NACBH NEWS

National Association *for* Children's Behavioral Health

JUNE 2017 | VOL 1 NO 1

TABLE OF CONTENTS

Executive Director Notes 2
Public Policy Committee Report..... 3
Upcoming Conferences 3
Standards Committee Report..... 4
NACBH Member Spotlight 6

National Association for Children's Behavioral Health
1025 Connecticut Ave, NW, Suite 1012 | Washington, DC 20036

EXECUTIVE DIRECTOR NOTES

Pat Johnston, Executive Director

Dear NACBH Colleagues,

Anticipation is high and planning is in the final stages for NACBH's 2017 annual public policy meeting in Baltimore this month, ***Next Gen Health Care: Integrating Children's Behavioral Health in 2017 and Beyond***. An exceptional line-up of health policy experts, key partners in national health coalitions, and federal and state Medicaid representatives will provide context and insight for shaping the future of children's behavioral health services. With participation from twenty-one states – providers, state associations, accreditation agencies, and payers – it promises to be a dynamic and productive exchange. I'm really looking forward to seeing many of you there, and reporting some of what we learn in next month's newsletter.

We've been busy in other areas and are excited to launch two new communication channels as we head into the annual meeting, association business meeting, and Board elections:

- **NACBH News**, our new membership newsletter – Watch for it to arrive by email early each month, with committee reports and other association news, brief legislative and regulatory updates, links to helpful resources, and profiles of special initiatives and innovations at NACBH member agencies. Please email me to volunteer for a future member profile or with inquiries that your NACBH colleagues may be able to satisfy.

- And a new, improved www.nacbh.org – Right about now, you should be seeing an e-invitation to set up your new Members Only log-in. Your feedback and suggestions will help us keep the site up to date with useful features.

Reporting from Washington: As this newsletter goes to press, we and other health advocates are poring over two sets of alarming numbers: the Congressional Budget Office's (CBO) score of the American Health Care Act (AHCA) passed by the House on May 4, and the President's FY 2018 budget proposal. While we know that neither will be enacted as written, each new extreme proposal contributes to lowering the bar on expectations for public health and welfare protections.

The CBO score – the third to be produced as the AHCA has evolved – does not improve much on previous versions. Twenty-three million people, down only slightly from the previous 24 million, are projected to lose coverage over the next decade, 14 million in 2018 alone. Medicaid would be capped and then cut by $834 billion over ten years versus $839 billion in the previous score. The total number of uninsured Americans could reach 51 million by 2026, compared with an estimated 28 million under current law. And "a few million" more would be underinsured as states take up waivers that eliminate or weaken requirements for essential health benefits.

The bad news in the President's budget: It goes even further than the House-passed AHCA, proposing an additional $610 billion in reduced Medicaid spending over 10 years. Social Security Disability Insurance and other disability programs would be cut by $72 billion. Food stamps would lose $190 billion. Substance abuse prevention programs would be cut by 33%, rural health programs by 53%, the Centers for Disease Control and Prevention by 17%, and the Department of Education by 12%. More than 250,000 low-income households would lose housing vouchers. The Low Income Home Energy Assistance Program would be eliminated. The list goes on.

Our coalition work with national partners has ramped up considerably this year in response to the multiple threats. You've got work to do at home, too. Both the House and Senate are scheduled for district work periods during the first week of July and the full month of August. Please invite your Members of Congress to visit your programs, meet your staff, and see the work supported by their policy decisions. A photo op with kids and families is rarely unwelcome. ☐

PUBLIC POLICY COMMITTEE REPORT

Denis McCarville, AK Child & Family, Anchorage, Alaska, Chair

Standing Monthly Conference Call: 4th Friday of each month, 2:00 – 3:00 p.m. (Eastern)

In March the new NACBH Public Policy Committee convened for its first monthly teleconference. The committee's purpose is to assist the NACBH membership in identifying, evaluating and monitoring public policy issues and concerns. We will help member organizations anticipate and adjust to public policy trends, provide recommendations to the NACBH leadership on policy positions and conference content, and offer feedback on specific legislative and regulatory proposals. While the focus will be federal public policy for the most part, we anticipate a great deal of comparative analysis of variation, implementation and effect at the state level.

Thus far, we have discussed Congressional activity including behavioral health provisions of the 21st Century Cures Act passed last December, the effects of the American Health Care Act in its current form, potential vehicles for Medicaid reform outside the AHCA, and the outlook for continued CHIP funding after September 2017. Beyond these, we have begun addressing Medicaid topics affecting our work in the states right now, such as waivers, managed care and audits, and are assembling a list of future agenda items including value-based purchasing, professional credentialing reciprocity between states, telehealth and TRICARE.

The committee's membership is a good cross-section of the association, with 13 people from ten states participating. The roster is posted in the Members Only section of the NACBH website. Joy Midman, NACBH Senior Advisor for Public Policy, and Pat Johnston, Executive Director, assist in outlining the point of view from inside the Beltway.

