

MATANUSKA-SUSITNA BOROUGH

Introduction

The State of Alaska Bring the Kids Home Initiative works 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.

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. A series of summits was held Spring 2007 in Fairbanks, Juneau, Bethel, Kenai, and Kodiak. Based on the success of the 2007 summits, the Division is hosting a second series of summits throughout 2008 in Kotzebue, Valdez, Mat-Su, Anchorage, Dillingham, and Nome. This report summarizes the input and outcomes of the Mat-Su Summit.

Matanuska-Susitna Borough Summit Overview

The Summit was held at the City of Palmer Community Center (Depot), Wednesday, April 16 through Thursday, April 17th. Approximately 30 people attended representing a variety of disciplines and agencies, including psychiatric nurses, clinicians, school counselors, parents, behavior analysts, representatives from Ted Stevens' and Lisa Murkowski's offices, substance abuse counselors, CODI (Co-occurring Disorders Institute), United Way, the Mat-Su School District, Alaska Family Services, Alaska Youth and Family Network and North Star Behavioral Health System.

Community members were featured on the Agenda and spoke at various points throughout the day to give an essential "Community Voice" describing how the current Bring the Kids Home Initiative has made a difference in their community. Following are brief summaries of the "Community Voices" that participated in the Mat-Su Summit.



Community Voices

Randy Moss, PhD from CoDI

CoDI (Co-occurring Disorders Institute) is funded through the Bring the Kids Home initiative and focuses on comprehensive care for both substance abuse and behavior disorders. CoDI is a principle based evolutionary demonstration project. "Instead of imposing a model, we want to have some principles that we all can talk about and adhere to and allow the good things to come up and figure out what doesn't work and pare those away." CoDI's theme is: our kids, our families, our communities. We want the decision-making to be centered with the family and

within the community. The best life outcomes occur when there is family involvement and community focus. CoDI is a resource for all families and providers in Mat-Su.

Dennis Boyer, MEd, LTC (works within the schools of the Mat-Su School District)

“How is it that we believe there’s somewhere outside of Alaska that’s a better place for our kids? We can do it here. This is so encouraging to me that this summit is happening.” “My job is to come up with creative solutions to help kids when the school district and other systems have run out of ideas. What I see is that teamwork is essential - bus drivers, teachers, teachers aids do better when we work together.” “The true test of our success as a group is [seeing] where the kids are at ages 18, 19, and 20- ‘do they get a job and go on or do they go to jail?’” “Our belief in them and their belief in themselves and the opportunities they have in the community will make a difference.”



Barry Johnson, Principal Mat-Su Day School

“We are three portables and a gravel pit and next year we’re going to get a trailer.” Mat-Su Day School is a transitional program that works with students with severe emotional and/or behavioral concerns as well as special education students who have received long-term suspension from their home schools. “Our goal is to prepare the students to be academically and behaviorally

successful in their home school.” Currently there are 30 students enrolled. “We help kids who have had challenges and even gone out of state for treatment to eventually move back into the standard school system and their home schools. One of our greatest challenges is the lack of information. When students come to us from another school or program we don’t have release information. We do our best to work with the kid in front of us, but it would help if there was better information that we can use to develop a proper program for the student.”

Donn Bennice, PhD from Alaska Family Services

Alaska Family Services operates two residential facilities - a 12-bed emergency stabilization facility and the 10-bed Rosa House. From Donn’s perspective, the long range goals for Bring the Kids Home should be to increase residential capacity within that state, offer seamless service-delivery, reduce the number of out-of-state placement and minimize future out-of-state placements. One of the largest challenges is infrastructure – “there is a lot more to running a facility than buying land and a building, for instance - security systems, maintenance issues, transportation” Finding sufficient vans for getting kids to appointments is a major challenge. The three main areas of focus needed for the BTKH initiative to succeed are: prevention, workforce development, and specialized support programs.

