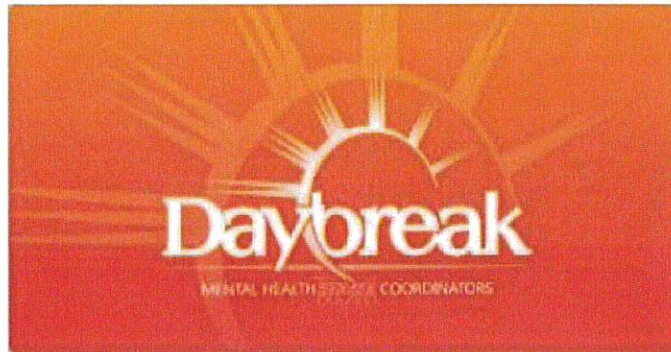


# **Daybreak, Inc.**

## **Annual Report**



**July 1<sup>st</sup> 2019 – June 30<sup>th</sup>, 2020**

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Good Afternoon,

FY20 has brought its share of challenges and transitions to Daybreak. Through all the “storms” the agency faced, the great work continued to be provided by our team of eleven dedicated staff members. The agency continues to collaborate on the state and local level with providers, funders, and policy makers to ensure Daybreak is ready and has the capacity to serve our consumers no matter what challenges face us. We have a staff of dedicated employees that believe in the mission of the agency “To ensure the consumers of Daybreak will be given the power, hope choice and responsibility for their own mental health recovery.” As we reflect on the past year, we also reflect on thirty years of service and tireless dedication that Bill Aube brought to Daybreak, as the executive director of this organization.

Fiscal uncertainty was the theme for FY20. Grant funds were delayed, and the highly anticipated Medicaid rate increases made at the end of FY19, were put on hold, as the State of Alaska developed strategies to balance their budgets. In March, the decision was made to have staff work from home as a precaution as the Covid-19 pandemic arrived in Alaska. Daybreak was able to reach out to the Mat-Su Health Foundation for funding to assist in meeting the technological needs of working remotely. With their assistance, the agency was able to continue providing case management services in both Anchorage and the Mat-Su communities. Despite the Covid pandemic, the management team focused on quality improvement in three areas of the agency; (quality assurance, program growth and service delivery). The following reports provide a snapshot of the commitment Daybreak holds toward the completion of our annual goals and the mission of the agency. Three areas I want to highlight briefly are:

1. Billing Medicaid through AKAIMS proved to be successful in FY20. The agencies documentation standards were closely followed, and the front-line staff were provided guidance and weekly supervision to improve documentation issues. Daybreak was required by the Division of Behavioral Health to complete a self-audit of FY17 billing and documentation within AKAIMS. Details of the findings are included in the quality assurance report and show the value of moving Medicaid billing in-house.
2. The Phases of Change in Case Management model was utilized for a full year by the Daybreak staff. With all new proof-of-concept ideas, there were modifications needed as service delivery models had to change with the presence of Covid-19. We may see further change as consumers transition through utilization-based services (Phases) and continue to receive telephonic and video conferencing appointments with their providers. Referral numbers declined for a short time in the third quarter, although appear to have been on the increase since early June.
3. Daybreak served over one hundred fifty-eight (158) consumers in FY20, an increase of 10 percent from FY19. Ninety-four (94) individuals received mental health case management services, three (3) were therapeutic court participants, eight (8) individuals participated in the TABI program, thirty-four (34) individuals participated in re-entry case management and nineteen (19) families received assistance through the BHAP program.

Daybreak continues to be actively involved in the Alaska Behavioral Health Association, and with system change within the Division of Behavioral Health. The 1115 demonstration project for mental health services was delayed, however, an official office site was located and approved by DBH in January in preparation for the “four walls” requirement for service delivery. The agency also worked with the staff at AKAIMS and Optum to prepare for the transfer of Medicaid billing through Optum Alaska.

I want to take a final moment to thank Bill Aube for all he has done to make Daybreak the agency it is today. He started his career at Daybreak in September of 1988, newly graduated from the University of Alaska Anchorage with a BSW degree in hand. His vision to create a mental health agency that allowed for the consumer to have choice, hope, power and a belief that mental health recovery was truly possible, has been the guiding star for what we do and what case management should be in the state of Alaska. Bill was a risk taker and taught us to stand up and speak when we believed the behavioral health system could and should do better. It has been an honor and privilege to work with Bill for thirty-two (32) years. I plan to follow in his path and continue the great work Daybreak is known for throughout the behavioral health community in Alaska. Cheers to you Bill, and thank you again for the knowledge, the guidance and the vision!

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Polly-Beth Odom", written in a cursive style.

Polly-Beth Odom  
Executive Director

## Strategic Plan for 2020-2022

1. ***Daybreak will continue to provide intensive and outreach case management to individuals diagnosed with serious mental illness in the Matanuska Susitna Borough and the Municipality of Anchorage.***

### **Strategies:**

- a. Daybreak will obtain funding through grants through the Division of Behavioral Health in FY20, FY21, FY22.
  - i. CRP grant (\$150,000.00 continuation grant awarded for FY21)
  - ii. CBHTR grant
    1. Anchorage (\$65,405.00 applied for and fully awarded for FY21)
    2. Mat-Su (\$ 60,311.95 a reduction put in place by DBH as part of the 17% reduction plan developed by DBH for 1115 Waiver implementation)
- b. Daybreak will maintain good standing with the State of Alaska Department of Health & Social Services to bill Medicaid for services delivered.
- c. In FY21 Daybreak will utilize the 1115 waiver for service delivery as needed to provide mental health services not covered by Medicaid guidelines.
- d. Daybreak will attend and be actively involved in the BHIT program in the Mat-Su and Anchorage.
- e. Daybreak will fully implement the Phases of Change in Case Management Program in FY20.
  - i. Daybreak will continue to improve the Phases of Change model for service delivery.
  - ii. Daybreak will continue to work with those individuals over the age of 60 who may otherwise “fall through the cracks”. And will identify them as Phase 6 consumers, obtaining assistance as needed for what is needed.
- f. Daybreak will increase the number of people served in the Anchorage community by thirty-five (35) consumers by June 30, 2022.
- g. Daybreak will increase the number of people served in the Mat-Su by thirty-five (35) consumers by June 30, 2022.
- h. Hire and train at least two (2) full time case managers by June 30, 2022. *In FY20 Daybreak hired three people to fill case management positions. One for Anchorage (currently part time until there is an increase in consumers in Anchorage, and one for the Mat-Su office.*
- i. Hire and train at least one (1) direct service provider. *\*This may not occur as originally planned due to changes in the 1115 waiver.*
- j. Purchase and maintain two (2) new vehicles.

