

**Bring the Kids Home Regional Summit
Summary Report
Nome, Alaska
November 18-19, 2008**

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, Dillingham and Nome. This report summarizes the input and outcomes from the final 2008 Summit in Nome.

The summit was held in Nome on November 18 and 19, 2008. Approximately twenty-five (25) participants were in attendance. This included family representation, the Norton Sound Health Corporation, Kawerak Children and Family Division, Nome Eskimo Community, Mary Igloo Native Corporation, Alaska Youth and Family Network, Special Education Service Agency, the State of Alaska Office of Children's Services, Division of Juvenile Justice, Division Behavioral Health as well as other local service providers employed in a variety of programs.

Meeting Format

The Summit began on November 18th with short talks by local service providers. The presentations, entitled *Community Dialogue*, were a chance for local providers to talk about behavioral health services available in the Norton Sound Region. Presenters included:

- Jodi Rumph, Alaska Youth and Family Network (AYFN)
- Laura Chamberlain, Norton Sound Health Corporation (NSHC)
- Judy Fain, Special Education Service Agency BTKH Educational Transitional Project (SESA)
- Bob Froehle, State Division of Juvenile Justice (DJJ)
- Stephanie Johnson, State Division of Juvenile Justice (DJJ)
- Tina Matthews, Maggie Stang, State Office of Children's Services (OCS)
- Lance Cannon, Kawerak Family and Children Division

- Moriah Sallaffie, Nome Eskimo Community

This discussion was followed by a presentation by employees from the State of Alaska Division of Behavioral Health: Judy Helgeson, Shannon Cross and Bradley Whistler, 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. Information was also shared regarding the State's Medicaid Waiver Pilot Project, which will increase community-based services for youth with Severe Emotional Disturbance (SED) 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 Address 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 November 19th 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 five 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

Jodi Rumph, Alaska Youth and Family Network (AYFN)

The Alaska Youth and Family Network (AYFN) works on providing a number of services, including peer navigation and assistance to parents. Peer navigation has been a very successful practice as parents are often frustrated with talking to professionals. AYFN is located in Juneau and is working on expanding their services.

Laura Chamberlain, Norton Sound Health Corporation (NSHC)

The Norton Sound Health Corporation (NSHC) provides testing, substance abuse services, intensive out-patient care through Mobile Adolescent Treatment Teams (MATT), prevention services, mediation management, psychiatric services, transitional living (6 beds service 6-8 children) and screening.

Another service provided by NSHC is Village Based Counseling (VBC). VBC works with a variety of local service providers. These include the clinicians that are assigned to villages, troopers, health aides, Child and Family service coordinators and Tribal Councils. Village Based Counseling also works to provide telemedicine from Nome to surrounding villages, allowing, among other things, for psychiatrists to provide treatment and travels to villages. Village Based counselors work with field supervisors who are charged with supervising six communities. The VBC program provides case management inpatient treatment with clinicians assigned to inpatient clients. Health aides in villages provide screening, especially for children and refer those with multiple positive risk factors to clinicians. VBC also provides grief counseling, working with teens to guide them in a healthy direction and work at school prevention. VBC's participate in student-client activities and with youth that are not clients. The counselors take college courses, working towards a Bachelor's in social work with money that is available on a grant basis which provides money for travel, lodging, audio conferences and some travel to Fairbanks. Many VBC's feel that the NHSC Prevention Program is underfunded even though it represents approximately forty percent of the VBC workload.

Judy Fain, Special Education Service Agency (SESA)

The Special Education Service Agency (SESA) is based in Anchorage. The program started in August. While based in Anchorage, small communities can look to SESA for help. They work with low incidents disabilities, emotionally disturbed children and offer a variety of information on rare disorders. SESA has clinicians and specialists that work with schools. Their model of care is called Positive Behavioral Support (PBS). The program has 25-30 employees, is supported by Bring the Kids Home and is funded by a variety of grants. Behavioral health specialists train in schools and work with FAS children. When the children are ready to go back to schools the program works with schools to help reintegration. SESA operates visiting treatment centers and call treatment centers to connect with and help the transition for youth. SESA is also works with a number of children out-of-state youth whose names have been provided by the State. The monthly Alaska Autism Resource Center also holds monthly teleconferences and health fairs to support parents and care providers of autistic youth.

