

# Bring the Kids Home Regional Summit Summary Report

June 2007



Prepared for  
The State of Alaska Department of Health and Social Services  
Division of Behavioral Health

## **Acknowledgements**

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We wish to thank all of the community members who participated in the Bring the Kids Home Regional Summits. This report would not have been possible without their valuable input.

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# Introduction

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 have appropriate treatment options within their communities or close to their families and to minimize out- of-state placement in residential psychiatric treatment facilities. In the spring of 2007, the State of Alaska Division of Behavioral Health convened a series of regional meetings with local service providers to collect their input on the system currently serving youth in the state.





# Fairbanks

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The first of these Summits was held in Fairbanks on April 30, 2007. Thirty-one (31) participants attended the April 30<sup>th</sup> Summit. This included representation from families and parents, the State of Alaska, Office of Children’s Services, the Division of Behavioral Health, Department of Senior and Disability Services, the Alaska Mental Health Board, First Health, and local service providers such as North Star Behavioral Health Services, Stone Soup Group, Presbyterian Hospitality House, Family Centered Services, and the Alaska Youth and Family Network. A complete list of meeting participants can be found in Appendix A.

Though the meeting was well attended, the majority of participants represented service providers located in the Fairbanks area. Few attendees represented organizations located in the rural parts of the region or state. Thus, much of the input received during this meeting is reflective of the system in Fairbanks and may not provide a complete picture of the strengths and challenges inherent to offering service in rural parts of the region. As a hub, many of the services provided in the region are centered in Fairbanks.

## Meeting Format

The April 30<sup>th</sup> Summit began at 8:30 AM and concluded at 4:30 PM. During the first part of the day, two local providers John Regitano, Family Centered Services and Drenda Tigner, Presbyterian Hospitality House discussed their experience and how the BTKH initiative has evolved and taken shape over time. A representative from the State of Alaska Division of Behavioral Health also presented background on the BTKH initiative, as well as background and an in-depth description of Individualized Service Agreements and their role in providing services to youth with severe emotional disturbance (SED) in partnership with the State.

During the afternoon, meeting participants broke into small groups and engaged in focused discussion on the following general topics:

- Strengths + Resources
- Barriers + Weaknesses
- Solutions

- Priorities
- Technical Assistance needs

Groups took detailed notes of their discussion. As this segment of the Summit was completed, attendees reported their results to the group. Major themes and a list of priority solutions to systemic challenges were identified. For a detailed listing of the questions participants focused on during the discussion phase of this meeting, please see Appendix B.

Following, is a summary of group responses recorded during the small group break out session. A detailed listing of group responses is included as Appendix C.

## Strengths and Resources

As a way of beginning the discussion, groups were asked to identify community strengths in regards to treating youth in their home community. Many groups reported that there is an array of services provided in the Fairbanks area and that Fairbanks providers serve clients from around the state. There is a positive, culturally aware attitude towards service provision in Fairbanks and unlike other parts of Alaska, the workforce was reported to be generally stable with a good number of experienced advocates and providers to draw from. The service provider community manages to collaborate generally well across organizations and responds efficiently to the needs of clients. Groups such as the school district, law enforcement, the university system, and service providers were specifically mentioned as strong collaborators. New services to compliment those already being offered are currently in the development phase and will be available in the next few years.

### *Strengths to build on*

Respondents reported that the Wellness Court which is presently offered for adults works well but needs to be expanded to serve youth.

## Barriers and Weaknesses

Groups were asked to identify community weaknesses that make Bring the Kids Home/keeping the kids home difficult. For this segment, groups identified the particular gaps in the service delivery system. As there were many responses, these have been organized into general categories and summarized. As highlighted earlier, a detailed listing of group responses is included in Appendix C.

### *Funding*

Respondents reported a lack of stable funding for programs and ongoing projects. Medicaid funding is limited and constrained by regulation; grant funds are not sustainable in the long term; State funding is affected yearly by the whims of the legislature; schools are also impacted by inconsistent funding, funding cuts, funding that is not sustainable for ongoing programs.

### *Rural specific*

In rural areas it was reported that prevention and intervention services are sorely lacking; there is a need to increase collaboration between hub and rural communities in all areas of service provision; there is a lack of service providers serving rural locations.

### *Staffing/ workforce*

Staffing and workforce challenges that were reported included a lack of service providers; a lack of providers that currently accept Medicaid as a payment method for clients; staffing resources are already limited for direct service -- paperwork and documentation required by funders/regulating agencies further limit these resources; Foster care services are lacking, there is a need for cultural competence training, for more families to provide care, and for support for families who are providing services.

### *Service gaps*

Respondents offered their thoughts on a number of services that are currently not provided at a satisfactory level:

- There is a need for increased prevention/early intervention services

- There is a lack of services for non-Medicaid, non-SED families
- Crisis respite; detox facilities; chemical dependence intervention are all needed around the clock
- Lack of structure for family/youth advocacy; need to involve parents in treatment decisions; parents not getting proper support/connection with law enforcement
- Need for transitional programs, employment, and vocational training for kids who are currently in the system and close to aging out to prepare them for transition out of the system
- Suicide programs need additional resources – there is a lack of crisis intervention, support, timeliness to respond
- Outpatient substance abuse treatment is needed and there is no service of this type for kids under the age of 15 currently located in the Fairbanks community
- Need of support options for teens: healthy activities; support groups for making healthy choices
- Lack of dual diagnosis services
- No designated beds for children under 16 currently exist; beds that are available might not be at appropriate levels; group homes and shelters for runaways are also needed
- Lack of resources for differential diagnosis of sex offenders

### *Other*

- Transportation for clients who do not have proper access or are in need of special arrangements

## Solutions and Priority Actions

After discussing the challenges inherent to service delivery, Summit participants generated suggested solutions and priority actions that would help address the gaps in service delivery and better equip the Alaskan community to serve the needs of its youth with SED “at home.”

