

ARKANSAS CHILDREN'S BEHAVIORAL HEALTH CARE COMMISSION

2009 ANNUAL REPORT TO THE
GOVERNOR



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ARKANSAS CHILDREN'S BEHAVIORAL HEALTH CARE COMMISSION

Current Efforts to Establish an Arkansas System of Care



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Youth Outcome Questionnaire

Statewide Rollout of the Children's Outcome Instrument

The statewide rollout of the Youth Outcome Questionnaire (Y-OQ®) began on January 25, 2010 with a launch meeting with the Executive and Clinical Directors of Rehabilitative Services for Persons with Mental Illness (RSPMI) agencies. First Lady, Ginger Beebe, provided the introduction for the meeting, highlighting the culmination of the efforts of many family members and stakeholders over the last four years. The Children's Behavioral Health Care Commission's Outcomes and Assessment Tools Work Group, consisting of public and private providers, state agencies, advocates and family members, recommended the Y-OQ® after reviewing over 50 outcome instruments. The Work Group recommended the instrument based on the following:

- **Consumer Voice:** The Y-OQ® asks parents and/or youth to give their voice about the care and effectiveness of treatment. Parents and youth will complete the Y-OQ® at the initial visit and at regular intervals; this tool will measure each child's or youth's behavioral health change and recovery.
- **Evidence-Based Practice:** The Y-OQ®, registered with Substance Abuse and Mental Health Administrative (SAMHSA) as an Evidence-based Practice, underwent several random clinical trials to demonstrate the feedback from the Y-OQ® report to the clinician before the client's sessions to improve the eventual outcomes and produce more cost-effective treatment.
- **Web-Based Software:** The OQ Analyst® software is a web-based product developed by OQ Measures, LLC. The software uses the latest technology (PDAs, computers, Internet) to provide feedback to mental health professionals in less than a minute after the parent/youth completes the instrument. Specially designed reports with easy to interpret alerts allow the clinician to make informed treatment decisions for each child/youth in their care.

Dr. Gary Burlingame, developer of the Y-OQ®, and Sue Jenkins, CEO for OQ Measures, in collaboration with the Arkansas Department of Human Services (DHS) and HP Enterprise Services (HP) will provide training for all mental health professionals in the current RSPMI agencies. During April, May, and June 2010, the DHS, HP, and OQ Measures will roll out the Clinical Trainings within five areas across the state and will communicate how to use the Y-OQ® results to guide treatment. Following the Clinical Trainings in each area, mental health professionals, paraprofessionals, and administrative assistants in each RSPMI agency may also participate in webinars for both new and ongoing training.

Family Youth Assistance Network

The Family Youth Assistance Network (FYAN) works with families, youth, and family organizations to ensure the Arkansas System of Care (AR SOC) is family driven, youth guided and child centered. The FYAN began as a work group of the Arkansas Children’s Behavioral Health Care Commission. The stakeholders serving on this work group, consisting primarily of families, caregivers, and advocacy organizations, soon determined they needed a more permanent role and voice in the AR SOC efforts. Over the past year, the FYAN provided leadership and direction on three important projects that will move the FYAN forward as well as help support and empower Arkansas families and youth. Specifically, the FYAN began working with the Department of Human Services (DHS), Bowman Systems, and the University of Arkansas for Medical Sciences’ Partners for Inclusive Communities to create an online resource directory and a curriculum for the Arkansas Wraparound Model.

FYAN OFFICERS

Chairperson:

Rhonda Sanders
Executive Director,
Arkansas Hunger
Relief Alliance

Vice-Chairperson:

Georgia Rucker-
Key, Caregiver for
two grandsons and
Arkansas
Behavioral Health
Care Commission
Member

Secretary:

Kara Wilkins,
Health Outreach
Coordinator,
Arkansas Advocates
for Children and
Families

- In the fall of 2009, the FYAN finalized their bylaws and elected their officers. The bylaws allow for the equal participation of agencies and families on the coalition; while, the officers elected show the strong emphasis on family leadership.



