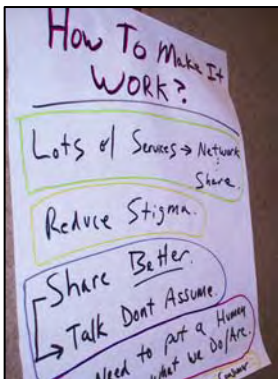


Bring the Kids Home 2007 Regional Summits

Executive Summary January 2008



Created by Agnew::Beck for
Alaska Department of
Health & Human Services,
Division of Behavioral Health

■ EXECUTIVE SUMMARY

The goal of the State of Alaska *Bring the Kids Home* (BTKH) initiative is to enhance or establish an array of services statewide to ensure that Alaskan youth experiencing severe emotional disturbance have appropriate treatment options within their communities or close to their families and to minimize out- of-state placement in residential psychiatric treatment facilities.

In the spring of 2007, the State of Alaska Division of Behavioral Health convened a series of regional meetings with local service providers to collect their input on the system currently serving youth in the state. Summits were held in Fairbanks, Juneau, Bethel, Kenai, and Kodiak. Summits were facilitated by Agnew::Beck Consulting with assistance from the Foraker Group and the Division of Behavioral Health. Community members, including service providers, stakeholders, and family were present and provided an essential “*Community Voice*” piece describing how the current *Bring the Kids Home* initiative has impacted their communities.

Summit participants identified the resources, barriers and gaps in the service delivery system as well as solutions and priorities to help guide future planning and funding recommendations. Below is a summary of the service delivery needs and solutions identified by the communities.

Gaps and Needs in the Service Delivery System

Groups were asked to identify service gaps and funding needs that would improve the in-state and community service delivery system for youth with severe emotional disturbance. For this segment, groups identified the particular gaps in the service delivery system and provided the priorities for addressing those gaps.

Funding

Adequate funding was cited as a barrier to improved service delivery in every region. There was consensus at each summit that the needs simply outweigh the funds available for services. Specific needs to address the most significant funding shortages were identified as follows:

- **Long-term commitment to funding solutions** – Funding that dries up after one, two or even three years creates a challenge to building sustainable programs and ensuring consistent service delivery. A deeper commitment from funders – particularly the State – to carefully think through types of funding needed, set up coordinated funding streams and commit to ongoing funding would allow stronger programs to be built and sustained.
- **Need for flexible funding** – While Medicaid is a useful and cost-effective funding stream, there are still a significant number of clients whose needs fall outside the regulatory coverage allowances under Medicaid. Even those clients who qualify for Medicaid are often constrained in the types of treatments they can receive, due to restrictions in what Medicaid will cover. Secondary sources of more flexible funding would help to fill in Medicaid’s funding gaps. For example the use of Individual Service Agreement dollars (ISA) for services such as service coordination would allow for a more effective service delivery system for youth and their families.

- **Funding coordination** – Removing barriers to and encouraging reasonable amounts of interagency programs and fund sharing between agencies would both allow service providers some flexibility and prevent program duplication. It could also encourage more coordination and communication among providers – particularly the State, regional health corporations and private nonprofits.
- **Funding for special programs** – Some critical but less “mainstream” programs are difficult to fund, or fall outside the specific purview of agencies and service providers. These programs – such as prevention programs, rural intervention programs, Spirit Camps, family and foster family support – should be viewed as part of the continuum of care, and also as providing needed outreach to special populations.
- **Funding for families** – Funding is often available for the child, but funding for parenting classes, peer navigation, respite care, family counseling and family-oriented types of support falls well behind what is needed; in many communities these services are not available at all.
- **Funding for kids “falling through the cracks”** – Crisis funding is more easily provided than prevention, intervention, or lower-level care. Also, as mentioned above, families and children who do not qualify for Medicaid or whose conditions are not “severe” enough find it more difficult to pay for or qualify for programs.
- **Workforce funding** – High-stress work and heavy caseloads contribute to a high degree of service provider “burn-out.” Funding to increase the number of service providers, increase their pay and benefits, as well as increase funding for training and support of these professionals is a straight-forward, and much-needed solution to keeping professionals in the field and to lowering staff turnover rates. Moreover, in all regions, participants stated that paperwork and reporting requirements were time consuming and cumbersome. Using a streamlined process, such as standardized intake forms, ROIs and assessment tools, would make agency communication and collaboration much easier as well as improve tracking program and individual treatment outcomes.

Services and Programs

While a great number of quality programs and services already exist throughout the state, there are many still needed. In discussions of services and program gaps in each region, the list of services and programs needed was uniformly long. Of particular importance were prevention and early intervention programs and taking a more inclusive approach to providing transitional supports and services to the whole family. Additionally, the need for more therapeutic foster care homes was repeated at every summit.