### *Workforce*

- Improve compensation for service provision work force – this will help retain existing workforce and attract new hires
- Engage in more aggressive outreach to new recruits
- Reduce/improve documentation demands from regulatory agencies and funders
- Survey workforce to inform how their situation can be improved and give them greater control over their working life

### *Intervention*

- Provide early, primary, and secondary intervention services
- Increase agency participation with homeless population
- Channel youth into early intervention and treatment services such as youth court

### *Planning*

- Use planning that has already been done to accomplish actions listed in previous plans – build on work that has already been compiled
- Create a regularly updated resource list for the Fairbanks area (could be web-based)

### *Collaboration*

- Hold regular community forums/town meetings with all the players, to keep all informed and invested



- Creation of a universally accepted checklist that is part of the intake process that can be used to implement the “no wrong door” policy and becomes part of the treatment plan
- Make use of detailed, service oriented Memorandum of Agreements (MOAs) that are created by directors of organizations

### *Youth and Family Involvement*

- Employ peer navigators to get youth more involved and to keep them involved
- Help facilitate family network for parents, families and clients
- Conduct more outreach to runaway/homeless youth population – provide more runaway/homeless beds to youth in need
- Provide youth the services they need to transition to adulthood
  - Life skills
  - Housing
  - Training/Vocation
  - Peer navigation
  - Increase educational mentoring
  - Transportation assistance

### *Publicity*

- Raise awareness of specific groups and needs
- Educate community on services availability
  - Advertise advocacy groups

### *Services*

- Since it may be difficult to have a psychiatrist on call at all times, make use of crisis response team model

### *Rural*

- Make use of telemedicine capacity to provide behavioral health support in rural areas (this can include telepharmacy)

### *Training and Education*

- Continue to develop school based services
- Provide vocational training for youth
- Provide specialized training and support for parents
- Training on identified priority topics with a focus on hands-on, practical training
- Look for training specifically for agencies to work towards delivering client-centered services
- Look for ways to participate in exchange programs



- Survey youth who have graduated services and train them for peer mentorship, mediation, leadership roles – this could be a partner project with the university

### *Funding*

- Extend funding to entire family, not just child
- Maximize funds to provide transportation to and from services for those in need
- Funding tends to be categorical, intermittent/inconsistent and inadequate, which restricts the ability to provide care. Raise wages and increase the unit of reimbursement
- Work through existing lobbying groups on funding issues
- Continue state funding for community planning and state involvement as a moderator to help with logistics of community planning
- Provide scholarships for Alaska citizens being educated in human services fields

## **Technical Assistance Needs**

Participants identified the following technical assistance needs:

- Training to increase more “person-centered” care planning
- Technical assistance from state for community planning
- Specialized training and support for parents
- Training for providers on cultural competence

# Juneau

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The second summit location was held in Juneau on May 4, 2007. Forty-seven (47) participants attended the May 4<sup>th</sup> Summit. This included representation from families and parents, the State of Alaska, Office of Children’s Services, the Division of Behavioral Health, Division of Public Assistance, Alaska Department of Education and Early Development, the Alaska Mental Health Board, First Health, Juneau School District, and local service providers such as North Star Behavioral Health Services, Stone Soup Group, Juneau Youth Services, Community Connections, and the Alaska Youth and Family Network. A complete list can be found in Appendix A.

The meeting was well attended, with providers from Sitka, Haines, Ketchikan and Craig, as well as those from Juneau. While there were representatives from communities in the Southeast region, it is important to note that the majority of participants were from Juneau. Thus, much of the input received during this meeting may be reflective of the system in Juneau and may not provide a complete picture of the strengths and challenges inherent to offering service in rural parts of the region.

## Meeting Format

The Summit began at 8:30 AM and concluded at 4:30 PM. During the first part of the day, two local providers Walter Majoros, Juneau Youth Services and Quinn Lontz, Community Connections discussed their experience and how the BTKH initiative has evolved and taken shape over time. A representative from the State of Alaska Division of Behavioral Health also presented background on the BTKH initiative, as well as background and an in-depth description of Individualized Service Agreements and their role in providing services to youth with SED in partnership with the State.

During the afternoon, meeting participants broke into small groups and engaged in focused discussion on the following general topics:

- Strengths + Resources
- Barriers + Weaknesses
- Solutions
- Priorities
- Technical Assistance Needs

Groups took detailed notes of their discussion. As this segment of the Summit was completed, attendees reported their results to the group. Major themes and a list of priority solutions to systemic challenges were identified. For a detailed listing of the questions participants focused on during the discussion phase of this meeting, please see Appendix B.

Following, is a summary of group responses recorded during the small group break out session. A detailed listing of group responses is included as Appendix C.

## Strengths and Resources

As a way of beginning the discussion, groups were asked to identify community strengths in regards to treating youth in their home community. Many groups identified smaller communities as both a strength and resource. Many noted the ability to “know their kids” in the community, as well as trend for services and provider agencies to be more coordinated and linked throughout the region that in larger communities or regions. Similarly, a number of groups reported that the educational system and providers agencies are able to collaborate as services are often provided in school settings by multiple providers, those noted included Juneau Youth Services, Office of Children’s Services, and Council of Tlingit and Haida Indian Tribes of Alaska. Group members identified having detention and crisis stabilization units available was also a strength in their community. Additionally, participants were keenly aware of their access to the legislature and the benefits of having the location in close proximity.

### *Strengths to build on*

Respondents reported that the “Circles of Care” assessment data of services for youth with SED in the Southeast region has been used to develop much of the family-centered services through tribal entities and partner agencies. In addition, respondents believed that an increase in therapeutic foster care is expanding and that it is a needed service.

### *Rural specific*

In rural areas it was reported that prevention and intervention services are sorely lacking; and transit of youth and the added stress of relocating a youth from their home community due to lack of services; and a low level of tribal involvement. Some respondents report that Tribes are not invited as members of the team by Office of Children’s Services.

### *Staffing/ workforce*

Staffing and workforce challenges that were reported included a lack of service providers, staff turnover, and the inability to find qualified staff; paperwork and documentation required by funders/regulating agencies are cumbersome particularly for complex cases; Unwieldy backgrounds checks required for providers; Training and communication between agencies are a challenge due to increased workloads and responsibilities; and retention of staff.

### *Service gaps*

Respondents offered their thoughts on a number of services that are currently not provided at a satisfactory level:

- Planning for transition
- Lack of early identification of co-occurring disorders as well as lack of services for children ages 0-12 to address prevention and early intervention
- Youth falling through the cracks; and youth not “fitting into systems.”
- Identifying eligibility and difficulty in identifying appropriate service provider
- Access to services
- The lack of acute care beds statewide; No designated emergency psychiatric beds
- Haines reported no parent support groups in their community
- Lack of technology available to youth and families (need telemedicine)



## **Barriers and Weaknesses**

Groups were asked to identify community weaknesses that make Bring the Kids Home/keeping the kids home difficult. For this segment, groups identified the particular gaps in the service delivery system. As there were many responses, these have been organized into general categories and summarized. As highlighted earlier, a detailed listing of group responses is included in Appendix C.

### *Funding*

Respondents reported a lack of stable and sustainable funding for programs and ongoing projects. Medicaid funding is constrained by regulation and limited; grant funds are not sustainable in the long term; Service delivery models sometimes conflict with funding streams, and funding cuts.



