

**Bring the Kids Home Regional Summit  
Summary Report  
Dillingham, Alaska  
October 27-28, 2008**

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

The State of Alaska, Behavioral Health has convened a series of regional meetings with local service providers to collect their input on the current system serving youth in the State. The first series of summits was held in 2007 in the communities of Fairbanks, Juneau, Bethel, Kenai and Kodiak. In 2008, based on the success of the earlier summits, the State convened another series of summits held in Kotzebue, Valdez, the Matanuska-Susitna Borough, Anchorage and Dillingham. The final summit of 2008, in Nome, has yet to be held. This report summarizes the input and outcomes from the Dillingham Summit.

The summit was held in Dillingham on October 27 and October 28, 2008. Approximately thirty-six (36) participants were in attendance. This included family representation, the Bristol Bay Native Association, Bristol Bay Area Health Consortium, Togiak Traditional Council, Aleknagik Traditional Council, Alaska Youth and Family Network, the State of Alaska, Office of Children's Services, Division of Juvenile Justice, and Behavioral Health, the Alaska Mental Health Board, the Southwest Regional and Dillingham City School Districts, the Alaska Mental Health Trust Authority, and other local service providers employed in a variety of programs. A complete list of meeting participants can be found in Appendix A.

## **Meeting Format**

The Summit began on October 27<sup>th</sup> with short talks by local service providers. The presentations, entitled *Community Dialogue*, were a chance for local providers from the region to talk about behavioral health services available in the region. Local youth shared their first hand experience with behavioral health and service provision in the Bristol Bay region and statewide. Presenters included:

- Debra Hallmark, Office of Children's Services (OCS)
- Sean White, Bristol Bay Area Health Corporation (BBAHC)
- Esther Floresta, Office of Children's Services (OCS)
- Deanna Hardin, Bristol Bay Area Health Corporation (BBAHC) CAC
- Mary Aery, Dillingham City School District
- Tona Hanson, Dillingham City School District

- Kathy McLinn, Dillingham City School District
- Crystal Nixon-Luckhurst, Bristol Bay Native Association (BBNA)
- Lauren Graham, Bristol Bay Area Health Corporation (BBAHC) BHC
- Karen McCambly, from Safe and Fear-Free Environment, Inc. (SAFE)
- Shane Nukwak, student
- Desirae Kroener, Bristol Bay Native Association (BBNA)

This discussion was followed by a presentation by Judy Helgeson, State of Alaska, Behavioral Health, who presented a basic overview of the current statewide Bring the Kids Home Efforts (BTKH) and how the BTKH Initiative dovetails with and supports local/regional providers. Resources available through Individualized Service Agreement (ISA) funds were described. Additionally, Judy shared information about the State’s Medicaid Waiver Pilot Project, which will increase community-based services for youth with Severe Emotional Disturbance and FASD. A summary of this presentation follows the *Community Dialogue* summary.

Following these presentations, meeting participants then broke into small groups and engaged in focused discussion about the system serving youth diagnosed with SED and their families in the following areas:

- “What’s Working” (Strengths) + “What’s Not Working” (Barriers)
- Solutions to Addressing What’s Not Working

Groups recorded detailed notes of their discussions. As the small group segment of the Summit was completed, attendees reported their results to the larger group. Major themes and five priority solutions were identified by each small group which were then compiled into a master list of priority solutions.

During the October 28<sup>th</sup> session, the list of priority solutions was examined by the group who then voted to determine the top five priority solutions of the solutions generated during small group discussions. Participants then broke into small groups once again, developing action plans for each priority solution. A complete list of solutions can be seen in Appendix B. The top four priority solutions and related action plans are discussed in the Solutions and Action Plans section of this report.

Short summaries of Summit presentations are included below. This is followed by synopses of group responses recorded during the small group break out sessions. A detailed listing of group responses is included as Appendix C.

## **Community Dialogue**

### **Debra Hallmark and Esther Floresta, Office of Children’s Services (OCS)**

The Office of Children’s Services (OCS), as part of the State of Alaska’s Health & Social Services Division, promotes services that will provide children with safe and permanent homes while striving to maintain cultural connectivity.