- 2. Daybreak will continue to provide case management for individuals in the Mat-Su Valley who experience a traumatic brain injury.**

**Strategies:**

- a. Daybreak will apply for and receive a continuation grant through the Division of Senior & Disability services for TABI case management for FY21. (\$50,000.00 continuation grant awarded for FY20).

TBI strategies, continued

- b. Daybreak will provide training and education for the case manager(s) and direct service provider as required by DSDS in FY21.
  - c. Daybreak will expand the TABI program to the Anchorage area in collaboration with Access Alaska and the State of Alaska.
  - d. Daybreak will diversify the type of services provided to assist participants increase their goals of independence.
- 3. Daybreak will provide case management for the Prisoner Re-Entry program through Valley Charities in FY21.**

**Strategies:**

- a. Maintain contract for case management through Valley Charities (\$89,700.00 awarded for FY21).
  - b. Acquire additional grant funding to expand the case management program
  - c. Meet or accede the number of people required to be served under the grant.
  - d. Provide useful supervision and oversight of the re-entry case manager.
    - i. Documentation in AKAIMS and AKHMIS.
    - ii. Reporting to DBH/ DOC
  - e. Bill valley charities weekly for case management services.
- 4. Daybreak will continue to provide rental assistance through the BHAP program through Valley Charities in FY21.**

**Strategies:**

- a. Obtain the correct budget from Valley Charities for the program in FY21 (\$56,921.00)
  - b. Develop a procedure for tracking assists and reimbursement weekly.
- 5. Daybreak will increase revenue by diversifying its revenue sources by developing contracts, applying for grants and locating other billable services.**

**Strategies:**

- a. Develop contract for case management services with the Municipality of Anchorage Housing program.
- b. Apply for DBH CBHTR grant for the Anchorage service area
- c. Increase the number of consumers served in the Anchorage and Mat-Su area.
- d. Utilize the Stages of Case Management Model to increase billing opportunities
- e. Apply for Federal grant funds for prisoner Re-entry.

- f. Apply for the DOC prisoner Re-entry grant in FY22
- g. Utilize the DBH 1115 waiver for service delivery in FY21

**6. *Daybreak will evaluate the current constant quality improvement plan to better the agency's ability to provide quality mental health services and improve the agencies operations.***

**Strategies:**

- a. Review all executive directives from FY19 for effectiveness and relevance
- b. Complete all employee evaluations
- c. Review and modify the Daybreak budget
- d. Review all:
  - i. Critical incidents
  - ii. Consumer complaints
  - iii. Quality Assurance and billing issues
  - iv. Documentation issues
  - v. Supervision issues
- e. Closely monitor and evaluate the Stages of Case Management model and modify as needed for effective service delivery.

**Long Term Goals**

- 1. Develop a plan to provide health insurance for Daybreak staff
- 2. *Create a plan to sell the Mackey property (COMPLETED)*
- 3. *Develop a financial reserve up to three months operating costs (IN PROCESS)*
- 4. Obtain CARF accreditation in 2021
- 5. Hire and retain staff
- 6. *Complete succession planning for the executive director position COMPLETED*

## Daybreak Budget FY21

7/1/2020-6/30/2021

### ***Projected Agency Income Sources and Amounts***

CRP Grant 602-227-21002	\$150,000.00
CBHTR grant Anchorage 602-208-21028	\$ 65,405.00
CBHTR grant Mat-Su 602-208-21056	\$60,311.95
TBI grant Mat-Su 607-315-21003	\$50,000.00
BHAP ( <i>personnel</i> )	\$25,152.00
BHAP ( <i>housing placement</i> )	\$27,539.00
BHAP ( <i>Administration</i> )	\$4,230.00
Medicaid	\$624,000.00
Prisoner Re-Entry case management contract	\$ 89,700.00
MHT mini-grant writing stipend (15@ \$50)	\$ 750.00
Direct Public Support	\$30,540.00
COVID Cares Act Funding	\$14,751.70
United Way	\$ 250.00
Interest	\$15.00
<hr/>	
<b>Total Income</b>	<b>\$1,142,644.65</b>

### ***Business Expenses***

Background checks/fingerprinting	\$ 400.00
Bank Services	\$100.00
Business Licenses	\$200.00
Fees (subscriptions/parking)	\$200.00
Directors & Officers Insurance	\$1,250.00
Professional Liability Insurance	\$1,750.00
General Liability Insurance	\$950.00
Travel & Training	\$3,000.00
Education/Relias	\$4,000.00
	<b>\$11,850.00</b>

### ***Contract Services***

Providence Behavioral Health Physician Oversight	\$4,800.00
REM Data	\$2,000.00
Bosstech IT	\$3,500.00
EB Transcription	\$23,000.00
	<b>\$33,300.00</b>

### ***Equipment***

Vehicle Maintenance	\$7,200.00
Fuel	\$17,000.00
Verizon Connect (formally Fleetmatics)	\$3804.00
Vehicle Insurance	\$10,500.00
	<b>\$38,504.00</b>



***Facilities***

Office Rental	\$36,756.00
Equipment Fees & Maintenance	\$840.00
Storage	\$432.00
	<b>\$38,028.00</b>

***Operations***

Accounting (990 Fosselman & Associates)	\$2,324.00
Financial Audit	\$8,000.00
Subscriptions & Memberships	\$3,000.00
Postage & mailing	\$400.00
Printing & copying	\$1,000.00
Valley Business Machines/ G.A.F.S.	\$1,300.00
Vital Records Control	\$420.00
Office Supplies	\$6,800.00
Telephone	\$12,288.00
	<b>\$35,532.00</b>