- There is more “out of home” support available than in-home supports for families.
- Not enough special education for youth with FASD
- Differences in the level of need for youth with SED creates a barrier to developing a continuum of care.
- Lack of infrastructure available to bring higher need youth back into the community (i.e. youth with FASD)

*Other*

- Parents are reluctant to use services as well as a difficulty in engaging families
- Educating service providers to meet the needs of the child
- Parent support and training

**Solutions and Priority Actions**

After discussing the challenges inherent to service delivery, Summit participants generated suggested solutions and priority actions that would help address the gaps in service delivery and better equip the Alaskan community to serve the needs of its youth with SED “at home.”

*Workforce*

- Creative staffing—combining and expanding roles
- Distance training to increase staff qualifications
- Use grassroots and professional services as legitimate treatment options
- Teach families to utilize natural supports
- Reduce duplication of effort by increasing communication between agencies

*Intervention*

- Increase the use of Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program—enhance services to include mental health services
- Increase prevention programming and funding available for those programs
- Develop ways to measure success at the individual level as well as ways to measure prevention programs

*Planning*

- Create a regularly updated listserve to increase the ability for agencies and service providers to network
- Educate leaders to involve consumers
- Include community in planning
- Assess community-readiness

*Collaboration*

- Partner with multiple agencies to secure fund to expand existing services and develop new services
- Coordinated services for accountability with family and with reasonable expectations

### *Youth and Family Involvement*

- Involve parent and youth in service planning
- Develop comprehensive service plans that build confidence in person and family
- Look at children holistically and use resources to ensure safety and person-centered planning
- Increase parent education
- Recognize there may be poor placements, but support families and recognize that the family may not ever be capable of providing care

### *Publicity*

- Share our stories to help reduce stigma of mental illness
- Coordination, share outcomes, take responsibility

### *Services*

- Identify main contact person in a case
- Develop transition plans with financial supports in place
- Self-directed services

### *Training and Education*

- Training on wraparound planning process
- Distance training opportunities for agency staff
- Incorporate “systems of care” philosophy into University programs

### *Funding*

- Additional funding opportunities—creative funding
- Provide funding for the family—not just youth
- Additional funding that will attract and retain quality staff people in service providing agencies

## **Technical Assistance Needs**

Participants identified the following technical assistance needs:

- Better utilization of technical assistance that is available

# Kenai

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The third summit location was held in Kenai on May 11, 2007. Forty-two (42) participants attended the Kenai regional summit. This included representation from families and parents, the State of Alaska, Office of Children's Services, the Division of Behavioral Health, Division of Juvenile Justice, First Health, Seward School District, Kenai Peninsula Borough School District, and local service providers from Homer, Kenai, Soldotna, and Seward such as Seaview Community Services, Central Peninsula Counseling Services, Stone Soup Group, Kenaitze Tribe, and the Alaska Youth and Family Network. A complete list can be found in Appendix A.

## Meeting Format

The Summit began at 9:30 AM and concluded at 4:00 PM. During the first part of the day, local providers Tammy Bidwell and Debbie Kimbrell from Kenai Peninsula Community Care Center and Nina Allen, LCSW, Homer Community Mental Health Center discussed their experience and how the BTKH initiative has evolved and taken shape over time. A representative from the State of Alaska Division of Behavioral Health also presented background on the BTKH initiative, as well as background and an in-depth description of Individualized Service Agreements and their role in providing services to youth with SED in partnership with the State.

During the afternoon, meeting participants broke into small groups and engaged in focused discussion on the following general topics:

- Strengths + Resources
- Barriers + Weaknesses
- Solutions
- Priorities
- Technical Assistance Needs

Groups took detailed notes of their discussion. As this segment of the Summit was completed, attendees reported their results to the group. Major themes and a list of priority solutions to systemic challenges

were identified. For a detailed listing of the questions participants focused on during the discussion phase of this meeting, please see Appendix B.

Following, is a summary of group responses recorded during the small group break out session. The notes that were documented from each group during their small group breakout sessions are included as Appendix C.



## Strengths and Resources

As a way of beginning the discussion, groups were asked to identify community strengths in regards to treating youth in their home community. Many groups identified collaboration between agencies and area service providers as a strength as well as the history of providers working together. Similarly, many groups stated that they are invested in ensuring the BTKH Initiative is successful, through strong and dedicated communities that “care.” In addition, a number of groups report that parents are involved and “empowered,” which participants viewed as both a strength and resource in their communities. As previously mentioned, there were many responses, which can be found in Appendix C.

### *Strengths to build on*

Respondents reported that the parents and families are strong and actively involved in these communities. In addition, families are beginning to “drive” services and service delivery which the community feels is important to continue building.

## Barriers and Weaknesses

Groups were asked to identify community weaknesses that make “Bring the Kids Home”/keeping the kids home difficult. For this segment, groups identified the particular gaps they perceive in the service delivery system. An overwhelming majority of participants identified the lack of therapeutic foster homes or “group” type settings for youth transitioning back into community. As there were many responses, these have been organized into general categories and summarized. As highlighted earlier, a detailed listing of group responses is included in the Appendix.

### *Funding*

Respondents cited a lack of financial resources to fund services. In addition, participants report that often the entire family needs services but funding sources do not allow for services and as a result, families cannot access services. Similarly, respondents state that funding requirements and availability “ties hands” of providers making services less effective.

### *Staffing/workforce*

Staffing and workforce challenges that were reported included a lack of providers and foster parents. In addition, participants report that agency staff have difficulties providing services in homes because conditions are unsafe. High turnover in staff was also cited as a barrier. Similarly respondents report that there is a lack of qualified and experienced providers and clinicians. Finally, participants stated that staff have a lot of responsibilities, yet are not provided with adequate training or compensation for positions that potentially carry high liability.

### *Service gaps*

Respondents offered their thoughts on a number of services that are currently not provided at a satisfactory level:

- Limited transitional supports when youth come back to the community
- Lack of resource homes—i.e. foster, therapeutic homes and residential placements

- Limited services that are available to youth returning home
- Absence of a network for foster families—Respite provisions are needed
- Many different assessment tools are being utilized

### *Other*

- Youth are brought back to their home communities before they are ready
- Youth that are coming back to communities are dangerous
- Participants report that issues are discussed repeatedly year after year with little follow through or action



## Solutions and Priority Actions

After discussing the challenges inherent to service delivery, Summit participants generated suggested solutions and priority actions that would help address the gaps in service delivery and better equip the Alaskan community to serve the needs of its youth with SED “at home.”