Division of Behavioral Health Presentations

In addition to the community voices the State Division of Behavioral Health provided background on the Bring the Kids Home Initiative as well as the FASD Medicaid Waiver program and the Individualized Service Agreement program.

Bradley Grigg, Juneau office of DBH

“We *have* to work together. With the barriers that we face, it can’t be ‘I’m doing this over here and you’re doing this over there.’ It’s going to take further collaboration and cooperation on behalf of all of us.” The Division is refocusing its guiding principles, its values, regarding how we want to see services offered to our kids. Refocusing to more home- and community-based services – bring the communities closer together to offer the best resources we can here. It’s going to be more children-family-community focused. Our goal is to do what we can to keep our kids home in their communities and identify the gaps we have in this community and resources to help.

Reta Sullivan, DBH Utilization Review Specialist

FASD or SED (Severely Emotionally Disturbed) Medicaid Waiver Program is a demonstration waiver providing reimbursement for services for youth who are already working with a service provider to receive home and community-based services. The program focuses on modeling, mentoring and monitoring. The program is still in its infancy. There is one person accepting funding through the waiver so far.

Individualized Service Agreements or ISAs were initially funded by the Alaska Mental Health Trust Authority and are for youth with SED at risk of being removed from the home. Funds are used to provide services that would not otherwise be reimbursed by Medicaid. The focus is on providing flexible, individual, specialized services. For both FY08 and 09 there is \$1.2 million available. There is no guarantee of funding beyond FY09. Some examples of ways ISA funds have been spent include: cab fare, gas cards so families can get back and forth to appointments, bicycles to enable a child get to school and appointments, a window for a family in winter, a heater for a family living a rural area.



Community Focus – Matanuska-Susitna Borough

For the majority of the one and a half days, summit participants worked in small groups to identify barriers and gaps in the service delivery system as well as resources, solutions and

priorities to help guide future planning and funding recommendations. Following is a summary of the service delivery needs and solutions identified by the Mat-Su for the Mat-Su.

Identification of Barriers

Groups were asked to think through strengths and weaknesses in their community in order to identify barriers to the success of bringing and keeping the kids home. The following major themes came through in the group discussion:

Community Education is needed to raise awareness about the issues surrounding mental illness and the programs available to support children and families

A barrier to the success of the BTKH initiative is the need for broad and basic education of the community on both the subject of mental illness, behavioral health, and substance abuse in



general as well as the problem of kids being sent outside to residential treatment facilities. If more community awareness was generated then perhaps more support and funding would be made available. Additionally, the community would benefit from a greater awareness of the ways in which they can help, such as becoming a foster parent, as well as the help and resources that are already available within the community to provide for the needs of children experiencing mental illnesses and behavioral health problems. It was felt that greater awareness and education would engage new and non-traditional partners.

Adequate Staffing and Workforce Development Issues

A resounding theme and strongly felt barrier to the success of keeping kids in state and bringing them home is the issue of the behavioral health workforce. There are simply not enough trained, workers to staff the programs and services required to keep kids in state and in good care. In addition, low salaries, inadequate training and educational opportunities, and the general stress and challenge of working with kids who have behavioral problems makes for high turn-over rates and a deficit in the continuity of care for troubled kids. These same issues make attracting new and diverse staff a challenge as well.

Basic Infrastructure, Services, and Programs

Another fundamental barrier to bringing the kids home is the lack of some basic infrastructure, services and programs that would support their success and rehabilitation. The structure and resources are not in place in the community for when kids return. Many specific needs were listed, such as: therapeutic foster care, emergency crisis respite facility, in-home crisis care, permanent housing opportunities, a level 6 facility, better transportation support, sub-acute care, and more respite care.

Family and Peer Supports

Keeping the kids home and supporting them when they come home could be bolstered by better support to the child's family. Skills training for families are needed both as a preventative



measure so they are able to support the child with behavioral issues but also so that they are well equipped when their child returns. Engaging all family members and educating them on how best to be a support is needed. Treatment should come from a family-centered perspective and better wrap around care would provide support to the entire family with parent support groups, education classes, substance abuse and family counseling.