***Payroll/ Avitus Group*****\$753,761.32*****Other Expenses***

Advertising & Marketing Costs	\$1,200.00
Community Advocacy	\$500.00
Prisoner re-entry expenses	\$900.00
BHAP Housing Pass-through	\$27,250.00
CARF accreditation	\$6,395.00
Powder Horn Consulting (accreditation prep)	\$8,500.00
CRP Passthrough Costs	\$44,390.00
Daybreak Savings Account	\$5,513.64
	<b>\$94,648.64</b>

**Total Expenses    \$1,005,623.96**

## Contracts

Daybreak currently holds contracts with five businesses each of the contracts were reviewed for renewal

- A. Bosstech, Inc.: Bosstech is a local IT business that specializes in HIPPA compliance with valley substance abuse and behavioral health providers. Under the contract, Bosstech completes the initial set up of all computers and tablets to be used on the secure virtual public network (VPN) and provides monthly maintenance and software updates. In FY20, a server was built by Bosstech to improve connectivity for the case managers working from home. As part of the FY21 contract, Daybreak will be updating the switch to the server and reviewing the technology replacement plan to ensure staff can continue working remotely. Bosstech has developed and maintains a network security plan that meets HIPPA compliance standards for the agency. As part of the contract, Bosstech works in collaboration with Daybreak to develop and implement a plan for system upgrades, and a replacement plan for the computers, tablets, routers and printers.
- B. Providence Health Services: Daybreak's clinical director, Kelly Eggleston, meets with Dr. Ellen Halverson once a month at the Providence MatSu Behavioral Health office or through Zoom, to provide physician oversight of the services provided by Daybreak as required by 7 AAC.70.100 and the Division of Behavioral Health. The contract is reviewed annually and was modified in FY19. The modification increased the cost of the service monthly by \$100.00. During the fourth quarter, supervision was provided via Zoom.
- C. EB Transcription: EB Transcription provides transcription services for the case managers and direct service providers to assist in meeting the Division of Behavioral Health's 72-hour contemporaneous documentation standard. The contract was reviewed by the management team and it was determined the contract will be continued for FY21. The contract was modified in FY21 to allow tracking of the time spent on dictations by staff. Beginning August 1<sup>st</sup>, Daybreak will be charged by the minute for dictations. The change is based on industry standards and will allow an opportunity to improve the daily dictations by staff.
- D. Avitus: Avitus provides co-employment for the agency. This includes payroll processing, human resources, health and safety compliance and dental/vision benefits. In addition, Avitus has assisted Daybreak with the website updates and has provided valuable information and guidance during the Covid-19 pandemic. The contract services were reviewed in October of 2019, and the contract was renewed by mutual agreement with no change to the cost of services.
- E. REM Data: REM data provides bookkeeping services for Daybreak. In FY20 procedures were reviewed and clarified to assist the bookkeeper in accessing information from vendors and First National Bank Alaska. REM data has not increased the fee for services and continues to meet the needs of the organization. The contract will be renewed for FY21.

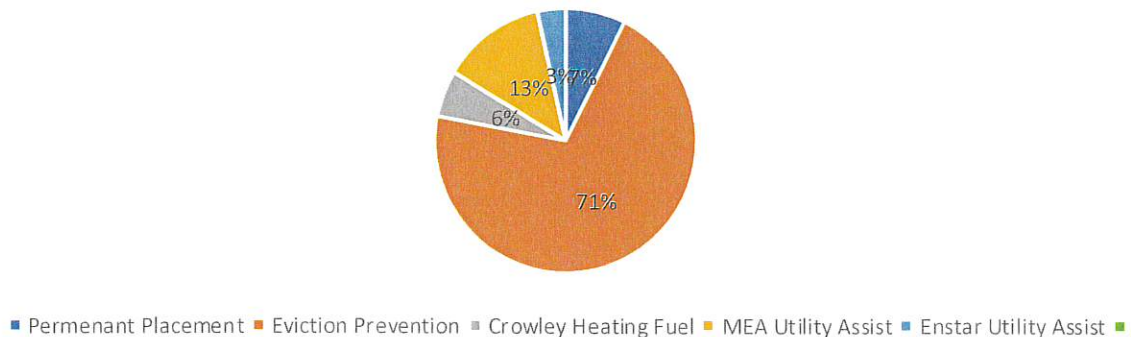
## Programs

### The Basic Housing Assistance Program (BHAP)

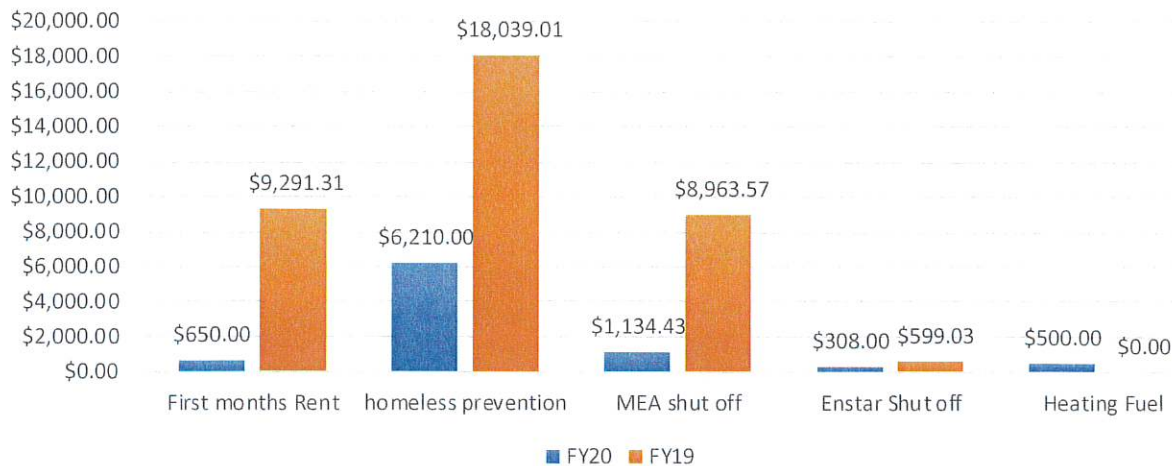
Daybreak saw a significant reduction in the amount of assistance provided to families in need in the Palmer area in FY20. The reduction was due in part to three events. First, there was a reduction in BHAP funds from the legislature and BHAP funds were not released until October 2019 and second, the new BHAP case manager for Daybreak did not receive training from the Mat-Su housing Coalition until November, and third, the postponement of evictions due to the COVID-19 pandemic beginning March 2020. Daybreak continues to be actively involved the BHAP program in the Mat-Su valley as part of an eight-agency collaborative grant operated by Valley Charities. The program assists individuals and families to obtain permanent housing or maintain housing and utilities through a means-based program funded through the Alaska Housing Finance Corporation. Daybreak provide nineteen (19) assists for individuals or families in FY20.