### *Workforce*

- Provide training that is reimbursed to the agencies/providers
- Incentives for staff retention
- Need additional staff people—lack of workforce

### *Funding*

- Federal and state funding—overly regulated

### *Intervention*

- Explore treatment models and their effectiveness
- Information provided to pregnant mothers about development—create partnerships with parents
- Outreach to parents in early months
- Mentoring programs for children
- Promote positive male role models
- Lack of funding for prevention

### *Planning*

- Identify and fund proactively instead of responding to problems
- Providers come up with plans but often it feels the state does not recognize or do anything with the information
- Identify a more effective gatekeeper for children being sent out of state (non-OCS)

### *Services*

- Crisis respite
- Wraparound services
- Gap in family support programs for children under 6 years of age
- More home-based services
- More substance abuse treatment for youth locally
- Need a full continuum of care

### *Collaboration*

- Interagency sharing of resources including training opportunities

### *Youth and Family Involvement*

- Reaching out to single parent households
- Encourage and validate men taking more active role in parenting (the message should come from men)

### *Publicity*

- Counteract the stigmas placed on individuals who are engaging in services— increase community awareness
- Educate legislators

Participants of the Kenai Regional Summit identified solutions in that could be accomplished in both the short and long-term.

### *Short Term*

- Ask agencies to identify their training needs
- Determine what type of educational degrees people are interested in
- Recruitment of quality staff
- Incentives to retain quality staff
- Need data from DBH to proceed and analysis of data within community
  - Community needs assessment
- Information on which children are out of state—who are our out of state youth? Raise community awareness of this population
- Agency teams:
  - Key stakeholders should come together (experts) and keep process going with monthly teleconferences
  - Children's Team/Prevention team/Citizen Advisory Committee
    - Strategic planning process which can identify the barriers to bringing home the difficult to reach youth
    - Team should be defined by DBH

### *Long Term*

- Advocate to legislators for educational reimbursements (reduce limitations)
- Review reimbursement for therapeutic foster care and other services—provide realistic rates
- Shift to client driven services and move away from agency driven service delivery

### Technical Assistance Needs

No specific technical assistance needs were identified by summit attendees.



# Bethel

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The fourth summit location was held in Bethel on May 14, 2007. Fifty-two (52) participants attended the Bethel regional summit. This included representation from families and parents, the State of Alaska, Office of Children's Services, the Division of Behavioral Health, Division of Juvenile Justice, Alaska State Troopers, First Health, Bethel Court System, Lower Kuskokwim School District, and local service providers such as Yukon Kuskokwim Health Corporation (YKHC), Orutsararmiut Native Council (ONC), Tundra Women's Coalition, Stone Soup Group, and the Alaska Youth and Family Network. A complete list can be found in Appendix A.

While there were representatives from villages in the Western Alaska region, it is important to note that the majority of participants were from Bethel. Thus, much of the input received during this meeting may be reflective of the system in Bethel and may not provide a complete picture of the strengths and challenges inherent to offering service in rural parts of the region. A number of participants from surrounding villages stated that their experiences and lifestyles were very different from those of Bethel residents.

## Meeting Format

The Summit began at 9:00 AM and concluded at 4:30 PM. During the first part of the day, local provider Laura Baez with Yukon Kuskokwim Health Corporation discussed their experience and how the BTKH initiative has evolved and taken shape over time. A representative from the State of Alaska Division of Behavioral Health also presented background on the BTKH initiative, as well as background and an in-depth description of Individualized Service Agreements (ISAs) and their role in providing services to youth with SED in partnership with the State.

During the afternoon, meeting participants broke into

small groups and engaged in focused discussion on the following general topics:

- Strengths + Resources
- Barriers + Weaknesses
- Solutions
- Priorities
- Technical Assistance

### *Needs*

Groups took detailed notes of their discussion. As this segment of the Summit was completed, attendees reported their results to the group. Major themes and a list of priority solutions to systemic challenges were identified. For a detailed listing of the questions participants focused on during the discussion phase of this meeting, please see Appendix B.

Following, is a summary of group responses recorded during the small group break out session. The notes that were documented from each group during their small group breakout sessions are included as Appendix C.

## Strengths and Resources

As a way of beginning the discussion, groups were asked to identify community strengths in regards to treating youth in their home community. Many groups identified families and extended families as natural support, particularly elders in the community as both a strength and resource. Traditional values as well as cultural ties were also cited as resources. In addition, many groups identified child protection teams as well as the Multi-disciplinary teams that are being utilized in some villages as a great strength, as well as the need to develop more teams throughout the region. Groups also identified the desire for communities to keep their children home and wanting to have services provided as close to their

homes as possible as a strength in this region.

### *Strengths to build on*

Respondents reported that Multi-disciplinary Teams (MDT) and Child Protection Teams (CPT) such as those located in Kwigillnok and Kwethluk has strengths to build on, many participants reported the need to increase teams in additional communities. In addition, Behavioral Health Aides were viewed a strength and participants expressed a desire to increase the number, as well as the support and training of Behavioral Health

## **Barriers and Weaknesses**

Groups were asked to identify community weaknesses that make “Bring the Kids Home”/keeping the kids home difficult. For this segment, groups identified the particular gaps they perceive in the service delivery system. A number of participants identified the lack of therapeutic foster homes, particularly Alaska Native foster homes available to serve youth. In addition, groups identified the lack of services in the region as well as the lack of follow-through in areas such as discharge planning and aftercare from service providers particularly YKHC. Participants also highlighted the staffing challenges inherent to rural Alaska, the need and demand for services is great and often times Behavioral Health Aides and Village Public Safety Officers are in positions of high stress with limited support. As there were many responses, these have been organized into

general categories and summarized. As highlighted earlier, a detailed listing of group responses is included in the Appendix.

### *Funding*

Respondents reported there is a lack of financial resources to fund services, while the need for services are great and often exceed the resources in the community. Participants stated that programs are often under-funded which leads to limited continuity of care.

### *Rural-specific*

In rural areas it was reported that prevention and intervention services are sorely lacking; there is a need to increase collaboration between hub and rural communities in all areas of service provision; there is a lack of service providers serving rural locations. Communication between agencies and providers was also cited as a barrier, participants report that agencies need to increase their ability to collaborate as well as develop mechanisms so that agencies can communicate and release information to each other. Cultural differences and language barriers were also cited as problems, particularly as it relates to parents receiving information about their childrens’ health or diagnosis that is easy to understand and not so “technical.” Parents who attended the summit that were from villages surrounding Bethel such as Chefornak and Akiakchak, report that service providers who were scheduled to travel from Bethel to their village to provide follow up



services or support often did not show up and there was little communication. In many cases, families reported they felt “abandoned” and left without support. Finally, participants highlighted the challenges for family members to comply with treatment recommendations as oftentimes the requirements necessitated family members leaving their community to access services as none may be available in their villages. This poses significant hardship and challenges for families as it may mean needing to find care for other children in the family due to parent or parent(s) absence. Similarly, it may mean a loss of the family member responsible for subsistence activities making it impossible for families to meet their basic needs.