Bob Froehle + Stephanie Johnson, Department of Health and Human Services (DHHS), Department of Juvenile Justice (DJJ) – Nome Youth Facility

The Nome Youth Facility, operated by the Department of Health and Human Services (DHHS), provides a service for youth who have gotten into trouble. The facility is looking to the future in terms of innovation and therapy techniques. One example is therapy groups that are nine week sessions that cover issues like smoking and drinking. The focus for the facility is to “keep the kids home” by focusing on positive mentors, communications skills and by offering a Boys & Girls Club. They have 14 beds for youth ages 12-18 years old in Nome, Kotzebue and surrounding villages. Some of the skills learned in the facility are job skills, with the youth in the facility actually receive jobs, but the primary focus is individualized school work. When youth leave the facility they move on to community detention, home school at DJJ or work in therapy groups. Once the youth are back in the villages there is very little follow-up and few resources to do it. The Nome Youth Facility is now using BTKH funds to work on follow-up. The Nome Youth Facility also has alternative

treatments for youth in detainment or detention with a climbing wall, therapy recreation, a summer program and diabetes prevention.

They are working with VBC and NSHC in the villages to set up safety nets and support systems. That safety net is developed with important people in the youth's life. Meetings between safety management, mayors, VPO's, and the local schools to work through potential scenarios involving those youth is critical. A plan for giving medications is also completed. Without medications, many of the youth are hard to handle. This is all preparation for transitioning youth back to village life. If a child has lost interest they are able to call DJJ for help and once in the system DJJ is able to work with the parent. Other support networks include parole officers going out to the villages to work on prevention, peer navigator and parenting classes from AYFN and always trying to work with schools, including presentations. Learning about all of the qualified people within reach, able to work with the youth before they are sent out of state, is extremely useful.

Tina Matthews, Maggie Stang, Office of Children's Services (OCS)

The Office of Children's Services provides ongoing case workers for youth. The ultimate goal for OCS is reunification. They are there to assist, not to take the child. They accomplish this through case planning, working on building a team with the families involved. They have five case workers, one staff member who works on disability and Social Security Disability Insurance enrollment and an umbrella court position. OCS goes through DBH for evaluations.

Lance Cannon, Kawerak, Inc. Family and Children Division

The Family and Children Division of Kawerak, Inc. operates under two grants. Much of the work done is in collaboration with other entities, including the Indian Child Welfare Act (ICWA) and Children in Need of Aid (CINA). They receive referrals from OCS and work with similar families. The Kawerak Family and Children Division is very connected to local schools and is able to provide wrap around services for the youth. In court, they are able to talk on behalf of clients. The main goal for the Division is to keep the kids home. One new project they are working on is that they are now taking on community referrals. Anyone can call to share concerns about family youth. Funding is received through the State's Rural Social Grant Program.

Moriah Sallaffie, Nome Eskimo Community (NEC)

The Nome Eskimo Community works with OCS to make sure people are following ICWA regulations. NEC also works with social workers, parents and behavioral health providers. They provide referrals to services for parents. Currently, the Nome Eskimo Community is researching a grant to expand their services to provide recruitment of and licensing for foster parents. The funding could also be used for therapy and foster care.

Overview of Bring the Kids Home (BTKH)

Judy Helgeson, Shannon Cross and Bradley Whistler, State of Alaska, Division of Behavioral Health

General Overview – Judy Helgeson

The Bring the Kids Home (BTKH) Initiative initially had three staff working with the Alaska Mental Health Trust Authority (AMHTA). The question that BTKH was attempting to address was, “What can we do to provide a full system of care?” Originally there were \$1.2 million split between OCS and DJJ. The State has worked with local providers through signed agreements to develop treatment plans for youth. Currently, if the existing funds do not cover the cost of services for a youth, monies will fund those costs, including clothing, bicycles, tutoring, camps and transportation. The monies have to be spent in state with some of it going to send clinicians for more training to help clients. The idea is to spur creativity. The billing and referral sheets are the same with a usual administration fee of \$25. To utilize this creative treatment approach, a treatment plan must come from a local behavioral health care provider. In Juneau the program is working well. There is funding for respite care, on a one-to-one level. Other examples of the program include keyboard and getting into Boy Scouts.