A summary of the commonly cited program and service needs includes:

- **Prevention & Early Intervention Programs** – Early identification training for teachers, youth court, self-esteem and cultural activities, Elder-youth programs, peer counseling and mentoring programs such as Big Brothers/Sisters and the Boys/Girls Clubs – these types of programs are seen by providers as effective, low-cost, efficient ways to prevent and/or allow for early identification and intervention of behavioral issues.
- **24-hour Facilities** – For crisis intervention and respite, detoxification and chemical intervention, acute care and emergency psychiatric services.

- **Transitional programs** – Including vocational training and employment assistance, transition planning, follow-up and aftercare, life skills training, transportation assistance, family support and education.
- **Wrap-around, Inclusive programs** – Allowing for support of the whole family, including parent support groups, education classes, substance abuse, family counseling.
- **Foster Homes** – Every region stated a need for an increase in the number of foster and therapeutic foster homes, particularly Alaska Native homes. In addition, training and support for foster families and consistent foster home certification standards were needs identified in every regional summit. Participants identified the need to set the reimbursement rates at reasonable rates would attract additional families willing to provide this service. Currently, communities believe the rates compensating families willing to provide foster care services are set too low.
- **Multidisciplinary and Child Protective Teams** – Summit participants, particularly in the western region of the State reported that Multidisciplinary and Child Protective Teams (MDT and CPT) were successful in providing support networks for children and their families. Participants viewed the teams as successful and believed it was necessary to increase funding to support additional teams in other villages.
- **Respite Care** – Similarly, every region identified a lack of services to provide temporary relief for parents or primary caregivers from care-giving duties. Respite care is an integral piece to avoid institutional placements and to defuse crises.
- **Suicide Prevention** – This particular issue was mentioned by family members and service providers with personal experiences who felt there was a lack of resources to address this issue – particularly in rural areas.
- **Telemedicine services** – For medical and behavioral health service delivery in remote, rural areas. Increased availability of telemedicine was reported to be a need in many BTKH summit locations.

Workforce

A consistent theme with regard to workforce and staffing challenges included a lack of providers and the high turnover rate among providers. Of particular concern is the lack of foster care families and child psychiatrists. Participants also cited high case loads, in addition to a shortage of qualified providers and clinicians leading to unmet needs both for youth and their families. A summary of the challenges are below:

- **Improve compensation** – Work to retain existing and attract new service providers (see “Funding” above), avoid high rates of staff turnover and burnout, and increase the perceived professionalism of the field.
- **Increase certain types of providers** – Particularly child psychiatrists, behavioral health providers, Family Service workers, and behavioral health aides in rural communities.
- **Streamline communication, Increase collaboration** – Forums for communication that include all levels of service providers and include families were seen as very helpful. Open, streamlined communication could improve the continuum of care, keep providers and

families abreast of new developments in the field and new services in the region, and allow discussion of how to simplify some systems. The amount of paperwork and case reporting were cited as barriers to service delivery, as well. Also, the sheer number of programs, services, agencies and organizations was commonly seen as positive, but difficult to keep abreast of and navigate – not only for clients and families but also for providers, too.

- **Streamline paperwork and create universal assessment tools** – A web-based resource directory of services that would allow for central searches of available programs could be very useful in this area. Also mentioned was the need for a standardized assessment tool as well as streamlined intake forms and ROIs to reduce the time spent on paperwork and allow for increased information sharing among provider agencies.
- **Improve trust and credibility** – In several of the regions, service providers and clients expressed concern over “lip-service” being given to the *Bring the Kids Home* problem by State and regional entities while real support for the issue – particularly in rural areas – was lacking. Real or not, this perception is a barrier to service delivery and harms the entire system. Increased, valuable communication between the State, regional entities, on-the-ground providers and families is part of the solution to this issue. Additionally, improved responsiveness to provider inquiries and concerns, and a willingness to look critically at statewide and regional programs and services and improve them will help bolster confidence among the various levels of service providers. Follow-up from these regional summits and a commitment to turning this feedback into outcomes is something that all participants desired.