#### *Staffing/workforce*

Staffing and workforce challenges that were reported included a lack of providers and foster parents. Due to high case loads and the high rate of referrals to clinicians and other providers, the needs of youth often go unmet. Staff turnover creates an additional hardship on both families and the service delivery system. One participant stated that her child waited on a wait list for over 6 months for a mental health evaluation due to the high number of referrals and limited staff resources.

#### *Service gaps*

Respondents offered their thoughts on a number of services that are currently not provided at a satisfactory level:

- Limited follow-up and aftercare provided to youth who return to their home communities
- During times when schools are not in session, there are limited services or services that are unavailable
- Parent and families have limited knowledge of the resources and services that are available for their children
- Transitional services such as transitional housing programs are lacking
- Mental Health providers are slow to respond to crisis situations
- Lack of residential treatment and limited bed space

#### *Other*

- Overall lack of collaboration between agencies
- Paperwork is cumbersome—agencies use different assessment tools and forms, these processes should be streamlined to minimize duplication of efforts

## Solutions and Priority Actions

After discussing the challenges inherent to service delivery, Summit participants generated suggested solutions and priority actions that would help address the gaps in service delivery and better equip the Alaskan community to serve the needs of its youth with SED “at home.”

#### *Workforce*

- Improve recruitment and retention by training local workforce
- Train family helpers (ICWA, Behavioral Health Aides) to help families with transitions and any on-going family issues
- Increase the number of Multi-disciplinary teams in more village locations

#### *Funding*

- Use ISD dollars to pay for service coordination
- Foster home payment certification with the process modified to fit rural communities
- Interagency grant sharing

#### *Intervention*

- Implement Spirit Camps
- Provide prevention programming to younger children and youth (Boy/Girl Scouts, 4-H, Big Brothers/Sisters, and Dragon Slayers)
- Develop a list of problems or issues that parents/professionals should look out for and can alert

adults early on to allow for early intervention

the subsistence lifestyle

### *Planning*

- Community needs have already been assessed—do something with this information; take action
- Identify support services that are available in summer months
- Host a summit of villages that have already implemented CPT or MDT to share their ideas and use the information to present resolutions to the YK Board

### *Services*

- Parent education and support groups—especially during transition
- Addressing families' mental health, substance abuse, and development disabilities and put action plans in place months before a child returns to their village
- Wraparound service planning
- Parenting classes
- Improve communications—streamline ROIs and assessment tools so agencies can work together and share information about cases
- Increase Intensive services—establish and deliver consistent services
- Need parent navigators that are not employed by YKHC and that are bi-lingual
- Provide parents and families with training before child comes back to the home—Training should be conducted as a collective network between village, provider, and family
- Additional foster homes
- Itinerant village providers stay overnight with families rather than at the local school or clinics, so that they can gain a better understanding of

### *Collaboration*

- Draft confidentiality agreements between village groups and behavioral health providers—i.e. YKHC and AVCP so that entities can work together not just share paperwork
- Strengthen collaboration between villages with MOU's and other agreements

### *Youth and Family Involvement*

- Identify the key people in a child's life who can provide a safety net of support when youth returns home
- Address long-term issues such as problems in the family or home environment
- Use a strength-based approach—use Elders in the community to help parents improve their parenting skills

### *Publicity*

- Advocate to policy-makers and legislators for additional funding and provide them with education on how great the needs are in this region.
- Hold community meetings to inform members about general concerns or issues with youth and/or problem solve about youth who are experiencing problems

### **Technical Assistance Needs**

- Communities to receive a list of youth in residential treatment and who will be returning to villages
- Training to help parents advocate for services and how to access
- FASD training and awareness for parents and providers

# Kodiak

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The fifth summit was held in Kodiak on June 22, 2007. Forty-three (43) participants attended the Kodiak regional summit. This included representation from families and parents, foster parents, the State of Alaska, Office of Children’s Services, the Division of Behavioral Health, Division of Juvenile Justice, Division of Public Health, First Health, the Kodiak Area Native Association, the US Coast Guard – Family Services, Providence Kodiak Island Counseling Center, village-based ICWA providers, Stone Soup Group, HOPE Community Resources, Kodiak Island Borough School District, and the Alaska Youth and Family Network. A complete list of participants can be found in Appendix A.



## Meeting Format

The Summit began at 8:30 AM and concluded at 3:30 PM. During the first part of the day, local providers, Melanie Nelson from Providence Kodiak Island Counseling Center and Michael Horton from Kodiak Area Native Association, discussed their service delivery experience and how the BTKH initiative has evolved over time. A representative from the State of Alaska Division of Behavioral Health also presented background on the BTKH initiative. Background and an in-depth description of Individualized Service Agreements and their role in providing services to youth with SED in partnership with the State was also provided.

During the late morning and afternoon, meeting participants broke into small groups and engaged in focused discussion on the following general topics:

- Strengths + Resources
- Barriers + Weaknesses
- Solutions
- Priorities
- Technical Assistance Needs

Groups took detailed notes of their discussion. After the small group discussions, attendees reported their results to the larger assembled group. Major themes and a list of priority solutions to systemic challenges were identified. For a detailed listing of the questions participants focused on during the discussion phase of this meeting, please see Appendix B.

Following, is a summary of group responses recorded during the small group break out session. The notes that were documented from each group during their small group breakout sessions are included as Appendix C.

## Strengths and Resources

As a way of beginning the discussion, groups were asked to identify community strengths and local resources in regards to treating youth with SED in their home community. As previously mentioned, there were many responses, which can be found in Appendix C.

### *Strengths and resources*

The feeling of “community” in Kodiak and the surrounding area is strong and many respondents felt that the community itself is a particular strength that can offer youth in need of treatment or returning home from treatment support. Kodiak is small and close knit, the population is diverse, family is considered to be important and family connections are often quite strong. People know each other and often check in with each other if problems are identified. The natural environment and pristine character of much of the island is an additional strength that several respondents mentioned.