Category of Assist	Dollars spent in each category
Permanent Placement	\$ 650.00
Eviction Prevention	\$6,210.00
MEA Utility Assist	\$1,134.43
Enstar Utility Assist	\$ 308.00
Crowley Fuel	\$ 500.00

Percentage of BHAP Assists by Category



## BHAP Assistance FY19 Compared to FY20



### Traumatic Brain Injury (TBI) Case Management Program

The TBI program serves individuals who have been diagnosed with a traumatic brain injury (TBI) utilizing the Division of Senior & Disabilities Services Grant funding. The DHSS priority for FY 20 was on health and wellness across the life span with the priority being placed on increasing the number of Alaskans with disabilities who are living safely on the least restrictive environment. Daybreak' goals was to serve up to fifteen individuals by providing case management services in the Mat-Su and north Anchorage (Eagle River, Chugiak, Peters Creek). Case management was to be used to assist the participants in gaining access to needed medical, housing, employment, rehabilitation, benefits, and other supports.

Daybreak provided case management services for eight (8) individuals in FY20. The age of the client/consumers ranges from 22 to 75 years old and the participants resided in four communities including: Sutton, Anchorage, Wasilla, and Houston. Over the past year, the TBI program provided case management services for the clients to assist with finding grants for housing, grants for transportation, grants for vehicles and vehicle maintenance. Case management services were also able to assist clients with applying for jobs with two clients becoming employed. Both clients have since lost their employment due to COVID-19 (*they are eligible to apply for SSI or unemployment which staff has also helped with*).

The average length of service for clients, per appointment, is over an hour and clients are contacted at least once a month as per the grant requirements. Some instances need more time than just once a month and staff have accommodated clients with those higher needs. Using the satisfaction survey provided to each client in June of 2020, the satisfaction rate was above the 80% benchmark the grant requires. The chief complaint from clients revolved around the inability to access services during the pandemic and not having staff to facilitate access when needed.

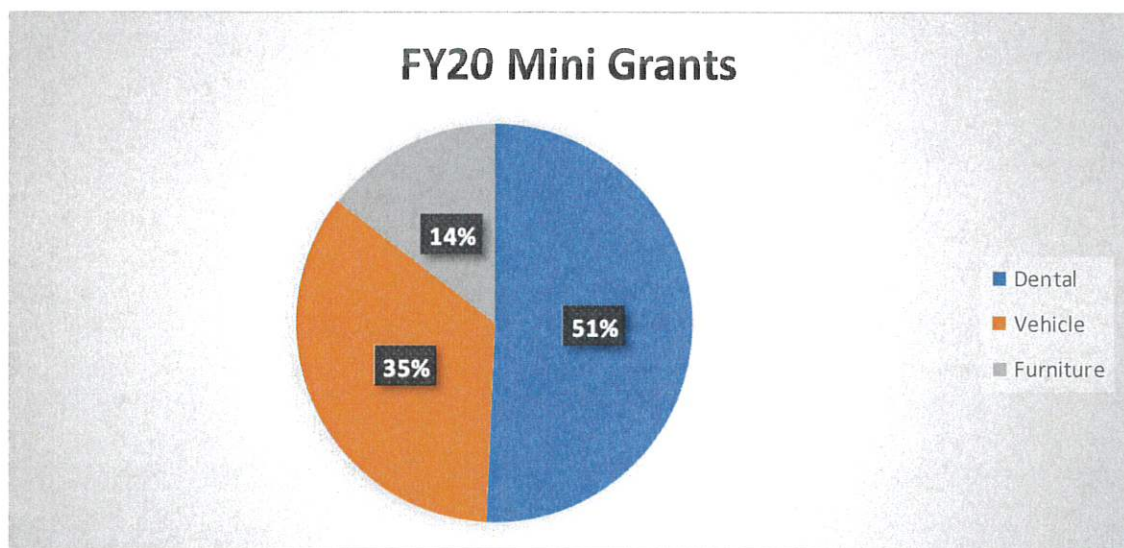
The strategic plan going forward is for the TBI program to continue to engage with the community to bring in more referrals and help more individuals. The use of technology will be a focus of the TBI program in FY21, and staff will review multiple technology services available in Alaska, to find more ways to better serve individuals with TBI.



### Alaska Mental Health Trust Mini grants for FY20

During FY20, a total of seven (7) mini grants totaling \$9,657, was awarded to Daybreak consumers through the Alaska Mental Health Trust (AMHT) mini-grant program. The agency received \$350.00 in stipends for processing the mini grants. Grants were awarded for vehicle repairs, house hold furnishings and dental work. There were no denials during FY20.

In the prior year, sixteen (16) mini grants were awarded totaling \$22,528. A stipend of \$800.00 was paid to Daybreak through the AMHT. There were three factors that appear to have resulted in the reduction of mini-grant applications in FY20. First, Medicaid dental benefits were suspended for a short period of time in August and September of 2019. This led to more dental applications due to insurance not paying for dental work it would typically cover. The second factor, and most notable, was the COVID-19 pandemic and how it impacted mini grant applications. Many businesses were closed and obtaining items became harder, due to being out of stock of items or no delivery options available at the time



### Mat-Su Reentry Program

During FY20 the Mat-Su Reentry Program worked with thirty-four (34) participants. There were one hundred and three (103) referrals for services during the fiscal year. The referrals came from three sources; Institutional Probation officers: 82, Field Probation Officers: 8, and Community Referrals: 21.

Community referrals included individuals self-referring for services, word of mouth referrals, and from our community partners (mainly transitional living programs). Direct referrals from IPO's continue to be our largest referral source. Most referrals resulted in a lack of contact after release from incarceration.