With the overall goal of enhancing family capacity, the Office of Children's Services also provides intake investigation, referrals for counseling, parenting classes, infant learning and alcohol treatment. They work with families to try to resolve custody issues. OCS works to offer as many services in home to families and children. OCS also works with Tribal Service Workers and Family Service Workers on the village level to serve village populations.

**Sean White and Lauren Graham, Bristol Bay Area Health Corporation (BBAHC) BHC**

The Bristol Bay Area Health Corporation (BBAHC) provides health services to much of Southwest Alaska with 34 clinics in the area. In a region that is large and where services are spread out, BBAHC serves 32 villages. The services provided ranges from individual out patient care to tele-counseling at area clinics. The services are Medicaid funded and fee-based. BBAHC has also receives grant funding to provide services.

A new group home for male youth will be opening in the region shortly. The facility will be a Therapeutic Family Home, providing Level III service to those aged twelve to seventeen/eighteen. BBAHC will work closely with the new staff at this facility. BBAHC also provides training for house parents from Fairbanks that have been referred through the OCS and the DJJ. Future planning should consider all potential needs and services.

The local system currently faces many challenges. Cost of service is a challenge, though paperwork is a bigger barrier. Teen perception of confidentiality in services is also a barrier. There is discussion to set a teen clinic to address this issue.

A community strength is in the ability of local providers to collaborate. For example, BBAHC works with FSWs and parents. The Wellness Conference is a good example of that community collaboration and information sharing. In addition to state required outreach to villages, there is a realization that prevention and intervention is best accomplished by collaboration between, groups, agencies and families, though more support is needed for early intervention.

**Melina Shade, BBAHC**

One area that BBAHC works in is juvenile intervention. Early intervention meetings for youth is something that is desperately needed. For example, minors that have recently been found to be consuming alcohol -- an effort to get them to comply with treatment recommendations, e.g. go to AA meetings -- should be a focus. Even for youth that haven't been charged with consumption, there should be an effort on a community wide level to keep the youth sober. Providers should be screening during regular routine visits and utilizing a referral process. Some of this is already available online, e.g. SBIRT.

Services are costly. Denali Kid Care announced that it will pay higher reimbursement rate to BBAHC if there is a continuing care agreement with Medicaid. In addition to cost of programs, cost of staffing is also a concern. Every agency in Dillingham is short staffed right now.

### **Deanna Hardin, Bristol Bay Area Health Corporation (BBAHC) CAC**

Another area of focus for BBAHC is community education and outreach with the goal of prevention. These programs and efforts target both families and youth through specialized education, newsletters, both in Dillingham and the surrounding region, teacher programs through the school district as well as four Head Start programs in the region.

### **Mary Aery, Tona Hanson and Kathy McLinn, Dillingham City School District (DCSD)**

The Dillingham City School District (DCSD) envisions itself as a community engagement advocate, dedicated to the comprehensive development of the children that attend their schools as well as their families. Many local children are attending alternative school. The DCSD also focuses on infant learning, understanding that it's never too early to begin with infant and toddler education, and at the elementary level (K-5<sup>th</sup>). The District has met some real success in these methods. The services provided by the school district, structured around staff skills, are also available to the community at large.

The DCSD understands that individuals and groups, especially the district itself, are dealing with limited resources. This is another reason that the focus has been on partnerships and realizing the power that they have, especially with the tribes and local government. Partnerships build internal and external assets among the entities and students, e.g. self-esteem. There are resources available though they are often age-specific.

Another effort helped by the partnerships within the city is the creation of a new Youth Court. There is a lot of local support for the effort and the idea of restorative justice. For this the school as a resource needs to be optimized. Currently the Tribal Court does not have enough money to initiate restorative justice pieces. The court, right now, is mostly ICWA and CASCS.

### **Crystal Nixon-Luckhurst, Bristol Bay Native Association (BBNA)**

The Bristol Bay Native Association (BBNA) is a non-profit Tribal Consortium organized to provide a variety of services to the villages in the region. They work closely with OCS and the tribal councils in the region. One of the challenges is educating users on the services available. A family reunification program has been in operation but there haven't been many referrals. BBNA also has a Behavioral Health Center. They operate several programs that focus on youth, including activity therapy and youth activity coordination (provided by FSWs).