There has been a direct impact of the ISA program; the number of youth being sent out-of-state has dropped by almost 200 individuals, down from over 400 over the course of three years. Currently there are 38 out-of-state behavioral health care providers that have agreements with the State of Alaska. Unfortunately there are currently no facilities or resources to provide some youth with in-state assistance, e.g. deaf youth. Another gap in state treatment is that between developmental disability and mental health treatment. The services are not available. All this means that there are still a lot of youth that are cycling through the system that are not getting treatment or services at the local, regional or even statewide level; there simply aren't facilities that will take care of these children in state.

Upcoming BTKH Grant Opportunities – Bradley Whistler

To help bridge some of these gaps, in February or March of 2009, a Request for Proposal (RFP) will be issued by BTKH. The monies available will be put towards addressing the needs in short-term crisis stabilization. This would cover pilot projects, early childhood foster care or school-based services. The funding will be available for specific areas, targeting rural regions in particular. The last grant cycle was for \$2.5 million. The grants are two year cycles and are evaluated on the type of service and the region. The goal of the funding is to create sustainable programs so BTKH will not consider additional years. There is a required match for these funds; for FY09, that can be both in-kind or a 25% cash match. The RFP will be sent out through public notices and the community health network. Last grant cycle there were 17 grantees with awards given of \$19,000-\$450,000, depending on the region. For FY09, target population needs were not sufficient enough to increase the amount given. The goal of these grants is to get in-state providers to the level of out-of-state providers, including using the same Certificate of Need Process (CNP).

One current project supported by BTKH funds is the FASD Waiver Program which is operating on a 5-year grant. This waiver provides Medicaid funding to youth with Fetal Alcohol Spectrum Disorder (FASD). The program has shown that you can provide community-based programs at the same level as out-of-state services. The program works with youth aged 14 to 21 and they have to meet a residential psychiatric treatment center (RPTC) level of care, including community-based youth. Youth don't have to go into RPTC to get FASD Waiver assistance, although kids that are in RPTC are assisted in getting out sooner. Potential providers need to be a community health center or provide a community health service and offer both a plan of care and a mentor piece. Interested groups can start with submitting a letter of interest.

Another aspect of the FASD Waiver program is the Treatment Intervention Mentor (TIM). TIMs work with youth up to 15 hours a week on skills such as appropriate social skills. Families of youth must choose a TIM; if not, it's possible for agency staff to act as TIM. Additional services available are respite, dayhab, job training and a housing stipend of up to \$2,000 per year. TIM training is available through the University of Alaska Anchorage. The training is based on DVD, monthly consultation and on-line courses. Anyone who meets the criteria can be accepted into the training, including those with children.

There is also a federal program, the Tax Equity and Fiscal Responsibility Act (TEFRA) that treats a child as its own household which allows SED youth, who are a danger to others, to qualify for Medicaid. The program will identify youth who can benefit from this service and technical assistance is available through FASD waiver program and the Division of Behavioral Health. Currently testing to confirm FASD is not necessarily done and an effort is being made to construct a diagnostic team. The team would work with others in the region if an FASD diagnosis is suspected.

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 involvement, individuals, agencies or organizations, in the Nome area is a great asset. This involvement is able to provide a large menu of services. Cultural activities in the communities are considered a strength. The presence of strong family and extended family connections and spiritual strengths are also important.

“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 the lack of local hires, lack of training, high turnover, burnout and decreased staff intensity.

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 are small town dynamics that need to be resolved. Also lacking are community role models and respite care for families.

Service Gaps

There is a lack of treatment facilities in the area and a lack of local foster homes, which are traditional activities in some communities. Also difficult is the distance needed to travel for services and general cost increases. Communication and education in communities is also currently lacking.

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:

- Create an interagency, multi-disciplinary team from surrounding villages and Nome
- Develop a 16-20 bed long-term care facility in Nome
- Short term crisis stabilization. A 4-bed treatment facility including qualified staff and training, including identifying local experts
- Make cultural activities central to prevention and treatment
- Provide treatment for entire family

Action Plans

Priority Solution #1: Create an interagency, multi-disciplinary team from surrounding villages and Nome.