Family Youth Assistance Network

- Bowman Systems is developing and piloting the Beta version of the FYAN website and resource directory. The website and resource directory will allow families from across the state to find information about services and supports available in their local communities. The resource directory is part of a larger effort by the FYAN to create a Family Resource Center that will allow families to give phone based supports to other families. The initial development of the online resource directory was made possible through a Person Centered Planning grant from the Centers for Medicare and Medicaid Services (CMS).
- In addition, the FYAN collaborated with DHS to develop, plan, and implement the statewide Arkansas Wraparound Training Academies. The Wraparound Training Academies present an Arkansas model of Wraparound based on two sources 1) the Wraparound principles and phases identified by the National Wraparound Initiative out the University of Oregon-Portland; and, 2) the information provided by stakeholders in the FYAN roundtables that were held throughout the state in the summer and fall of 2008. The Wraparound Training Academies allow families and professionals to increase their communication skills, learn how to plan with families with hard to meet needs, and become certified Wraparound Facilitators. In the fall of 2009, over 100 participants attended the initial pilots of the Wraparound Training Academies in Garland, Independence, and Pulaski counties. The Wraparound Training Academies are scheduled in every region of the state throughout 2010.

The three primary areas the FYAN will focus upon in 2010 include:

**Developing a Family Resource Center;
Finalizing the website; and,
Hosting a family leadership conference**

In addition The FYAN will continue to partner with DHS to develop subsequent training for families and professionals.

Core Elements Demonstration Projects

On July 1, 2009, the Department of Human Services (DHS) Division of Behavioral Health Services (DBHS) awarded Health Resources of Arkansas in Batesville, and Community Counseling Services in Hot Springs, the Arkansas System of Care (AR SOC) Core Elements Demonstration project grants. The purpose of the demonstration projects is to support the development of the AR SOC Core Elements to provide a sustainable foundation for local communities systems of care. The AR SOC Core Elements for the demonstration projects are respite, local care teams, wraparound care coordination, and intensive family services. The demonstration is divided into 3 phases:

PHASE 1

The first phase focuses on the establishment of the Care Coordinating Council (CCC). Community collaboration is one of the most critical components in developing a local system of care. It includes recruiting and maintaining stakeholder participation on the CCCs as well as identifying referral sources within the community. Both demonstration sites have functioning CCCs that are providing governance and supervision to the local care teams as well as to their overall local systems of care. Family members are regularly attending and actively participating on both of the local CCCs, and the families are participating in local parent support groups.

PHASE 2

The second phase focuses on the development of the AR SOC Core Elements. Both demonstration sites have encountered a few barriers during the development of the AR SOC Core Elements. For example, time is a factor when developing local care teams. Engaging the family and identifying their strengths and needs can take several weeks. These initial steps must occur prior to identifying members of the local care team and developing a wraparound plan. Furthermore, educating the community stakeholders on system of care and developing appropriate wraparound services and supports is often time consuming. Both sites developed informal respite services as well as intensive family services for their identified target populations. Health Resources of Arkansas is using solution-focused intensive family services, while, Community Counseling Services is using the Homebuilders Model of intensive family services.

Core Elements

Demonstration Projects

PHASE 3

The third phase focuses on the actual provision of the core elements to the identified children, youth, and families within the demonstration sites. At the beginning of the third phase, both sites initially identified 10 to 15 families for the demonstration project. Some of the challenges encountered by both sites at the beginning of the third and final phase of the demonstration projects include a) accepting referrals in a timely manner; b) identifying and attempting to bridge local services gaps; and, c) locating appropriate respite services and supports children and youth with severe behavioral and emotional needs.

While the formal project deadline is approaching quickly (June 30, 2010), both demonstration sites have a one year, no cost extension available to them to continue their projects. Additionally, both services sites have been focusing on long-term solutions for sustainability since the first phase of the project.



Wraparound Flexible Funds Demonstration Projects

The purpose of the Arkansas System of Care (AR SOC) Wraparound Flexible Funds Demonstration project is to facilitate the development of local systems of care and to provide funding for the demonstration of the effectiveness of flexible wraparound monies in the 14 Department of Human Services (DHS) Division of Behavioral Health Services (DBHS) mental health service areas. With the initial release of the Request for Applications (RFA), DBHS awarded 10 applicants, and as of February 1, 2010, DBHS awarded the remaining applicants for all 14 service areas. The first quarterly reports included data from 12 demonstration sites gathered from October 1, 2009 through December 31, 2009 and documented a total of 56 wraparound plans initiated.

One of the primary emphasis of the demonstration projects is the development of a Care Coordinating Council (CCC) in each service area. The CCC is responsible for facilitating the expansion of partnerships with community resources to support the needs of children, youth, and families, and assisting in the development of essential wraparound services and supports across the service area. To help facilitate the CCC and wraparound services and supports, each demonstration project received additional funding for a Community Care Director (CCD) and Wraparound Facilitator.