Rural-Specific Challenges

- **Culturally-relevant care** – Language translation and bi-lingual service providers are needed, as well as service providers who are originally from within rural regions in the state, and who understand the cultural background of clients and families. Improved interpretation of technical, medical information is needed. Sensitivity to and support of families practicing a traditional rural Alaskan lifestyle requires flexibility in treatment modality and in the types of support families need – including transportation and travel expenses, child care, acknowledgement of subsistence harvest and seasonal priorities. Involvement of the tribal government in formulating a treatment program is essential to rural clients. Use of existing, traditional counseling and support structures could be coupled with more modern treatments to have the fullest effect. Cultural differences and language barriers were also cited as problems in terms of parents receiving information about their children’s health status or diagnosis. Information needs to be presented to families in less technical and clinical jargon and translated into “layman’s terms.”
- **Increased local services** – Too many children are taken out of the community for care because services do not exist within the community or sometimes even within the region. Solving this problem is at the heart of the *Bring the Kids Home* initiative. This issue is especially acute in rural areas. Strengthening behavioral health services offered in local schools and clinics are the key to bringing (and keeping) the kids home. As previously mentioned, Multidisciplinary Teams and Child Protective Teams were reported as successful approaches that provided wraparound services to both children and their families thus providing the opportunity for more youth to be treated in their home communities when

possible. Moreover, the teams also allowed for more successful transition periods when children are returning home from residential placements. This was viewed as critical particularly in rural areas. Also mentioned, most commonly in the Yukon-Kuskokwim Delta region was the lack of service providers available to serve the entire region. The Yukon-Kuskokwim Health Corporation is the only service provider offering behavioral health services. Attendees report that due to a reduction in staffing and services that are offered, there are long wait times for preliminary assessments and intake which leads to unmet needs and demands for services in this region are high.

- **Prevention and Early Intervention** – These types of programs as well as lower-levels of care were listed as those most lacking in rural areas.
- **Dangers within the community** – Many small, rural communities pose dangers to returning children, particularly if there is abuse or other problems within the family, peer group or larger community that precipitated a child’s behavioral issues. Methods and practices that can help assess whether or not a child is being returned to a safe environment are important to have in place.

Technical Assistance and Training Needs

Summit participants were asked to identify the technical assistance and training needs that would help the BTKH initiative be more successful in their communities. The following are a list of the needs most commonly identified across the state:

- **Wraparound approach to service delivery** – Providers and community members identified training on “Wrap” and individualized, person-centered planning as a need across the state.
- **Increased distance training opportunities** – Distance training opportunities as well as training to increase qualifications of staff and providers was identified as a need in Alaska.
- **Assistance with grant writing and fund development strategies** – Provider agencies in both Juneau and Kodiak reported that help with grant writing and fundraising strategies would benefit their agencies.
- **Disability specific training opportunities** – Summit attendees throughout the state identified that specific trainings on various disabilities would help. Trainings on Fetal Alcohol Spectrum Disorder (FASD) and information on “Practice-Based Evidence” of effective treatment modalities for youth with FASD; Developmental Disabilities; Substance Abuse; and other behavioral health issues were mentioned. Participants also recommended that the State of Alaska conduct a survey of service providers to identify the trainings they were interested in attending.
- **Training on Multidisciplinary and Child Protective Teams** – Attendees requested information and training on how to organize MDTs and CPTs in their communities.
- **Training for parents and caregivers** – To help them advocate for services and learn how to access appropriate services.

- **Coordinated communication efforts** – Summit attendees in multiple locations requested that information be provided to both service providers and stakeholders in the community, when youth were planning to return home from residential treatment placements.

Strengths to Build Upon

Summit participants were asked to identify community strengths to build upon with regard to treating youth in their home community. Many groups identified collaboration between agencies and area service providers as strengths the build upon, as well as the history of providers working together. Similarly, many groups stated that they are invested in ensuring the BTKH initiative is successful, through strong and dedicated communities that “care.” In addition, a number of groups reported that parents are involved and “empowered,” which participants viewed as both a strength and resource in their communities. Many groups identified families and extended families as natural support, particularly elders in the community as both a strength and resource. Traditional values as well as cultural ties were also cited as resources. Below are some additional strengths that were identified:

- Respondents reported that having parents and families actively involved in communities was an important strength to build upon. In addition, families are beginning to “drive” services and service delivery which communities felt was important to continue building.
- In the Fairbanks area, participants reported that the Wellness Court which is presently offered for adults works well but needs to be expanded to serve youth.
- Participants from the Southeast region of the state reported that the “Circles of Care” assessment data of services for youth with SED has been used to develop much of the family-centered services through tribal entities and partner agencies. In addition, participants believed that an increase in therapeutic foster care is expanding and that it is a needed service.
- As previously mentioned, participants from the western region of the state reported that Multidisciplinary Teams (MDT) and Child Protection Teams (CPT) such as those located in Kwigillnok and Kwethluk have strengths to build on, many participants reported the need to increase teams in additional communities. In addition, Behavioral Health Aides were viewed a strength and participants expressed a desire to increase the number, as well as the support and training of Behavioral Health Aides in communities.
- Summit participants in Kodiak stated they believed the local services available to youth are varied. Participants report that local agencies and service providers collaborate well together, though resources are spread thin. Similarly, the area has skilled, invested service providers with a diversity of background and experience.