Local services available to youth are varied and many respondents reported that local agencies and service providers collaborate well together, though resources are spread thin. The area has skilled, invested service providers with a diversity of background and experience. A larger number of entities/programs were listed as resources to youth in the Kodiak Island community. These included:

- The local school, where student to teacher ratio is low and counselors are available to provide mental health support, sexual abuse screening and counseling
- Local church/faith-based groups such as St. Innocent’s Academy which runs a school program for youth from around the country; other church groups that offer pastoral counseling; the Salvation Army; the Baptist Mission
- Volunteer programs such as Americorps and VISTA
- Organizations that offer youth programs and places for youth to recreate in a healthy manner

such as Boys/Girl Scouts; the Teen Recreation Center; and groups/clubs offered through the school system

- Programs that are offered locally in the villages such as ICWA; itinerant programs offered through Kodiak Area Native Association (KANA); village behavioral health aid program
- Local tribal councils are strong
- Local elder community is strong
- Local “one stop shop” programs offered through KANA; KANA offering quite extensive services to the community
- The University of Alaska system, which offers training through UAA and continuing education credits through UAF
- Human Services Coalition
- Providence’s Family Services Coordinator (more of these positions are needed to effectively serve families in the community)
- HOPE Community Resources
- Substance abuse recovery support programs such as AA/Al-Anon
- Division of Vocational Rehabilitation
- Local public transportation system
- US Coast Guard
- Justice system was mentioned as a strength including local judges and the tribal and teen court programs

Other strengths/resources that were mentioned include the various camp activities that are offered locally including wellness and culture camps and other youth camp activities. Camps often offer the opportunity for families to get away together, engage in subsistence activities and experience physical and mental wellness. Subsistence activities, crafts and cultural traditions were other elements that were mentioned as local strengths.

Finally, funding opportunities and the various projects made possible through state, federal, and foundation funding were additional resources listed.



## Barriers and Weaknesses

Groups were asked to identify community weaknesses that make “Bring the Kids Home”/keeping the kids home a challenging goal to realize. For this segment, groups identified the particular gaps they perceive in the service delivery system or other elements that act as barriers to serving youth in their home communities. A majority of participants identified the lack of therapeutic foster homes or “group” type settings for youth transitioning back into community and a lack of respite care.

As there were many responses, these have been organized into general categories and summarized. As highlighted earlier, a detailed listing of group responses is included in the Appendix.

### *Funding*

A lack of financial resources to fund the full array of services needed to serve youth locally was cited. Although grant programs enable providers to launch new or visionary programs, the inherent lack of ongoing funding for programs means that programs are difficult to sustain in the long term if supplementary funding cannot be identified. Programs are hard to sustain beyond their “funding windows.”

### *Staffing/ workforce*

As providers and family members from many other regions reported, an additional challenge to serving

youth locally is a high turnover rate amongst providers and a shortage of workers to fill positions. Additionally, more education and training is needed to support skills development of locally employed providers.

### *Service gaps*

A number of general gaps were identified in the system serving youth in the Kodiak Island area. The principle concern was that there is a lack of therapeutic foster homes available for youth in need of such placements, as well as a lack in respite care for families and care takers of youth.

Additional gaps identified include: a lack of FASD screening for non-native youth; few ICWA workers serving island villages; a lack of transitional programs for youth that are “aging out of the system” and a lack of rehabilitation or specialty services.

### *Other*

The following issues were also identified as community weaknesses: confidentiality in the smaller communities on the island is hard to maintain, especially in places where there are very few resources to serve young people and their families. A lack of parental involvement with youth; a high rate of sexual abuse; and a fear of stigma once a child is identified as needing specialized care also make serving kids in the local environment more challenging.



## Solutions and Priority Actions

After discussing the challenges inherent to service delivery, Summit participants generated suggested solutions and priority actions that would help address the gaps in service delivery and better equip the Alaskan community to serve the needs of its youth with SED “at home.”

### *Workforce*

Increase specialized services:

- Child psychiatrists
- Behavioral health providers
- Family Service workers

### *Training and Education*

- Offer parenting classes
- Offer vocational rehabilitation
- Train “family helpers” to help with transition and ongoing family issues

### *Funding*

- Additional funding is needed to make the range of services needed to bring/keep the kids home a reality
- Advocate for greater flexibility in funding; administration; bureaucracy

### *Intervention*

- Offer wrap-around intervention programs
- Prevention and intervention must be offered to young children and youth – perhaps through programs such as Boy/Girl Scouts, Big Brothers/Sisters, and Dragon Slayers

### *Planning*

- Need for ethical change regarding patient privacy
- Create a form similar to the “iditaform” concept – one form used by multiple providers to streamline the intake of information

### *Services*

- Respite care – provide for parents and other care

givers

- Therapeutic foster care
- Day treatment that offers mental health and substance abuse recovery support
- Establish substance abuse in-patient program with detox capacity
- Establish independent living program
- Establish mentoring program – this could include a program for parent modeling, perhaps as a live-in program
- Establish a referral hotline through Providence
- After hours care and qualified staff to offer in-home services are needed
- Additional support to villages: behavioral health aides in every village; child protective or multi-disciplinary teams
- Establish a contact person/manager to coordinate child protective or multi-disciplinary teams for villages and use ISD monies to pay for this coordination
- Tailor services to specific populations – make sure that services are culturally relevant and that counseling can be offered in multiple languages
- Youth support services need to start young. This includes:
  - Day treatment
  - Support services (including village specific)
  - Preventative/healthy alternatives (vs. crisis)

### *Collaboration*

- Increase coordinated case management between various providers – connect and follow through when people move or change communities. Sometimes there are gateways to services (such as medical) that make the transition to mental health care easier to make
- Community connectivity is key

### *Youth and Family Involvement*

- Establish mentoring/modeling program for youth and parents

- Facilitate the reunification process through supervised/coordinated visitation
- Train “family helpers” to help with transition and ongoing family issues
- Involve children in making choices for their future
- Establish additional support groups for families
- Increase job opportunities/community service opportunities for youth

#### *Publicity*

- Offer community meetings to inform about general concerns/issues with youth, reduce stigma and to problem-solve about youth who are experiencing problems
- Advocate to policy-makers and legislators for additional funding and the needs of families and youth
- Publicize groups such as Human Services Coalition to increase participation

Participants of the Kodiak Regional Summit identified solutions that could be accomplished in both the short and long-term.

#### *Top 5 Priorities*

- Increase access to respite care and therapeutic foster care
- Introduce wrap-around rehabilitation services that are family centered
- Funding transitions must be “seamless”
- Increase education and support for providers
- Advocate for additional community youth services

#### *Short Term*

- Establish additional options for kids’ healthy recreation such as Boy’s and Girl’s Club
- Assess training needs for providers; offer pertinent training opportunities
- Establish Mobile Treatment Team that approaches family as a whole in their home community

- Provide professional and parental training in community

#### *Long Term*

- Establish shorter and longer term local residential options – group home, shelters, therapeutic foster homes
- Establish respite care options
- Increase number of family therapists
- Increase number of case managers
- Increase number of substance abuse counselors
- Provide personal care aides with behavioral health training
- Support family before and during transition of youth as well as once youth are back in the home
- Create services that are solution driven versus Medicaid billing driven
- Increase funding for camps such as wellness, culture, recovery camps
- Empower and involve elders
- Reach different cultures, languages, educate



### **Technical Assistance Needs**

Attendees noted a range of training needed to support parents and providers (see above).