The programs that BBNA offers include two ICWA team leaders/coordinators in region villages, thirteen FSW positions, two staff therapists offering both individual and family therapy, case management, assessment, referral. BBNA works with families and community services to provide a team approach to diagnosis and treatment, working with caseworkers, parents, FSWs and teachers.

### **Karen McCambly, from Safe and Fear-Free Environment, Inc. (SAFE)**

The Safe and Fear-Free Environment, Inc. (SAFE) is an organization that offers shelter, advocacy and safety for victims and families of violence in Bristol Bay. The programs offered by SAFE include, the Delta program and RAFT (Rural Alliance for Teens), which provide good place to meet and begin to work collaboratively to address challenges.

## **Overview of Bring the Kids Home (BTKH)**

### **Judy Helgeson, State of Alaska, Division of Behavioral Health**

The State of Alaska, Behavioral Health Utilization Review Team monitors and provides services and advocacy for Alaska youth placed in residential treatment. There are currently 38 institutions in the lower 48 where Alaska youth have been sent for treatment. Most of these institutions are in Utah or Texas. In late October 2008, 205 Alaska youth were out-of-state in treatment. This figure has dropped from the over 400 youth that were out-of-state 3-4 years ago. In addition, 40 youth are currently in State's custody.

Office of Children's Services (OCS) classifies treatment facilities in levels, according to the services available, from I to V. These range from day treatment (Level I) to residential psychiatric treatment centers (Level V). Level II services available in Dillingham are available at Anna's House, serving youth between birth and age 18, both male and female. Up to 5 individuals can stay up to three weeks in this facility based on available space. Level IV, residential diagnostic treatment centers are available in three locations across the state, Fairbanks, Bethel and Juneau (Montana Creek serves youth with dual diagnoses). These facilities offer staffing 24 hours a day, 7 days a week. In Boys and Girls Homes of Alaska has approximately 119 beds a combination of Level IV and Level V.

Level V facilities may be secure or semi-secure. The definition of Level V facilities has to do with national accreditation. In Alaska Covenant House houses 16 kids from Dillingham. Alaska Children's Service has over 54 beds at Level V and McCann has 7 beds at Level V and 8 Level IV. Providence has 9 beds for girls at Level V. North Star also has Level V residential facility which has 60 beds for children and adolescent girls, including 20 locked beds for adolescent girls, in Anchorage and, in Palmer, 30 beds for boys.

There is concern about bringing kids not just back to Alaska, in Anchorage or Fairbanks, but all the way back to the villages.

Level 6 Acute Care is provided at the following Anchorage facilities: Alaska Psychiatric Institute (API), Providence, North Star's two campuses. In order to receive services at these facilities, youth must qualify for Medicaid funding through a psychiatric diagnosis.

In Dillingham, there are no therapeutic foster home beds currently available. However, a new boys group home has been constructed and will open soon. Before opening, Family Centered Services will work with local providers to train staff for the facility. The home is expected to provide beds for up to five to seven youth.

According to the Alaska Native Tribal Health Consortium, approximately 30 percent (40 individuals) of those in residential treatment programs in the State are Alaska Native. In Dillingham, that number is approximately 99 percent.

Support for Bring the Kids Home (BTKH) comes, in large part, from the Alaska Mental Health Trust Authority. One area of support provided by The Trust is \$700,000 in funding for Individualized Service Agreements (ISAs). ISA funds can provided for things Medicaid won't pay for and for family needs that don't qualify for Medicaid but that are identified as needing Medicaid funded services in a treatment plan. Funding is available for respite care, one-on-one care, day-hab services, healthy activities such as bicycles, musical instruments, and education such as and initial 1/4 semester of college. Funds are available on a quarterly

basis. Those eligible for this program includes state residents under 22 years of age diagnosed with SED. Funds are accessed through a provider agreement with the State. Once a particular need is identified, the clinician sends this request to Behavioral Health for review and award.