The CCD is responsible for convening and coordinating the CCC, oversees the development and implementation of a local SOC plan, including the goals and outcomes for advancing the local SOC, and facilitate, to the extent possible, the development of a localized array of services and supports, including wraparound teams.



Wraparound Flexible Funds Demonstration Projects

The Wraparound Facilitator is responsible for providing wraparound planning within the service area and supervising wraparound teams when necessary. In addition, the Wraparound Facilitator is responsible for training new wraparound facilitators within the services area and providing education within the community regarding the wraparound process.

To support the second primary emphasis of the demonstration projects, wraparound flexible funds are available in each of the DHS Division of Behavioral Health Services (DBHS) 14 service areas to provide nontraditional supportive services for children, youth and families through the wraparound process. Example nontraditional services and supports include, but are not limited to, respite, mentoring, tutoring, interpretation, transportation, parenting education, supportive child care, and substance abuse treatment.

The demonstration sites provide monthly reports documenting outcomes; barriers and successes; as well as services provided through the use of wraparound flexible funds. Information from the reports will help demonstrate project effectiveness, direct future System of Care activities, and inform the ongoing technical assistance provided by the DBHS.

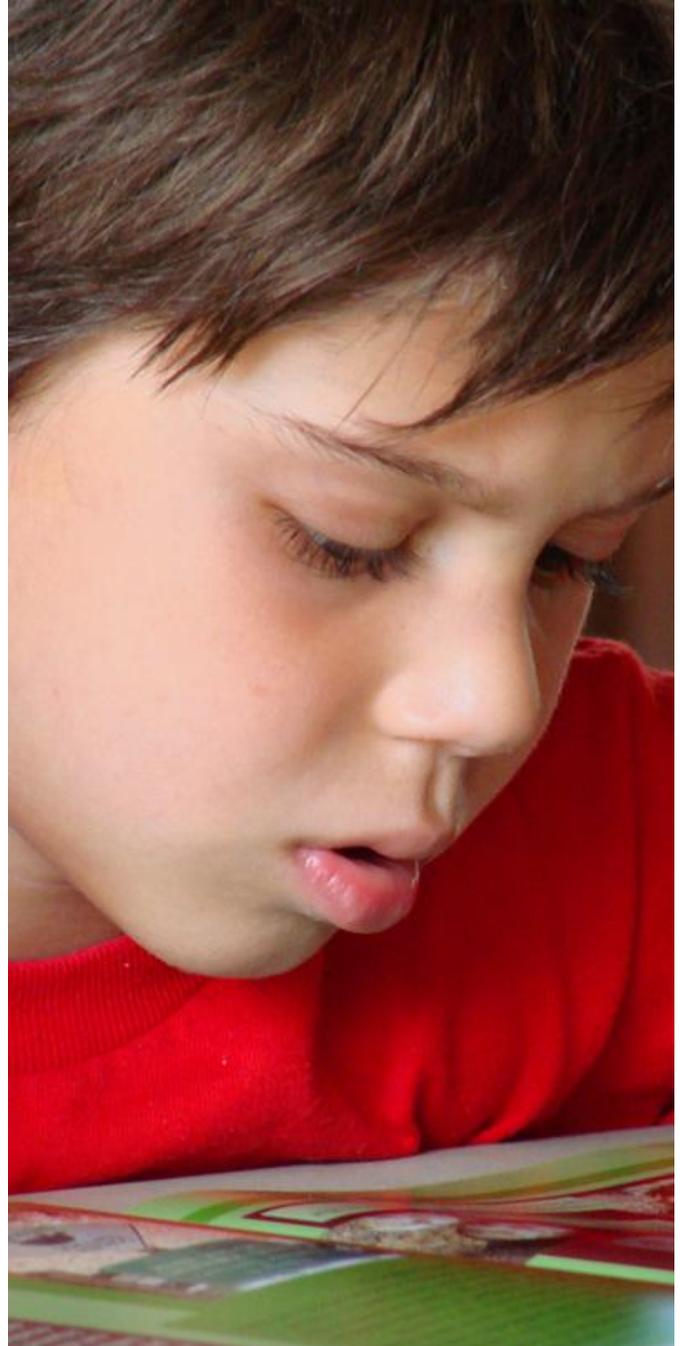
To help support the demonstration sites and assist with intra divisional staffings, DBHS developed the SOC Clinical Team. When requested, the SOC Clinical Team reviews complicated and difficult cases to identify service gaps and direct families to the local demonstration sites for the appropriate services and supports necessary to maintain children and youth safely within the home..