During FY20 thirty-two (32) intakes for service were completed. The number of intakes does not match total served due to some referrals not completing intakes and declining services after release.

Prior to March 2020, institutional In-Reaches were completed at least once per month at Goose Creek Correctional, Highland Mountain, Cordova Center and Spring Creek Correctional facility. There were

twenty-nine (29) Individual in-reach interviews were scheduled during FY20. Sixty-one (61) interviews were completed, however, there were a total of 110 in-reach contacts for SFY20.

During scheduled in-reach events many more individuals were contacted but interviews were not scheduled completed. Most of the in-reach contacts were not scheduled as DOC staff requested MSRP Contact while the CM was at the institutions or inmates referred other individuals while staff was present in the institutions. No individuals were discharged from services prior to release from an institution.

#### **AGGREGATE PARTICIPANT INFORMATION:**

Most participants were on probation with sixteen participants, eight individuals on parole, six with no supervision and four (4) on probation & parole. Thirty-two (32) participants were felons, and two (2) were misdemeanants. The Level of Services Inventory (LSI-R) was utilized to identify the participants risk and needs as it related to recidivism. In FY 20 scores reflected twenty (20) individuals with a medium risk, ten (10) individuals at maximum risk and four (4) participants where the LSIR was not received from the department of corrections. The average length of case management services was 123 days. The program length was measured from admission date to discharge date. For FY21 this value will change to reflect intake date to discharge date. Maximum service days are 180.

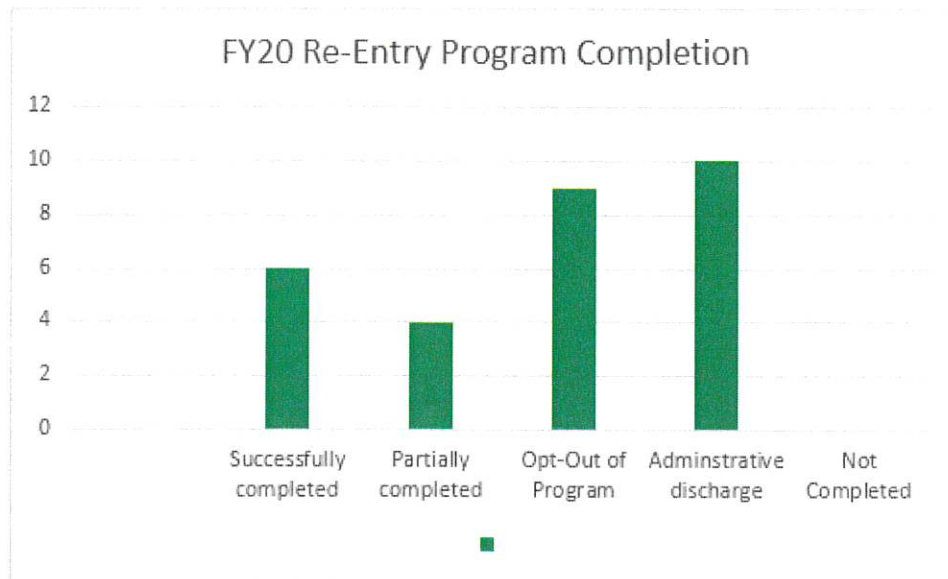
To reduce the risk for recidivism, the participants were connected to SUD and mental health providers, housing, employment and public assistance benefits. FY20 data provided the following information:

**Substance Use Disorder Treatment:** Thirteen (13) Referrals were made to Substance Use Treatment. Out of the 13 referrals, 3 were assessed within 1 month of referral, and 1 starting services within 30 days. Although most of the delays were from available appointment times, several reentrants failed to engage with treatment after assessment due to personal delays. In FY21 we have seen great improvement in timely assessments and enrollment in SUD Tx.

**Mental Health:** Five (5) referrals were made to Mental Health services during FY20. Of the 5 referrals, 2 were unable to obtain services (intake) within 14 days. 2 referrals were able to start services within 30 days of referral/intake.

**Housing:** 10 reentrants received assistance with housing upon institutional release. 8 Of these clients continued to receive assistance after their initial 30-days of services.

**Employment:** 9 reentrants were referred to DOL Job Centers. 3 Of them participated in DOL job center programs (unspecified workshops). 5 reentrants participated in non-DOL programs – these were employment programs through transitional living and/or SUD Tx providers.



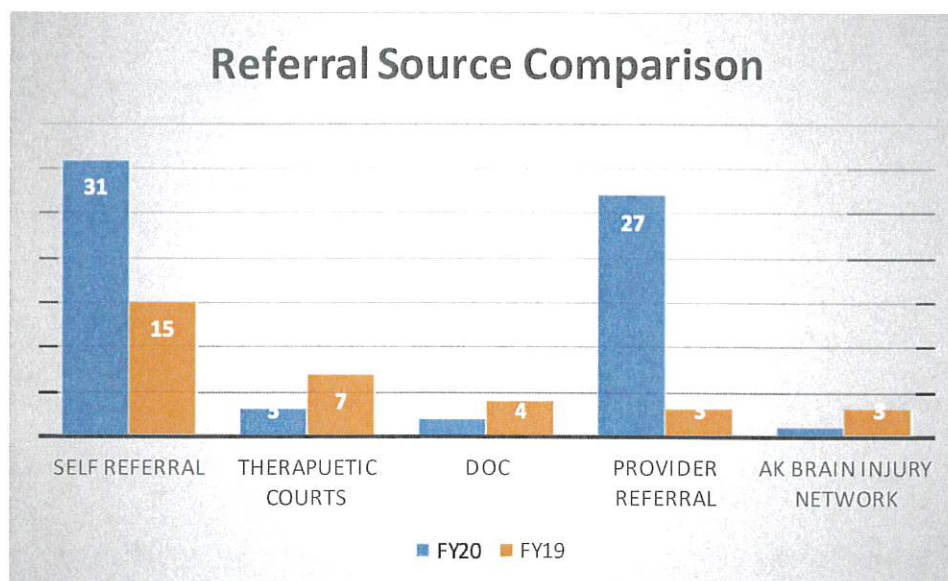
The participant Opt-out data was based on lost contact but otherwise compliant, and the administrative discharges were based on no contact, the participant moving out of state or the participant recidivated. While enrolled in case management services, 3 participants recidivated. 2 obtained new charges and 1 was for a supervision violation that did not result in charges. The Mat-Su Re-entry program recidivism rate was at 8.8% for FY 20 compared to the State of Alaska Department of Corrections overall recidivism rate of 60%.