Priority Solution	Tasks	Community Lead	Resources Needed	Timeframe	
				Next 6 months	Longer term
Create an interagency, multi-disciplinary team from surrounding villages and Nome.	Identify resources	Kawerak, Inc.	Education, grant writing	Identify players region-wide	Resource coordinator
	Identify and establish goals +objectives		Communicate with school, city and state participants as well as recipients about what is needed.		
	Identify participants + agencies (e.g. families as well as providers)		Importance of getting State legislators and City on board.		
	Choose and hire a lead coordinator		“Bright Beginnings,” various entities in Anchorage to help develop an interagency non-profit		
	Develop a meeting schedule				

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

Priority Solution	Tasks	Community Lead	Resources Needed	Timeframe	
				Next 6 months	Longer term
Develop a 16-20 bed long-term care facility in Nome	\$50,000 AMHTA grant for planning purposes	NSHC		Done	
	Request \$100,000 from State Legislature for planning	NSHC	Consultant	X	
	Plan facility, both physical structure and operations	NSHC/Interagency team	Engineers/consultants, potential funding sources include AMHTA, Rasmusson, Denali Commission and State		2-5 years
	Apply for funding to renovate NSHC	NSHC	Denali Commission, Murdock		
	Train Community members to become staff (Northwest campus or UAF)				
	Recruit staff to operate facility				

Priority Solution #3: Short term crisis stabilization. A four bed treatment facility including qualified staff and training and identify local experts.

Priority Solution	Tasks	Community Lead	Resources Needed	Timeframe	
				Next 6 months	Longer term
Short term crisis stabilization – 4 bed treatment facility including qualified staff + training and identify local experts	Planning for operations – Identify parameters of clients			X	
	Family involvement – Where do we put parents?		BSNC – Aurora Inn	X	
	Identify funding for more staff, additional positions	BHS, Kawerak, NYF, Maniilaq	Funding - Big Boss Man Steve	X	
	Identify building (new or existing apartment building), potentially add pre-maternal home		Funding – Rasmuson, MIDT, Denali Commission, Murdock	X	
	Recruit and train staff – developmental disability staffing	SAFE, CHR	Funding – RWJF, UAF	X	

Priority Solution #4: Make cultural activities central to prevention and treatment.

Priority Solution	Tasks	Community Lead	Resources Needed	Timeframe	
				Next 6 months	Longer term
Make cultural activities central to prevention and treatment.	Identify youth at risk	Youth court; OCS; Division of Juvenile Justice; Mobile Adolescent Treatment Team; School social workers, teachers and principals; village-based counselors; Kawerak Youth and Family Services		X	
	Hire coordinator for MDT to coordinate Nome + villages		Money for position and for office space	X	X
	After identifying youth at risk ask youth what they would like to have in their life (e.g. cultural activities). Give them choices but have them prioritize.	Workforce			
	Incorporate cultural activities into youth's life – Have Elder advisors, local expert to teach language and do things traditionally (teaching, sewing, hunting, weather forecasting), use role models to lead/teach kids various cultural activities and identify role models in each community, when youth are given community service make the community service culturally based				

Priority Solution	Tasks	Community Lead	Resources Needed	Timeframe	
				Next 6 months	Longer term
	Have youth conference –led by youth. The youth will create their own agenda which will target cultural activities, appreciation and identifications, using community members as resources	Tribal Youth Councils, ICWA Child + Family Services (in villages)	Apply to foundation, State and Federal grants, local and regional organizations		X

Priority Solution #5: Provide treatment for entire family.

Priority Solution	Tasks	Community Lead	Resources Needed	Timeframe	
				Next 6 months	Longer term
Treatment for entire family	At time of residential placement, a local clinician and VBC are designated to participate throughout the residential center	BHS clinical director			
	Peer navigators are offered to parents at time of placement				
	Tele-medicine, video conference availability and training at home site as well as at residential center	Division of Behavioral Health, Technical Assistance			
	Comprehensive family therapy training and treatment model for all BHS clinicians and VBC's	BHS clinical director	A trainer from American Association of Family Therapy come to Nome for a week.		
	Transition plan with all inter-agencies throughout the residential placement	BHS clinician, case manager, VBC			
	Send out notice to parents to alert them that funding is available for travel for local providers and have providers write this into individual business plans	DBH, OCS			

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.