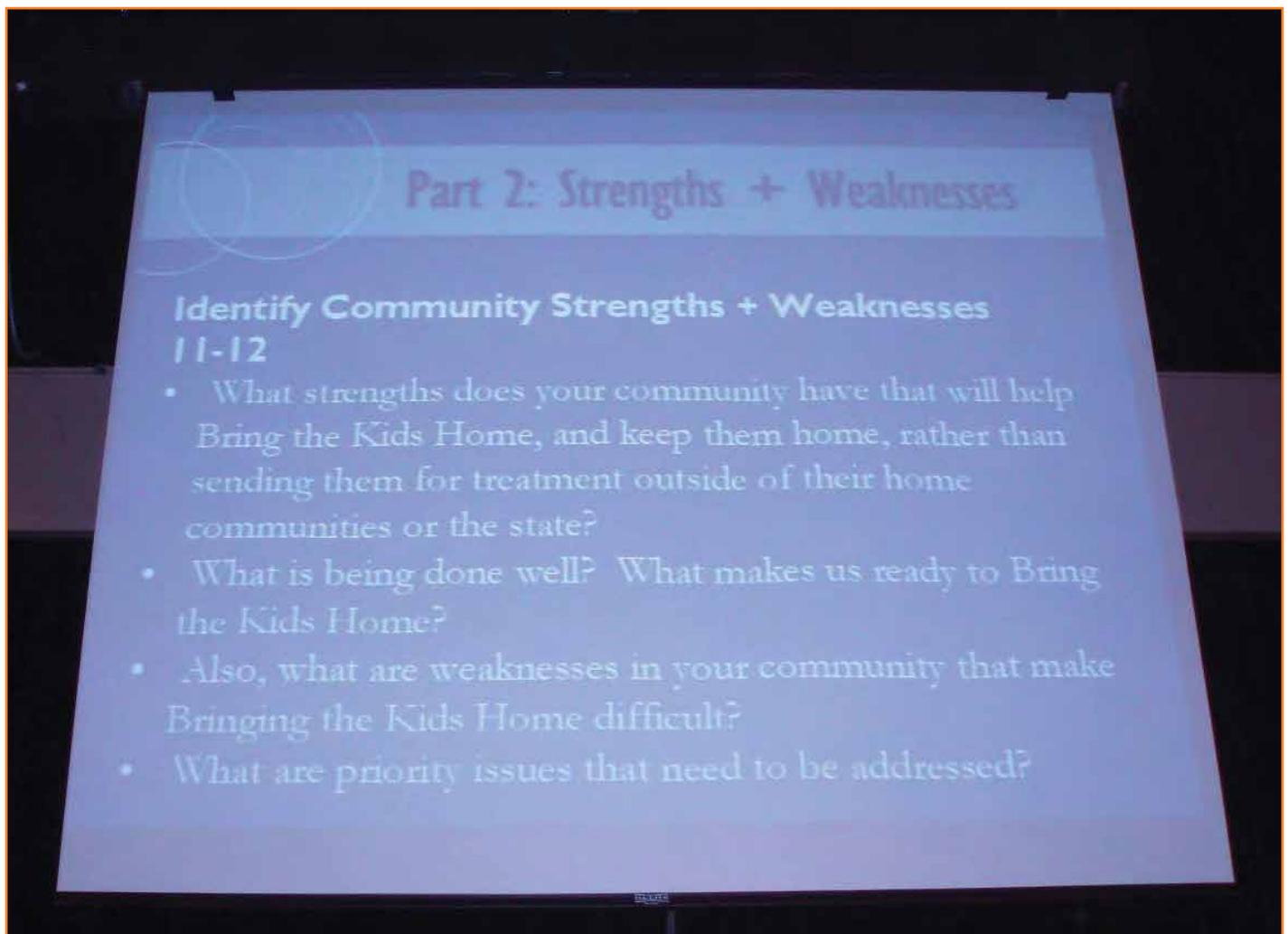


# Participant Evaluation

The Summit concluded with participants identifying their priority actions and solutions. Participants completed an evaluation of the summit identifying the following:

- Overall satisfaction with the summit
- Will summits such as this be helpful to you and your community in the future
- What is your role in your community
- What is your level of commitment for follow-through with any action items that were identified
- Were you able to identify existing resources in your community that you were not aware of prior to participating today
- What other information would you like to have covered today?
- What would have made this summit more useful to you?

The results of the participant evaluations, which include additional comments that were provided by attendees, from each summit location can be found in Appendix D. An aggregated summary of the evaluations from Fairbanks, Juneau, Kenai, and Bethel can be found on the following page.



## Bring the Kids Home Summit Participant Evaluation Summary

<b>1 How would you rate your overall satisfaction with this summit? (n=100)</b>					
	Extremely Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Non-responsive
Fairbanks	7%	80%	0%	0%	13%
Juneau	0%	95%	5%	0%	0%
Kenai	12%	80%	0%	0%	8%
Bethel	11%	61%	18%	0%	11%
Kodiak	17%	79%	0%	0%	3%
<b>TOTAL</b>	<b>10%</b>	<b>77%</b>	<b>6%</b>	<b>0%</b>	<b>7%</b>
<b>2 Will summits such as this be helpful to you and your community in the future? (n=100)</b>					
	Yes	No	Non-responsive		
Fairbanks	93%	0%	7%		
Juneau	82%	0%	18%		
Kenai	88%	0%	12%		
Bethel	76%	8%	16%		
Kodiak	100%	0%	0%		
<b>TOTAL</b>	<b>87%</b>	<b>2%</b>	<b>11%</b>		
<b>3 What is your role in your community? (n=100) *Some respondents identified themselves in more than one role. Summit site totals may not equal 100 percent.</b>					
	Service provider	Family Member	Faith-based provider	Other	Non-responsive
Fairbanks	53%	13%	7%	40%	0%
Juneau	82%	14%	0%	14%	0%
Kenai	84%	8%	0%	12%	4%
Bethel	74%	21%	3%	24%	3%
Kodiak	65%	9%	0%	26%	0%
<b>TOTAL</b>	<b>75%</b>	<b>14%</b>	<b>2%</b>	<b>23%</b>	<b>2%</b>
<b>4 What is your level of commitment for follow-through with any action items that were identified? (n=100)</b>					
	Extremely committed	Committed	Somewhat committed	Not committed	Non-responsive
Fairbanks	47%	53%	0%	0%	0%
Juneau	68%	32%	0%	0%	0%
Kenai	48%	36%	8%	4%	4%
Bethel	24%	45%	26%	0%	5%
Kodiak	41%	48%	10%	0%	0%
<b>TOTAL</b>	<b>43%</b>	<b>43%</b>	<b>12%</b>	<b>1%</b>	<b>2%</b>
<b>5 Were you able to identify existing resources in your community that you were not aware of prior to participating today? (n=100)</b>					
	Yes	No	Non-responsive		
Fairbanks	53%	40%	7%		
Juneau	45%	55%	0%		
Kenai	84%	8%	8%		
Bethel	61%	37%	3%		
Kodiak	62%	34%	3%		
<b>TOTAL</b>	<b>62%</b>	<b>34%</b>	<b>4%</b>		