## Daybreak Mental Health Case Management Program

The goal for FY20-FY22 is to increase the number of people Daybreak serves in the Anchorage community by thirty-five (35) consumers and to increase the number of people served in the Mat-Su by thirty-five (35) consumers. The following shows the progress made to increase the number of people served by Daybreak.

In FY20, Daybreak received a total of sixty-six (66) new referrals for fiscal year 2020. Six (6) referrals were based on Anchorage and twenty-five (25) were made in the Mat-Su Valley. Twenty (20) of the referred individuals became consumers of Daybreak case management services. Thirteen (13) are receiving services in the Mat-Su area and seven (7) are receiving services in Anchorage.

The following chart shows a two-year comparison of referrals based on sources.



## Daybreak Management Team

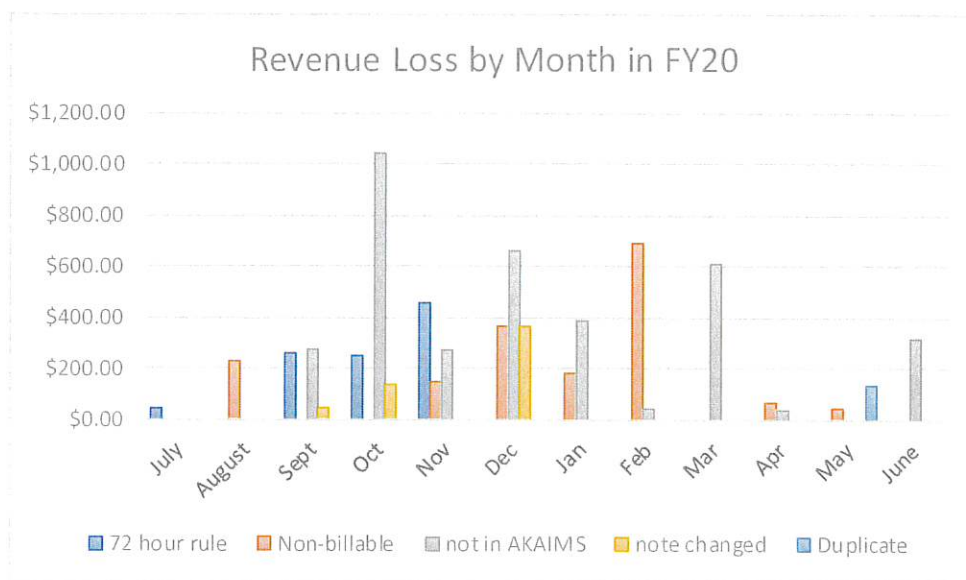
The management team meet weekly in FY20 to review the day to day operations of the agency, identify and correct any issues that were impacting the agencies overall staff performance and revenue, and monitor the Phases of Change Model implemented on July 1, 2019. One critical issue the team identified was the loss of revenue due to documentation issues. A second issue identified had to do with the overall staff/consumer levels necessary to meet or exceed the revenue received through Medicaid for state planned services. Finally, the team focused on the Phases of Change model of case management to determine the efficacy of the phases and to modify the concept as the 1115 waiver program was implemented for behavioral health. The program managers created the following three reports for your review.



### Revenue Loss from Documentation errors

During FY20, there was a noticeable increase in documentation issues resulting in a loss of \$7,106.21 of revenue for the agency. The three most common documentation errors were notes not transcribed into AKAIMS with-in the 72-hour requirement (dictated but late), notes not transcribed into AKAIMS (not dictated), non-billable notes (the note did not meet medical necessity) and services that did not match the duration billed. At the December staff meeting the case managers were made aware of the documentation issues and set a goal to reduce monthly documentation errors to < \$300.00 per month.

The following chart tracks the monthly goal set by staff:



The amount of revenue lost from July-Dec 2019 totaled \$4,548.09 versus the lost revenue from Jan-June 2020 totaling \$2,535.23 for a difference of \$2,017.86. Staff improved by almost 50% after the goal was set.

### Daybreak Staffing

Daybreak, Inc. is continuing to grow and improve how we provide case management to individuals in the community. During FY20, Daybreak, Inc. hired 3 staff members to fill case management positions in both Anchorage and the Valley. Daybreak, Inc. has worked with organizations in both communities to build relationships and referral sources. Daybreak, Inc. began utilizing a team approach near the end of FY20 where staff is viewed as a team, as opposed to a single case manager. This should continue to show benefits when we have staff that are specialized in certain programs or possibly be able to make connections sooner for the client's benefit. This should also assist with ensuring appointments are covered when a staff member has become ill or unable to be at the office for one reason or another.

The CMI program has set a weekly Medicaid budget number that will help Daybreak, Inc. reach its FY21 budget number. In order to reach this number, staff will need to bill Medicaid 125 hours a week.

Daybreak currently has 5 case managers between Anchorage and the Valley. Daybreak hired 2 case managers during FY20, 1 in the Valley and 1 in Anchorage. The Valley case manager hired was Joyce, who was hired October 2019 and the 1 in Anchorage was River, who was hired February of 2020. With 5 case managers, that averages out to 25 billing hours per case manager a week.

Anchorage has 2 full-time case managers at 40 hours a week and one part-time case manager at 24 hours per week. The Valley has 2 part-time case managers with one at 32 hours per week and the other one at 24. The daily goal is for 6 of the 8 hours a day be billable. To help meet this goal, each week staff and supervisor creates a block schedule where staff and supervisor go over ways this schedule might be accomplished by using blocks of time where staff works on client's goals with the client or for the client by coordinating with the client's other providers. If this is accomplished, we would hit just below the 125 needed and hit at 120 hours. Part time staff in Anchorage will be moving up to full time when we acquire more clients in Anchorage. That will help with reaching that goal of 125 hours per week and will help build the client caseload to a reasonable number of 12-15 clients per case manager.