Unbundling of Medicaid RSPMI Services

In 2009, the Department of Human Services (DHS) Divisions of Behavioral Health Services (DBHS) and Medical Services (DMS) successfully collaborated to promulgate revisions to the Rehabilitative Services for Persons with Mental Illness (RSPMI) program which included revised service definitions and a new process for requesting prior authorization and extension of benefits for medically necessary services. These revisions are designed to assist moving to a System of Care that supports a mental health continuum in the state. In an effort to align these revised definitions with the principles of System of Care, the service definitions also call for a larger decision making role for parents and caregivers in the treatment of dependent children.

The development process for these new services has been transparent and inclusive with representative family members and providers. In conjunction with promulgating the necessary revisions, DMS planned a three-month post implementation transition to ensure consumers could continue to receive services under existing authorizations while providers adjusted to the new authorization process. The unbundling of multiple services for children and youth with SED will allow the Arkansas System of Care to better uphold its responsibility to provide services and supports that are individualized to the needs of children, youth, and families as well as a clear picture of services requested and utilized according to frequency and duration.



Services, Supports, and Standards Work Group

Over the past year, the Children's Behavioral Health Care Commission's Services, Supports, and Standards Work Group (SSS) developed definitions for traditional and nontraditional services within the Arkansas System of Care (SOC). These definitions will function as guides to increase the quality of care for children, youth, and families throughout the state.

In addition, the SSS Work Group and Mental Health Paraprofessional (MHPP) Subcommittee explored issues of developing a statewide standardization for the education, training, and certification of mental health paraprofessionals. The SSS Work Group recommended DHS develop a MHPP survey to gather data from RSPMI providers.

The MHPP survey asked all current RSPMI providers to report on the number, education, location, experience, and salary of currently employed mental health paraprofessionals (MHPPs). All of the 44 RSPMI surveyed providers returned the questionnaire providing a 100% return rate.

A sample of the data from the survey, conducted March through April, 2009:

- 2234 MHPPs are working in the RSPMI sites;
- 1029 MHPPs are serving only children;
- 826 MHPPs are serving only adults;
- 379 MHPPs are serving both children and adults;
- 3% of the MHPPs hold a Master's degree;
- 49% hold a Bachelor's degree;
- 18% have between 1 and 3 years of college;
- 30% hold a High School degree or a GED;
- 50% of the RSPMI providers required a Bachelor's degree for MHPPs; of those providers, 68% required a degree in a human services related field.

Services, Supports, and Standards Work Group

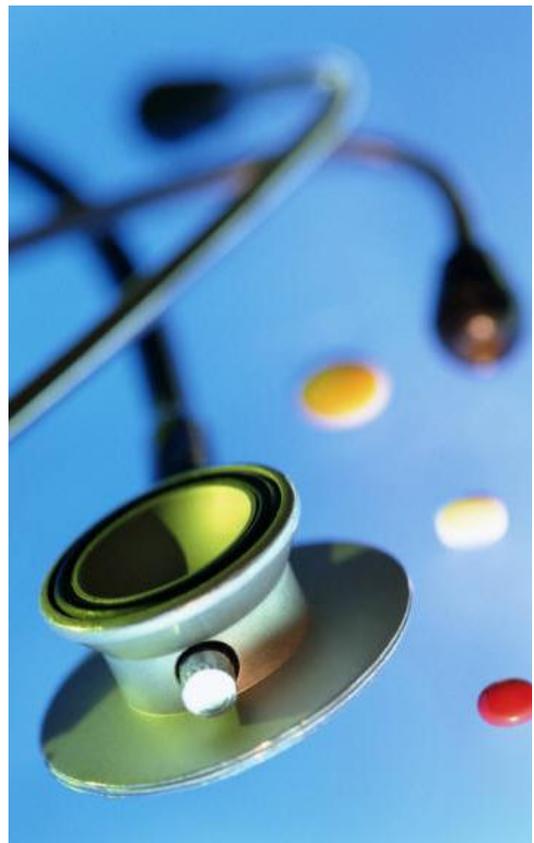
Following the completion of the survey, the SSS Work Group used the data to examine certification, training, and education needs for mental health paraprofessionals and recommended the MHPP Subcommittee focus on training and certification. The MHPP training and certification Subcommittee researched training and certification in other states and conducted a conference call with Oklahoma representatives. The Subcommittee will prepare recommendations for MHPP training and certification for the April 22, 2010 Arkansas Children's Behavioral Health Care Commission meeting.



