

- The "Average Weekly Counts of Youth in Out-of-State Placement" graph below also demonstrates the trend in reducing the number of youth being placed in out-of-state RPTCs. The FY08 4th quarter average weekly counts of youth in out-of-state placement RPTC's decreased by about 10% from the FY07 4th quarter counts.



BTKH Guiding Principles were adopted in April 2008:

- Kids belong in their homes (least restrictive, most appropriate setting, community based).
- Strengthen families first (strength based, preventative).
- Families and youth are equal partners (family driven, youth driven).
- Respect individual, family and community values (culturally competent, individualized care, community-specific solutions).
- Normalize the situation (meet the child where they are, respect normal life cycles, promote normal and healthy development).
- Help is accessible (coordinated and collaborative).
- Consumers are satisfied and collaborative meaningful outcomes are achieved (emphasis on research, evidence, quality improvement, accountability).

BTKH Accomplishments in 2008:

- Behavioral Health developed a new database to track out-of-state referrals.
- Behavioral Health developed a new contract for review of referrals to out-of-state care.
- An independent evaluator began monitoring outcomes for new Bring the Kids Home operating grants in FY08, and will continue in FY09.
- The Department of Health and Social Services and the Department of Education and Early Development developed an agreement for the committees that review children for residential care. The departments are also jointly staffing an "Education Subcommittee" to address system gaps related to education for children with severe emotional disturbances.

During FY08, the department engaged in aggressive review of policies, procedures and regulations around the children's behavioral health system to support BTKH goals. Efforts included:

- Completion of two cost and rate reviews developing a specific rate for secure beds.
- Use of "InterQual" a level of care tool continued to expand to include adults, adolescents, and children and

assesses chemical dependency, mental health, and co-occurring disorders. During FY08, refinements were made to the use of the tool to reflect Alaska Specific criteria in the decision-tree process. During FY09, level of care assessment will be piloted in the community and for the Fetal Alcohol Spectrum Disorder Demonstration Waiver.

- Collaboration with tribal providers to expand tribal access to Mental Health Medicaid to expand service delivery in rural areas, to expand access to culturally oriented services and to expand access to federal match.
- Development of a new “Education Subcommittee” for BTKH that targets collaboration with the school system to improve in-state access to coordinated services. The Educational Subcommittee advocated for funding for two projects to improve services for children with severe emotional disturbances in the school system. The first will facilitate transitions between residential treatment and schools and the second will develop a tool kit to help schools take advantage of regulations allowing them to provide behavioral health services for children with IEPs and a behavioral health problem that interferes with school work.
- Targeting education for schools about the new regulations that allow access to Medicaid for services for children with Individual Education Plans and behavioral health problems impacting school performance.
- Regulations planning efforts aimed at making it easier to serve young children and their families. The goal is to allow services to be initiated before children begin to move into higher levels of restrictive and expensive care.

During FY08, the division's utilization review staff continued active, ongoing successful implementation of diversion and system development activities, including:

- Work with staff of the three in-state acute care facilities to divert children from out-of-state care when clinically appropriate. Acute care facilities are the major referral source to out-of-state RPTCs.
- Revision and solicitation of the contract for authorization of inpatient psychiatric services, resulting in a new contractor starting January 1, 2008. In addition to authorizing inpatient psychiatric services, the contractor will supply additional data, reports, and provide care coordination to effectively transition youth from RPTCs to lower levels of care.
- Collaboration with outpatient providers about possible discharge plans for youth in acute care and helping to facilitate the use of Individual Service Agreements (ISAs).
- Delivery of regional “BTKH Summits” to assist and engage different areas across the State to plan for serving youth in their home communities, address local system gaps, identify funding issues, and educate communities on available resources.
- Collaboration with the BTKH Coordinators from Office of Children Services and Division of Juvenile Justice in the development of a Resource Committee to staff youth in acute care, and others. The role of these resource committees is to provide in-state treatment options for custody and non-custody children in acute care (and others), ensuring that the appropriate treatment services are matched with the client’s clinical needs, as close to their community and family as possible.

Statutory and Regulatory Authority

AS 47.30.520 - 620	Community Mental Health Services Act
AS 47.30.655 - 915	State Mental Health Policy
AS 47.30.011 - 061	Mental Health Trust Authority
7 AAC 78	Grant Programs
7 AAC 72	Civil Commitment
7 AAC 71	Community Mental Health Services

Contact Information

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**Services for Severely Emotionally Disturbed Youth
Component Financial Summary**

All dollars shown in thousands

	FY2008 Actuals	FY2009 Management Plan	FY2010 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	53.9	0.0	0.0
72000 Travel	200.1	0.0	240.0
73000 Services	104.7	795.7	1,315.7
74000 Commodities	23.6	0.0	40.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	8,437.2	10,517.2	11,867.2
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	8,819.5	11,312.9	13,462.9
Funding Sources:			
1002 Federal Receipts	200.0	517.7	517.7
1004 General Fund Receipts	147.3	898.0	898.0
1007 Inter-Agency Receipts	100.0	0.0	0.0
1037 General Fund / Mental Health	6,750.2	8,547.2	10,747.2
1092 Mental Health Trust Authority Authorized Receipts	1,622.0	1,350.0	1,300.0
Funding Totals	8,819.5	11,312.9	13,462.9

Estimated Revenue Collections

Description	Master Revenue Account	FY2008 Actuals	FY2009 Management Plan	FY2010 Governor
Unrestricted Revenues				
None.		0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0
Restricted Revenues				
Federal Receipts	51010	200.0	517.7	517.7
Interagency Receipts	51015	100.0	0.0	0.0
Restricted Total		300.0	517.7	517.7
Total Estimated Revenues		300.0	517.7	517.7

**Summary of Component Budget Changes
From FY2009 Management Plan to FY2010 Governor**

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2009 Management Plan	9,445.2	517.7	1,350.0	11,312.9
Adjustments which will continue current level of service:				
-Reverse FY2009 MH Trust Recommendation	0.0	0.0	-1,350.0	-1,350.0
Proposed budget increases:				
-MH Trust: BTKH - Transitional Aged Youth	200.0	0.0	0.0	200.0
-MH Trust: BTKH - Transitional Aged Youth	0.0	0.0	300.0	300.0
-MH Trust: BTKH - Tribal/rural system development	400.0	0.0	0.0	400.0
-MH Trust: BTKH - Tribal/rural system development	0.0	0.0	400.0	400.0
-MH Trust: BTKH -Grant 1392.02 Community Behavioral Health Centers Outpatient & Emergency Residential Services & Training	1,100.0	0.0	0.0	1,100.0
-MH Trust: BTKH - 1389.02 Crisis Bed Stabilization - Anchorage and statewide	0.0	0.0	150.0	150.0
-MH Trust: BTKH - Grant 608.04 Individualized Services	500.0	0.0	0.0	500.0
-MH Trust: BTKH -Grant 1392.02 Community Behavioral Health Centers Outpatient & Emergency Residential Services & Training	0.0	0.0	250.0	250.0
-MH Trust: BTKH - Grant 1390.02 Expansion of school-based services capacity via grants	0.0	0.0	200.0	200.0
FY2010 Governor	11,645.2	517.7	1,300.0	13,462.9