### **Update on The Phases of Change in Case Management Model**

The phases of change model of case management are based on a braided version of Prochaska's Stages of Change Model and Dr. Kenneth Minkoff's Comprehensive Continuous Integrated System of Care and Oliver Wyman's Stages of Change to Improve Health Model. The three models involve measuring progress through a series of stages or phases. The models are designed to evaluate an individual's readiness to change and allows for evidence of the consumers strengths and barriers with consideration given to both during each stage of service delivery. The phases are aligned to match the intensity of case management and community-based services needed to meet the most immediate need. Finally, the phases of change model highlight the direct effect that social determinants/life domains of health have on an individuals' mental health recovery. Daybreak has implemented phases of change in case management to improve the standard of care and slowly reduce the level of services and reliance on case management staff needed as the goals and objectives of the recovery (treatment) plan are met. Upon completion of the Phases, the consumer develops a robust safety plan, support plan and supplies feedback on the program. They are mailed a follow up survey 90 days after completion measuring their progress. They also receive a graduation certificate and letter recognizing their progress.

### **The Phases of Change in Case Management**

#### **Phase One:**

Knowing the specific needs of the consumer is vital to quality service delivery. In Phase One, the clinical director completes the integrated behavioral health and substance use assessment with focus on the social determinants of health. The immediate needs such as housing, benefits (financial and Medicaid), obtaining a mental health and physical health provider will be prioritized by the consumer and the clinical director. The clinical director will assist in deciding the evidence-based approach that will best fit the mental health needs of the consumer and then create the initial treatment plan with the appropriate goals, objectives and interventions.

Using a trauma-informed process, the clinical director begins to stitch together the initial assessment of the persons strengths, resources and abilities and contrast them against the areas that are precluding the person from leading the life they want to live. The assessment provides the consumer the opportunity to share their lived experience which helps the clinical director determine what interventions may be most effective. The clinical director takes the opportunity to learn about the

consumers life history, their culture and the social determinants or life domains that may be lacking at the present time. The consumer and the clinical director prioritize the four (4) most immediate needs to be addressed and list any resources the consumer may already have in place. Once the assessment is complete, the clinical director also sets the level of service estimated to be needed to meet the recovery goal. The case manager is assigned and instructed to contact the consumer within 24 business hours. By putting in strict timelines, Daybreak has been able to meet or exceed the goal of documented twenty-one days or less to first service.

**Phase Two:** The clinical director provides the staff and consumer with initial goals to work on and strategies that best meet the mental health needs of the consumer (brain injury, trauma, etc.) The case manager and consumer work intensively to resolve the immediate needs lined out in the integrated behavioral health assessment. The intensity of the services will depend on the severity of the issue. On average, each consumer will receive up to five hours of intensive case management per week (20 hours per month) to link, broker, collaborate and advocate with the consumer and their provider to obtain the benefits, services and resources needed to start completing their recovery goals. Phase Two also allots three hours of comprehensive community support services each week (12 hours per month) to assist the consumer in developing their resiliency and community integration. At the end of the first 90-135 days of direct service, the case manager will complete the client survey with the consumer and provide the information to the clinical director. A review the case notes and the Client Survey data is used to determine the completion of the goals and objectives listed on the treatment plan and recommend any changes that need to be made regarding the number of hours needed to complete the goal and any modifications to the interventions used. The consumer, case manager and clinical director will meet to modify the recovery plan with the agreed upon changes.

**Phase Three:** Phase Three is focused on developing the skill sets needed to increase independence, resilience and community integration for the consumer. *The case managers' focus is on the effectiveness of the treatment providers and the success of collaboration efforts. The case manager will be in contact with the providers (mental health, physical health, housing) and obtain updates and feedback on the progress being made with the consumer.* The intensity of services will be reduced in case management to two and a half (2.5) hours per week. On average each consumer will receive up to ten (10) hours of case management per month.

The level of comprehensive community support services will remain at three (3) hours per week. The intensity of the services will depend on the completion of goals in phase two and on if any new critical issues were revealed during the treatment plan review. On average, each consumer will receive up to twelve (12) hours of comprehensive community support during Phase Three of the recovery plan. At the end of the second 90-135 days of direct service, the case manager will again complete the Client Survey with the consumer to review the social determinants of health and assess the progress being made for the consumer. The clinical director will review the case notes and the Client Survey data to determine the progress made on the recovery goals and the effectiveness of the services. The consumer, case manager and clinical director will meet to modify the recovery plan with the agreed upon changes.

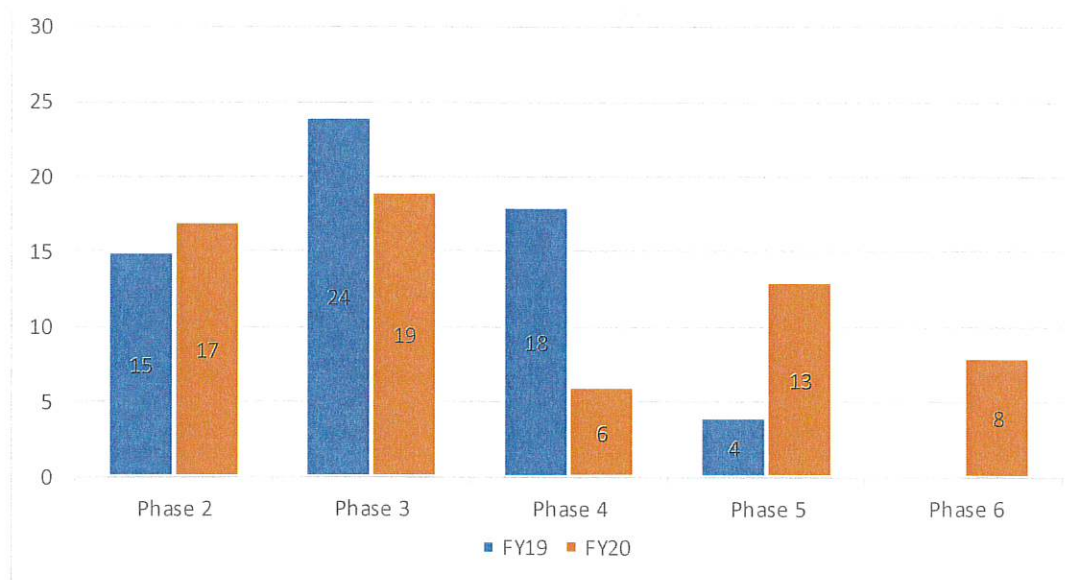
**Phase Four:** In Phase Four, the consumer has completed the majority (if not all) of the recovery goals identified on the initial integrated behavioral health assessment. Case management will continue to be utilized to monitor the success of the collaboration of providers and the ensure the consumer is receiving the appropriate level of services to continue their success. The consumer may receive 1 hour of case management (T1016) weekly and 2 hours of Comprehensive Community Support (H2015) weekly. During Phase Four, the clinical director will schedule a second integrated behavioral