The FASD waiver demonstration project is currently underway. This waiver provides Medicaid funding to youth with fetal alcohol spectrum disorder. This is a 5 year project that uses the 3M model: modeling, mentoring and monitoring. At present, youth in residential psychiatric treatment are being selected to take part in this project. This project will serve 88 youth over 5 years.

## **Small Group Discussion**

### **“What’s working?”**

Groups were asked to identify community strengths and available resources that assist in supporting and serving youth close to their home communities. The groups responded that the community resources available in Dillingham are a great asset. The ability for collaboration among individuals and groups was also noted. This was strengthened by the mention of tribal involvement and cultural influences playing a positive role in the community as well as community involvement.

Also mentioned was the availability and access to funding. This was largely due to a good track record with previous funding.

### **“What’s not working?”**

Groups were asked to identify community weaknesses or barriers that make supporting and serving youth locally difficult or challenging. There were many responses and they have been organized into general categories and summarized.

The four general areas of concern noted by participants were: workforce; community support; service gaps and funding.

Following is a brief overview of each category.

#### **Workforce**

This category includes high staff turnover and staff shortage; difficulty with accessing training for providers, e.g. lack of specialized training, high case loads for those providing services; and competitive salaries. These make it difficult to fully implement and integrate necessary services.

#### **Community Support**

The role of village, family and peer support is extremely important both as a preventative measure and as a support system when a child returns to a village. Currently there is much

in the community that needs to be healed. Children returning to small places are facing the same situation of needing to be healed. Lack of acceptance, including being labeled after treatment and having that label stick is an issue. There is a lack of time for a step-down process and the result is an ingrained community bias against those who have completed treatment and return. Both lack of role models and the isolation of living in more remote areas has made life difficult for these children.

### **Service Gaps**

There is a lack of services, education, treatment, and tolerance. There is lack of systematic health education, sex offender treatment, especially for young sex offenders under 18, religious and cultural tolerance at the village level, as well as a lack of services in the villages. In addition, Alaska Native youth are over-represented in the system. There is also an ongoing inter-generational trauma that should be addressed in any treatment program. Even existing services suffer from lack of marketing and visibility.

### **Funding issues**

Funding restrictions get in the way of providing services. There is a general lack of money for prevention services. This low funding has led to more difficult access for existing services.

### **Solutions & Action Plans**

Major themes and priority solutions were identified by each small group and compiled into a master list of priority solutions. The list of priority solutions was then revised by the larger group and voted on by all participants to determine the top five priority solutions.

Participants divided into small groups once again, and developed action plans for each priority solution. The top five priority solutions were as follows:

- Increase community, family and elder involvement in raising our youth – peer, professional community, increased prevention measures services
- Develop a more comprehensive re-integration process
- Find a way to provide family services for alcohol treatment
- Increase Native professional staff
- Decrease isolation distance between villages and TRT providers (both literal and figuratively)

## Action Plans

Priority Solution #1: Increase community, family and elder involvement in raising our youth – peer, professional community, increased prevention measures services.

Priority Solution	Tasks	Community Lead	Resources Needed	Timeframe	
				Next 6 months	Longer term
Increase community, family and elder involvement in raising our youth	Monthly career development – once per month				
	Job fairs every year	School workforce, all schools, UAF			
	Agency incentives, e.g. identify degree and educational opportunities				
	Parent and Elder involvement to help teachers by letting them know who you are				
	Peer on peer youth court – leadership councils to talk and unitize open line				

## Priority Solution #2: Develop a more comprehensive re-integration process

Priority Solution	Tasks	Community Lead	Resources Needed	Timeframe	
				Next 6 months	Longer term
A more comprehensive re-integration process	Residential options – respite, foster, step-down therapeutic foster and group homes	Ted Sutton, Anecia Ouya, BBAHC	Funding, recruitment and technical assistance training		X
	Staff – paraprofessional and mentors, identification and training to raise awareness of community	Health Aide Wellness Team	Recruitment, Funding and Training	X	
	Link school to community services for communication and information sharing	Lee Welster and Southwest Regional School District	Transition services flow chart	X	
	Increase cultural activities and events (e.g. Native Youth Olympics, crafts, drum, dance, or subsistence)	Tribal Children Services, Village Council	Attire, drums, dance fans, headdress, etc	X	
	Spiritual awareness and connections	Churches, Elders, Youth Directors	Equipment, access church resources	X	
	Potlatches, rituals and community celebrations or events	Tribal Council, BBNA – ICWA	Community participation with food dishes, ritual materials		