Communication and Coordination within the System of Care

Clients within the system of care experience barriers simply because it is challenging to understand all of the different programs and agencies. There is not a seamless transition from one group or caregiver to another. The system has been described as a maze. It was suggested that each person receiving care have an advocate or ombudsman assigned specifically to them to help them navigate the available programs.

Funding

Adequate funding was cited as a barrier to improved service delivery. The needs simply outweigh the funds available for services. The Mat-Su particularly feels overlooked because there is a perception that they are a “can-do” community that takes care of their own issues. While this is a positive perception, it also means they feel they are not well funded. In addition to more funding, groups stated that flexibility in funding and funding for special programs would better meet client needs. There was also some discussion of delivery of funds: specifically that competitive grants tend to disrupt the spirit of collaboration and undermine efforts to work together.

Solutions

Groups were asked to develop solutions that could build upon the community's strengths and minimize weaknesses and barriers to success identified in the preliminary group discussion. Many solutions were suggested. Specific solutions are listed below under several broad themes.

Ensure Supports are in Place for Returning Child

- Counselor identified before a child's return from outside care; Social Security and other benefits established prior to return

- Develop transition team in order to create support around child including a care coordinator to facilitate transfer and help with discharge planning. Team should include providers specific to the child and family's needs.
- Obtain knowledge of child's mental and medical health history
- Help child adapt to the environment they are going to ultimately live in and help family with this process as well
- Work with out-of-state treatment facilities to be more proactive about discharge planning and work to coordinate services with them
- Work with the family – provide training, support, parenting classes

Build a Community Awareness and Education Campaign

- Develop newspaper and radio ads, PSAs and community service announcements
- Link education campaign to the data, such as how many kids are sent out; cost per day for them to be out vs. home far from family and community
- Work to see that comprehensive news articles are published
- Providers attend community information fairs with display tables. Try to get speaking engagements to cover Bring the Kids Home topics
- Build relationships and partnership with the media
- Publish a community resource guide
- Target decision makers – and educate them

Develop Collaborative Programs and Procedures

- Work to broaden partnerships with faith based groups, businesses, schools, PTAs, seniors, and inspire natural supports within the community.
- Develop a regular, predictable meeting schedule for the Bring the Kids Home Group so that all agencies can participate.
- Create a pool of crisis coverage care providers available to all agencies in the community
- Identify single point of responsibility for recruiting foster parents –a foster parent clearinghouse so there is not duplication of efforts and overlapping programs



- Develop a generalized release form allowing for information sharing between agencies or at a minimum a protocol for dissemination of information

Develop a more flexible funding system

- Work to improve Medicaid system to pay for family needs rather than just client needs
- Increased Individualized Service Agreement funds are needed

Improve Service Delivery and Step-up Basic Programs

- Develop a system for agencies to be open outside of normal business hours (Mon-Fri 8am to 5pm) in order to meet the family's needs. For instance, pay a differential to staff for flex time shift



- Expand the MASCOT transportation system
- Develop community supports such as free gym access for kids or scholarships to summer programs
- Develop a respite program
- Actively recruit for foster parents
- Provide bridging programs for people aging out of the system – after 18 where do they go?

Build Staff recruitment and training programs

- Develop a pool of trained workers that can be called upon when there are shortages or emergencies (right now each agency has its own background checks and vetting process, which takes too much time)
- Create a targeted, on-going recruitment program – work with the University, religious organizations, attend job fairs
- Offer bonuses and good perks to retain workers
- Work with the University system to offer the training, curriculum, and degree programs needed to build Alaska's behavioral health workforce

Focus on Prevention

- Education for providers, teachers, etc. on how to assess risk
- Need to develop a way to track kids in state that are at risk of leaving; improve our predictive ability
- All of the above solutions, if implemented would also work to prevent kids from going out of state. It takes the same effort and infrastructure to keep the kids here as it does to bring them home.