The committee's conference calls are scheduled on the fourth Friday of each month and open to all NACBH members. To formally join the committee and receive reminders and agendas for upcoming calls, please email Denis McCarville. ☐

UPCOMING CONFERENCES

Annual Public Policy Meeting
June 14-15, 2017
Baltimore, Maryland

Technical Meeting
November 30-December 1, 2017
St. Pete Beach, Florida

STANDARDS COMMITTEE REPORT

Jan Carson, Catholic Charities, Timonium, Maryland, Co-Chair
Laurie Beaulieu, Wingspan Care Group, Shaker Heights, Ohio, Co-Chair

Standing Monthly Conference Call: 3rd Tuesday of each month, 1:00 – 2:00 p.m. (Eastern)

All members are welcome to participate in the Standards Committee discussions of accreditation standards and surveys, compliance issues, peer consultation on timely hot topics, and presentations by NACBH members on performance improvement initiatives. Please email the co-chairs or Pat Johnston to volunteer a presentation, add an agenda item or join the committee. The roster is posted in the Members Only section of the NACBH website.

Agenda for June 20: NACBH Member Presentation: Lisa Pompa, Assistant Clinical Director, Devereux Advanced Behavioral Health – Florida, will share information on a biofeedback project Devereux has developed to help clients monitor and understand the mind-body connection when their behaviors are escalating.

Report from the April 18 call: Jan Carson, Catholic Charities' March Joint Commission survey:

Six surveyors for five days conducted a triennial survey for services that include: children's residential and diagnostic services; special education; outpatient services including 12 behavioral health clinics providing in-home services, school-based mental health services; mental health services to Head Start programs and homeless persons, psychiatric rehabilitation services; therapeutic foster care; adoptions; mobile crisis intervention, telepsychiatry; services for Individuals with Intellectual Disabilities and Developmental Disabilities (ID/DD) including three day programs and 52 group homes serving a total of approximately 350 individuals; and certification for Behavioral Health Home programs at four locations.

The surveyors focused on the following:

Care Treatment and Services (the surveyors used Tracer Methodology throughout)

- Pain Assessment
- Fall Assessment
- Trauma Assessment (including requirements for assessment of financial and sexual exploitation)
- Identification and documentation of allergies
- Treatment planning: evidence of goals being expressed in the client's own words and ideas
- Documentation of progress on the treatment goals
- Safe food handling and storage and the maintenance and documentation of temperatures in freezers and refrigerators
- Foster Care: safety in the homes; education of foster parents; policies guiding placement of children in foster care; held a group with foster parents; visited several foster homes and met with foster parents

Environment of Care:

- Discussed the culture of safety and looked for evidence that the culture supported a safe environment for the clients, staff, and visitors
- Fire drills; the critiquing of fire drills, and how the information from the critique is used for process improvement
- Fire extinguishers, including monthly checks and the format for documenting to include the month/day/year
- Testing of battery-powered emergency lighting
- Handrails on stairways, integrity of handicap ramps
- Safe storage of combustibles
- There was little to no emphasis on medical equipment in this survey

Standards continued on page 5

Standards continued from page 4

Human Resources, reviewed personnel files for the following:
- Documentation of training, certifications, licensure, etc.
- Evidence of orientation of staff on sensitivity to cultural diversity based on the job duties
- Evidence of competency-based assessments for employees
- The management of contracted and temporary employees

Medication Management, reviewed for the following:
- Management of high-alert medications
- Management of look-alike, sound-alike medications, including visual/physical barriers to separate the medications
- Reviewed MARs for completeness; documentation of the effectiveness of prn medications
- Documentation of the monitoring after the first dose of a new medication
- Storage of medications including the temperature in the room where medications are stored; refrigerators/freezers; management of expired medications
- Medication management data including aggregate data for medication process events; administration, transcription, and dispensing errors
- Use of range orders and the approved criteria for the determination of dosing variation

Performance Improvement, reviewed for the following:
- Evidence of process improvements based on the review of trends and patterns in the data collected
- Evidence of involvement of staff who are closest to the process being studied/improved
- The model used for performance improvement

Life Safety, reviewed for the following:
- Safety in the environment of care including secondary means of egress in residential bedrooms in areas without sprinklers

National Patient Safety Goals
- Significant emphasis on the review of suicide screening and assessment
- Specific risk and protective factors related to suicide

Behavioral Health Home:
- Looked for evidence of collaboration with the treatment team and the BHH team
- Looked for evidence of the assessment matching the areas being addressed by the BHH team
- Surveyed for evidence of documentation for the individual's ability to self-manage his/her behavioral conditions as well as the physical health conditions being addressed
- Surveyed for evidence of education and training specific to the individual's needs and abilities ☐

CHA COMMISSIONED RESEARCH FROM AVALARE ON AHCA'S FINANCIAL IMPACT ON CHILDREN

Children's Hospital Association (CHA) is pleased to share new research from Avalere focused on the American Health Care Act's (AHCA) financial impact on children. CHA is encouraging groups to highlight the research as appropriate, and has included sample tweets that address key findings.