**Priority Solution #3: Find a way to provide family services for alcohol treatment**

Priority Solution	Tasks	Community Lead	Resources Needed	Timeframe	
				Next 6 months	Longer term
Provide family services for alcohol treatment	<b>Family Recovery Camp – inpatient treatment that involves families and kids</b>	Tribal organizations, cities, Jake’s, Alaska Mental Health Trust Authority	Grant monies	X	
	Designate local “BTKH” coordinator – would need to contact AMHTA for assistance/TA/grant writer, develop community task force/CJA meetings to work on some development, invite other substance abuse facilities, etc., involve city in planning efforts.				
	Increase visibility of services				
	Culturally competent Alcoholics Anonymous (AA) or explore AA model to determine whether another would be more effective	Jake’s	South Central Foundation, time, personnel	X	
	Community survey to assess needs, desires and why services aren’t accessed	SAFE, CHR	Time, supplies	X	
	Increase visibility of services – PSA’s, TV announcements, posters	BHC, SAFE, Bay Times	Time, personnel, supplies	X	
	Write a grant to build/develop a family treatment facility	City of Dillingham, Jake’s	<b>Money</b>		X
	Develop Big Brother/Big Sister family model				

#### Priority Solution #4: Increase native professional staff

Priority Solution	Tasks	Community Lead	Resources Needed	Timeframe	
				Next 6 months	Longer term
Increase Native professional staff	Career Development in school – Interpreters to address language barriers, internships	Schools	Agencies willing to participate	X	
	Job Fair	Schools, UAF, Workforce	Agencies		
	Agency incentives for continued education	Workforce			
	Parental Involvement in classroom & Elders				
	Education regarding cultural sensitivity to all teachers and professionals	School District	Knowing who you are (required)		
	Peer on Peer teaching – Healthy Teens				
	Open Line recruitment				

**Priority Solution #5: Decrease isolation distance between villages and TRT providers (both literal and figuratively)**

Priority Solution	Tasks	Community Lead	Resources Needed	Timeframe	
				Next 6 months	Longer term
Decrease isolation distance between villages and TRT providers	Open and expand the poly-com/video options	Kevin as contact person for poly-com			
	Increase after-care treatments, community services, etc.	Court mandated – FSW, ICWA, VPSO, CHR, Tribal workers			
	Newsletters, Bristol Bay Times and other community newspapers with school Open Line				

Additional suggestions were:

1. Health fairs
2. Children’s fair
3. RAFT
4. CANDU
5. ECIT
6. Elder/youth gatherings
7. Family nights
8. CINC

## **Follow up/ Wrap up**

During the wrap up, participants reiterated that they would like to select a local BTKH representative to assist with coordinating regular meetings of local providers; assess action plan progress; and to act as a point of contact for interaction with State of Alaska BTKH representatives.