Atypical Antipsychotic Project

In 2008, the Department of Human Services (DHS) established the Atypical Antipsychotics Work Group. The DHS medical directors chaired the Work Group and collaborated with the DHS Division of Medical Services (DMS) and the UAMS College of Pharmacy to develop specific guidelines for the prescribing of antipsychotic medications in children and adolescents up to age 18. The Work Group presented their recommendations to the Children's Behavioral Health Care Commission in October 2008. Subsequently, NAMI-AR, the AR Medical Society, the AR Psychiatric Society, and the Drug Utilization Review Board (DUR) reviewed and approved the recommendations of the Work Group and issued new guidelines that went into effect in July 2009.

The UAMS College of Pharmacy reviewed all recipient profiles and provided consultation about the use of medication and education to assist providers to come into compliance with the guidelines. The DBHS Arkansas State Hospital (ASH) Child Psychiatrists provided additional consultations, while, DMS and EBRx (DMS pharmacy benefit manager) distributed notices in advance to those specific providers affected by the edits along with patient specific information to the physicians. At the October DUR meeting, the new edit had only been in place for approximately six weeks. The DUR will monitor the implementation process and have regular meetings through out the year. Drs Larry Miller and Steven Domon, along with the DMS pharmacists and the UAMS pharmacy call center, continue to provide technical assistance to pharmacists and physicians as needed.



Multi-Systemic Therapy

The Department of Human Services (Division of Youth Services) entered into a contractual agreement with Youth Bridge, Inc. effective 12-21-09 to provide Multi-Systemic Therapy (MST). MST is an intensive family-based and community-based intervention that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multi-systemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

MST addresses the multiple factors known to be related to delinquency across the key settings, or systems, within which youth are embedded. MST strives to promote behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change. This MST pilot will target chronic or serious male or female juvenile offenders, ages 12 to 17, which are at high risk of commitment to DYS. Youth Bridge, Inc. will receive referrals from the juvenile courts or from DYS.

The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior. Intervention strategies are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapy.

MST is provided using a home-based model of services delivery. This model helps to overcome barriers to service access, increases family retention in treatment, allows for the provision of intensive services (i.e., therapists have low caseloads), and enhances the maintenance of treatment gains. The usual duration of MST is approximately sixty (60) hours of contact over four (4) months, but each family's overall needs individually determine the frequency and duration of sessions.



Youth Advocate Program

Effective January 15, 2010, the Department of Human Services (DHS) Division of Youth Services (DYS) will enter into a contractual agreement with United Family Services, Inc. and Community Services Inc. to provide a modified model of the Youth Advocate Program (YAP) model in three judicial districts. The three judicial districts are 6th (Pulaski/Perry), 11^{West} (Jefferson/Lincoln), and 20th (Faulkner/Van Buren/Searcy).

The YAP is an intervention strategy used to assist in stopping the trend of youth violence by offering an intense community-based program for youth at risk of being committed to DHS, or youth who are in aftercare and at risk of commitment to DHS. The program is designed to provide opportunities for targeted youth and their families to develop, contribute, and be valued as assets so that communities have safe, proven effective and economical alternatives to institutional placement. An advocate with extensive YAP training will spend 10 (ten) hours per week with youth in structured educational, social and recreational activities.



Intensive Family Services

The Department of Human Services (DHS) Division of Children and Family Services (DCFS) released a Request for Proposal (RFP) for Intensive Family Services for all ten DCFS Service Areas .

Intensive Family Services (IFS) are time-limited intensive counseling, skill building, support services and referrals to resources that target the needs of the family. The services are primarily intended for families whose children or youth are in imminent risk of an out of home placement but may include under certain circumstance families who have already experienced an out of home placement and reunification is planned. Services are aimed at ensuring the safety of all family members while helping the family learn how to stay together successfully. The goal is safely keeping children and youth when possible with their families by providing services aimed at restoring families in crisis to an acceptable level of functioning delivered within a System of Care framework. Services are intensive. Families typically receive up to 36 or more hours of face-to-face contact during the intervention.