In summary, the Avalere research finds:

- The per capita cap model as passed by the House will result in a $43 billion reduction in federal funding for non-disabled children from 2020-2026
- In 2026, federal funding for children under the per capita cap will be 10 percent less than the baseline
- State impacts from the caps range from a reduction of $59 million in South Dakota to $5.1 billion in Texas (see state by state impacts in the report)
- If all states select the block grant option, children's Medicaid spending will decrease by $78 billion over 10 years

In addition to Avalere's research, commissioned by CHA, the American Action Forum (AAF) recently released a paper "Impact of the AHCA's Medicaid Reforms Varies by Category of Eligibility" that notes per beneficiary spending for children in 2025 will result in an 8.5% reduction, very similar to the Avalere report.

NACBH MEMBER SPOTLIGHT:

TRAUMATIC STRESS INSTITUTE AT KLINGBERG FAMILY CENTERS

It's no secret that there are stressful and traumatic times for many in this realm. The professionals at Klingberg Family Centers in New Britain, Connecticut know that, and they make it their mission to help. A decade ago, Klingberg acquired the Traumatic Stress Institute, which is designed to improve the quality of trauma-informed treatment for children, both internally and externally.

Patricia Wilcox, LCSW, is Vice President of Strategic Development at Klingberg, and an expert in their training work. In a recent conversation, she highlighted the work that they do for professionals in the industry.

"The Traumatic Stress Institute serves professionals. Our job is to help them move toward trauma-informed care, do better work with clients, kids and families, and with adults," Wilcox said. "Our basic program is called Risking Connection. It is a three-day foundational training on trauma, how it affects people, how it relates to their current behaviors, and what sort of things are effective in helping people heal. It also has an emphasis on the healer and how we can keep ourselves energetic and hopeful in the work."

Not content to just offer training, Klingberg's program also helps clients become trainers.

"We have a 'Train the Trainer' program in which agencies have the basic training for their staff and choose a sub-set of them to become trainers. We call them associate trainers, and those people are licensed to provide training for others within their agency," Wilcox said. "They go through another three-day program in which they learn how to train. We provide on-going continual support and education for those trainers via webinars and in-person events, and lots of other training options."

It's a program that has grown considerably, and continues to grow.

"We have about 400 of these associate trainers across the U.S. and Canada," Wilcox said. "We're very proud of the fact that we support these trainers, who are leaders in their agency. We help them improve their skills and learn about the latest in trauma treatment, and the latest scientific advancements, so they keep growing as a result of being our trainers."

She acknowledges that it's one thing to offer initial training. It's another thing to offer on-going opportunities to maintain good practices.

"An agency can go through a lot of work to implement Trauma-Informed Care, and then they can slip back into their old ways during a crisis situation, so we are focusing on how to sustain trauma-informed care," she said.

> "We translate the latest research into actions agencies can take to improve their outcomes."

Research is another central activity of the Traumatic Stress Institute.

Spotlight continued on page 7

Spotlight continued from page 6

"Everyone is saying 'we should do trauma informed care, but we have no way of measuring whether an agency is doing it or not, and we don't have a clear definition of what it would look like, and we didn't have any way of measuring change in an agency,'" Wilcox said. "We didn't have a way of measuring change to show during trainings. So we developed one of the first psychometrically valid measures, the ARTIC which stands for 'Attitudes Related to Trauma Informed Care.' It measures staff attitudes, like 'these clients are doing the best they can' versus 'this client could do better if they wanted to.' The staff member chooses where their ideas fit along a continuum. An agency can do the ARTIC at the beginning of the trauma informed care implementation process and then after so they can have a better idea of how the change is progressing."

The program's success, and the overall success of the institute, comes from experience.

"We've done this work, we know how hard it is, and we know how complex it is. So our ideas are very practical and usable," Wilcox said.

"We teach strategies and we look at how to implement them in a way that is actually possible. Now we have about 40 agencies that are using Risking Connection as their staff training program." □

UPCOMING WEBINAR

INCREASING PROVIDERS' SKILLS FOR WORKING WITH YOUTH: EXPLORING THE EFFECTIVENESS OF ONLINE "REMOTE" TRAINING

TUESDAY, JUNE 20, 2017
2:00 – 3:00 P.M. (EASTERN)

The need to train providers to work effectively with youth and young adults is well documented. It is also well known that, in human services, new skills that are learned during training are unlikely to be implemented in real-life practice situations unless high quality coaching is provided as part of training follow up.

This webinar reports on the successful use of a cost-effective method for providing high quality training via the internet, using video recorded "observations."

Register for this webinar at
http://bit.ly/2rLnpJ8