## Appendix A – Summit Participants + Contact Information

Last Name	First Name	Affiliation	Phone	E-mail
Aery	Mary	DCSD	842-5025	<a href="mailto:maery@dlgsd.com">maery@dlgsd.com</a>
Andrew	Matrona	BBAHC	693-2639	<a href="mailto:mandrew@bbahc.org">mandrew@bbahc.org</a>
Bennett	Joni	BBAHC	842-1230	
Binns	Wayne	SESA	334-1330	<a href="mailto:wbinns@sesa.org">wbinns@sesa.org</a>
Cline	Don	BBAHC	842-1230	<a href="mailto:dcline@bbahc.org">dcline@bbahc.org</a>
Cornils	Paul	AYFN	770-4979	<a href="mailto:paul@ayfn.org">paul@ayfn.org</a>
Cross	Shannon	DBH	269-3619	
Dull	JR	BBAHC	842-2341	<a href="mailto:blinn.dull@alaska.gov">blinn.dull@alaska.gov</a>
Floresta	Esther	OCS	842-2341	<a href="mailto:esther.floresta@alaska.gov">esther.floresta@alaska.gov</a>
Fonkert	Rebecca	SAFE	842-2320	<a href="mailto:rmfonkert@besafeandfree.org">rmfonkert@besafeandfree.org</a>
Foster	Dwan	DCSD	842-4446	<a href="mailto:djrfoster@aol.com">djrfoster@aol.com</a>
		Aleknagik		
Gottschalk	Jane	Traditional	842-4577	<a href="mailto:janegottschalk@gmail.com">janegottschalk@gmail.com</a>
Graham	Lauren	BBAHC	842-1230	<a href="mailto:lgraham@bbahc.org">lgraham@bbahc.org</a>
Hallmark	Debra	OCS	842-2341	<a href="mailto:debra.hallmark@alaska.gov">debra.hallmark@alaska.gov</a>
Hanson	Tona	DCSD	842-6745	<a href="mailto:tona@dlgsd.org">tona@dlgsd.org</a>
Hardin	Krystin	BBAHC	842-1906	<a href="mailto:khardin@bbahc.org">khardin@bbahc.org</a>
Hardin	Deanna	BBAHC	842-1230	<a href="mailto:dhardin@bbahc.org">dhardin@bbahc.org</a>
Itumulria	Chris	Curyung Tribal	842-4508	<a href="mailto:chris@curyungtribal.org">chris@curyungtribal.org</a>
Kroener	Desirae	BBNA	842-2262	<a href="mailto:dkroener@bbna.com">dkroener@bbna.com</a>
Larson	Dorothy	Curyung Tribal	842-2384	<a href="mailto:dorothy@curyungtribe.com">dorothy@curyungtribe.com</a>
McCambly	Karen	SAFE	842-2320	<a href="mailto:kmmclamby@besafeandfree.org">kmmclamby@besafeandfree.org</a>
McGlore	Maureen	DBH	269-3793	<a href="mailto:maureen.mcglone@alaska.gov">maureen.mcglone@alaska.gov</a>
McLinn	Kathy	DCSD	842-6763	<a href="mailto:kathy@dlgsd.org">kathy@dlgsd.org</a>
Mohan	Bonita	BBAHC	246-6628	<a href="mailto:bmohan@bbahc.org">bmohan@bbahc.org</a>
Muir	Rachel	Public Health	842-5981	<a href="mailto:rachel.muir@alaska.gov">rachel.muir@alaska.gov</a>
Murphy	Kevin	BBAHC	842-1230	<a href="mailto:kmurphy@bbahc.org">kmurphy@bbahc.org</a>
Nixon-				
Lockhurst	Crystal	BBNA	842-4139	<a href="mailto:cnixon@bbna.com">cnixon@bbna.com</a>
Nukwak	Shane	student	842-2320	<a href="mailto:s.nukwak.ceo@gmail.com">s.nukwak.ceo@gmail.com</a>
Ouya	Anecia	BBAHC	842-1230	<a href="mailto:aouya@bbahc.org">aouya@bbahc.org</a>
Shade	Melina	BBAHC	842-9443	<a href="mailto:mshade@bbahc.org">mshade@bbahc.org</a>
Thibodeau	Katy	AYFN	770-4979	<a href="mailto:katy@ayfn.org">katy@ayfn.org</a>
Timmerman	Connie	BBNA	842-4139	<a href="mailto:ctimmerman@bbna.com">ctimmerman@bbna.com</a>
Wassillie	Emma	Togiak Traditional	493-5431	<a href="mailto:emmae99678@yahoo.com">emmae99678@yahoo.com</a>
Webster	Lee	SWRSD	842-5287	<a href="mailto:lwebster@swrsd">lwebster@swrsd</a>
White	Sean	BBAHC	842-1230	<a href="mailto:swhite@bbahc.org">swhite@bbahc.org</a>