health assessment and evaluate the overall success of the services delivered for the previous twelve months. At this point, the clinical director may recommend modifying the plan and restart the consumer in the appropriate phase to complete the remaining goals. If a new immediate need is identified, the clinical director, case manager and consumer will meet to modify the recovery plan with the agreed upon changes. The clinical director may also recommend closing the case (with the understanding that the consumer may come back for services if another issue arises), as the consumer should have the resources, resiliency and skills needed to maintain their successes.

**Phase Five:** Daybreak is keenly aware that there are many consumers who utilize Daybreak as a safety net. The needs of the long-term consumer are minimal. Daybreak has been a vital lifeline to consumers who experience traumatic brain injury and high ACES scores. The Phase Five consumer may have an issue that requires specific attention for a short-term duration. Those consumers who remain on the Daybreak caseload, will contact Daybreak as needed and if no services are needed within ninety (90) days, may be considered for discharge depending on their individual needs.

**Phase Six:** In FY20 phase six was added to address the continuing needs of consumers who are over the age of 60. The 1115 behavioral health waiver does not provide services for Alaskan seniors, and the Medicaid state plan will be paying for case management services.

**Comparison of Phases from FY19 to FY20**



Daybreak is currently serving sixty-three (63) active consumers. Of the 63 people served, seventeen (17) are in phase two, nineteen (19) are in phase three, six (6) are in phase four, thirteen (13) are in phase five, and eight (8) are in phase six.



## Quality Assurance Report

In accordance with the State of Alaska and the Department of Health and Social Services, and in compliance with 7 AAC 160.115, Daybreak Inc. conducted a self-audit of its Medicaid billings and documentation for the calendar year 2017. An Excel spread sheet was developed and numbered to include all claims transactions from the 2017 Alaska Medicaid Remittance Advice (RA). The universe of claims for 2017 totaled 6,178. The RATS-STATS software program was the method used to create the sample claims, with a sample size of 120. Various confidence levels (80%, 90%, 95% and 99%) along with precision levels (1%, 2%, 5%, 10% and 15%) were sampled.

- Conducted on 6/9/2020
- Universe of Claims = 6,178
- Sample size = 120
- Method used to sample claims: RAT-STATS statistical software
- Sampled Claims: Medicaid assigned Transaction Control Number (TCN) and out comes



Service time exceeded = 2 or 10%, Missing goals & objectives= 1 or 5%, Duplicate claim= 1 or 5%, Correct claims = 16 or 80%

Daybreak Incorporated believes that written documentation of the services rendered to assist the consumer in meeting their mental health recovery goal is paramount to the success of the organization. Documentation allows the service provider to show progress toward goals and objectives and/or significant changes and events in the persons' life based on medical necessity. Documentation allows the quality assurance officer, the direct supervisor, clinical director, the State of Alaska Division of Behavioral Health and other quality assurance entities (CARF accreditors) to verify the interventions, modalities, and services provided during an encounter

as it relates to the corresponding treatment plan and bio-psychosocial assessment. The Daybreak clinical director and quality assurance officer work together on the treatment plan reviews and initial treatment plans, to ensure all plans meet State requirements.

Prior to 2018, Daybreak contracted out all Medicaid billing to a third-party contractor (Claim-Pay Alaska). Daybreak and Claim-Pay made the mutual decision to end the contract due to a change in their staffing and several issues with rebilled claims. The contract was also ended as the opportunity to utilize the billing component available in AKAIMS in December 2017.

As Daybreak grew as an organization, the executive staff wanted to address concerns with documentation and any potential issues with submitted claims. To do that, Daybreak developed the following:

- Implementation of a Quality Improvement program and the creation of a Quality Assurance Officer position, January 2018.
- Documentation policies were reviewed and revised to meet the accreditation standards after the 2018 CARF site visit.
- New policies were created to address documentation requirements being developed by the Division of Behavioral Health, May 2018.
- The State implemented the 72-hour documentation rule for notes and required stop and start times for the services provided (June 2018). *Daybreak continues to have staff adhere to this standard, even after the State changed it to fourteen (14) days earlier this year.*
- Daybreak began billing to Medicaid utilizing the billing component in AKAIMS (December 2018).

#### **Outcomes:**

Since Daybreak has implemented its Quality Improvement Program, the agency has experienced an overall improvement in the quality of the of documentation, and has met or exceeded the standards and compliance, as required by the agency and State of Alaska.

- The agencies documentation policies and the State 72-hour rule for documentations standards, have clearly defined the requirements for staff. Currently, Daybreak staff are meeting those standards by having all notes dictated, transcribed and signed with-in 72 hours after working with a consumer. *Any notes that do not meet the standard are not submitted to billing.*
- Daybreak has improved the quality of notes that address medical necessity and meet the goals, objectives, and interventions of the consumer's treatment plan, through the training and use of the Golden Thread documentation training.
- With Daybreak now billing for its services in-house, the quality assurance officer has been able to control the notes and claims released to billing by completing a thorough check to ensure all notes were written and signed with-in the 72-hour rule, meet medical necessity, has start/stop times and match the treatment plan goals, objectives and interventions.
- Daybreak has seen a significant decrease (100%) in duplicate notes and duplicate claim submissions.
- Daybreak has seen a significant decrease (98%) notes not meeting the 72-hour note standard.
- Daybreak has seen a significant reduction in denied claims