Services are accessible 24 hours a day 7 days per week and delivered in the family's home or a natural environment for a period of four to six weeks. Caseloads are typically two to four families per therapist. The providers must be available a) to meet with families in their homes, during hours that fit into a realistic daily routine, so they can work with families during the times problems are most likely to occur (e.g. daytime, evenings and weekends); and, b) to obtain a good understanding of the family's daily routines.

The services will build on the strengths of the family. Providers must have an understanding of environmental, behavioral, and cognitive interventions with families.

The RFP requires IFS providers to work closely with the local System of Care to provide services and supports for the families. The providers will refer families to the local System of Care, and participate on local wraparound team meetings.



Telemedicine

Following a presentation at the June 2009 Children's Behavioral Health Care Commission meeting, the Department of Human Services (DHS) Division of Medical Services (DMS) created a Telemedicine Advisory Group to formulate policy and guidelines around the necessary equipment and technical standards to access the closed superhighway structure, and standards of practice for utilizing telemedicine services for Medicaid purposes. The Group consists of members from the University of Arkansas for Medical Sciences (UAMS), Division of Medical Services (DMS), Division of Behavioral Health Services (DBHS), Arkansas Department of Education (ADE), Community Mental Health Centers (CMHC), private providers, the Arkansas Hospital Association (AHA) and a consumer family representative.



Arkansas Collaborating To Improve Our Network



ACTION for Kids

ACTION for Kids (AFK) is a cooperative agreement site from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide comprehensive mental health services for children, youth, and families. The population of focus is children and youth under the age of 21 at risk of entering or returning to an out-of-home placement in Craighead, Lee, Mississippi, and Philips counties. The program is entering the fifth year of a six year grant. This past fall AFK received a Federal Site Visit from their SAMHSA Federal Project Officer and her team to track progress and sustainability efforts that are being implemented by Arkansas's first system of care community. The federal site visit report highlighted some of the achievement of AFK and how the grant contributes to the State of Arkansas's System of Care efforts. These highlights include:

- Positive Behavior Interventions and Supports (PBIS), a partnership between 37 schools in the four county area served by Action for Kids, is a systems approach for establishing the culture and behavioral supports needed for schools to be effective learning environments. This past year's data revealed that those schools who had fully implemented PBIS for the third consecutive year had an overall decrease in Office Discipline Referrals (ODR) of 33%. Some of the individual schools range in a decrease as large as 61% to 18%. These decreases reflect less school time spent on discipline and more time on instruction and school activities.
- AFK's wraparound services and supports were recognized as leader across the nation in the development of a model program. The federal team acknowledged the fidelity of the process and success it is showing in youth and family ownership and success in their treatment and services.
- AFK now has a viable and fully functioning Governance Board. Items developed this past year include: a full slate of officers, by-laws, and committees. The Governance Board recently participated in the development of the Year 5 budget. Currently, they are beginning to oversee policy and procedures regarding the development of local Systems of Care. Similarly, the increase in Governance Board members from family and youth has been a highlight. AFK has a minimum of three family members and one youth from each of the four counties on a board of twenty-three members.

Arkansas Children's Behavioral Health Care Commission 2009

Commissioner	Representing
Marvin Alexander	Youth Representative
Kim Arnold	Arkansas National Alliance on Mental illness
Dr. Jim Aukstulius	Arkansas Behavioral Health Care
Jay Bradford	Arkansas Insurance Commissioner
Dr. Steven Domon	Arkansas State Hospital
Adella Gray	Retired School Counselor
Consevilla James	Treatment Homes, Inc.
Georgia Rucker-Key	Family Advocate
Dr. Tom Kimbrell	Arkansas Association of Educational Administrators
Dr. Teresa Kramer	University of Arkansas for Medical Sciences
Dr. Jennifer Lang	Methodist Behavioral Hospital
Carol Lee	Child Development Incorporated
Karen Massey	Southwest Arkansas Educational Cooperative
Clarence Perkins	Southeast Arkansas Behavioral Healthcare System
Wes Robbins	Dayspring Behavioral Healthcare
Dr. Tommy Roebuck	Retired Legislator and Dentist
Rhonda Sanders	Arkansas Hunger Relief Alliance
Joyce Soularie	Consumer and Family Advocate
Honorable Joyce Warren	Sixth Judicial Circuit Court Judge
Dr. Gary Wheeler	University of Arkansas for Medical Sciences