# Appendix A - List of Participants

Bring the Kids Home Summit Participants				
Fairbanks, Alaska				
30-Apr-07				
	First	Last	Association/ Interest	Community
1	Wanda	Wood	OCS	Fairbanks
2	Sharon	Walluk	DBH	Fairbanks
3	Ann	Schaack	North Star BHS	Anchorage
4	Aron	Evans	North Star BHS	Anchorage
5	John	Regitano	FCSA	Fairbanks
6	Suszan	Dale	FCSA	Fairbanks
7	Lynn	Eldridge	DBH	Fairbanks
8	Bernice	Beddoe	FCSA	Fairbanks
9	Jeri	Lanier	FCSA	Fairbanks
10	Drenda	Tigner	PHH	Fairbanks
11	Michelle	Burrows	PHH	Fairbanks
12	Laura	Sanbu	DBH	Juneau
13	Carmel	Nelson	First Health	
14	Barbara	Neeson	Families	Anchorage
15	Verna	Glassing		transition to home community
16	Anne	Gibson	DBH	
17	Val	Kenny	DBH	
18	Pam	Miller	DBH	
19	Reta	Sullivan	DBH	
20	Judy	Helgeson	DBH	
21	Carol	Greenough	AMHB	
22	Shell	Purdy	youth	Anchorage
23	Fran	Purdy	Families	statewide
24	Yvonne	Jacobson		
25	Susan	Buist	youth	Fairbanks
26	Naomi	Tigner	PHH Provider	Fairbanks
27	Saada	Mayhak	FCBHC Agency	Fairbanks
28	Jackie	Sunnyboy	FCBHC Provider	Fairbanks
29	Alison	Seymour	DSDS-DD regional	Fairbanks
30	James	Shill	Provider	Anchorage
31	Tamara	Kruse	Agency SSG	

## Bring the Kids Home Summit Participants

Juneau, Alaska

4-May-07

	First	Last	Community	Association/Interest
1	Walter	Majoros	Juneau	Provider
2	Shell	Purdy	Anchorage	Youth
3	Frances	Purdy	Statewide	Provider
4	Ric	Iannolino	Juneau	Old/Provider
5	Lou Ann	Richardson	Ketchikan	Mental health provider
6	Rob	Wangerin	Craig	Provider
7	Kathleen	Hargraves	Juneau	OCS
8	Anne	Weske	Juneau	Hope/Provider
9	D	Bunti Reed	Juneau	Parent/Provider
10	Helen	Kalk	Juneau	Foster Parent/Provider
11	D	Owens	Haines	Reach
12	Quinn	Loutz	Ketchikan	Provider
13	Christine	Cullitan	Juneau	Christine
14	Karen	Macklin	Sitka	School District
15	Deb	Craig	Juneau	DPA
16	Angie	Aiken	Anchorage	Provider - North Star
17	John	Hainbuch	Juneau	JYS
18	Katherine	Mullen	Juneau	JYS
19	Nancy	Karacoud	Juneau	OCS - Mental health director
20	Steve	Krall	Juneau	OCS
21	Diana	Grieser	Juneau	OCS
22	Kate	Wolfe	Juneau	Reach
23	Jennifer	Maier	Juneau	CCTHITA
24	Jorden	Nigro	Juneau	JYS
25	Carol	Greenough	Juneau	ABHD
26	Val	Kenny	Anchorage	DBH
27	Judy	Helgeson		DBH
28	Reta	Sullivan		DBH
29	Laura	Sanbei	Juneau	DBH
30	Yvonee	Jacobson		DBH
31	Doug	Veit	POW	Provider
32	Roger	Batson	Metlakatla	Provider
33	Tracy	Hodges	Sitka	DD service provider
34	Margaret	Andrews	Sitka	DD service provider
35	Laurie	Cooper	Juneau	DSDS
36	Barbara	Neeson	Anchorage	
37	Mark	Wagner		First Health
38	Mark	Walver	Anchorage	BH
39	Colleen	McKenzie		
40	Suzanne	Vuillet Smith	Haines	Provider
41	Deb	Carney	Ketchikan	Provider
42	Lou	Kustin	Juneau	School District
43	Jeri	Musett	Juneau	Kids

44	Art	Arnold		EED
45	Lisa	Smith		EED
46	Shirley	Jones	Juneau	FASD
47	Drew	Graham	Juneau	Bartlett Hospital

<b>Bring the Kids Home Summit Participants</b>				
Kenai, Alaska				
11-May-07				
	<b>First</b>	<b>Last</b>	<b>Community</b>	<b>Association/Interest</b>
1	Thomas	McRoberts	Homer	AOCS referrals
2	Bobbie	Oneill	Kenai	OCS
3	Jamie	Harper	Soldotna/Kenai	Kenai Peninsula Borough School District
4	Katie	Stafford	Kenai	OCS
5	Shelly	Wilson-Schoessler	Soldotna/Kenai	Gardian
6	Kathy	Calloway	Kenai	OCS
7	Steve	Kiefer	Kenai	DJJ
8	Carmel	Nelson	Anchorage	First health
9	Colleen	James	Kenai/Homer	Sexual assault/IVP
10	Lilli	Ohse	Kenai	DJJ
11	Ken	Duff	Soldotna	FCS
12	Barry	Levit	Homer	Private practice
13	Phil	Hermanek	Kenai	Clarion
14	Tim	Gillis	Kenai	Provider/foster parent
15	Judy	Helgeson	Anchorage	DBH
16	Pamela	Phipps	Kenai	Provider/foster parent
17	Vickie	Tinker	Soldotna	FASD Coordinator
18	Ada	Sparks	Seward	SEP Program Manager
19	David	Kingsland	Seward	Elementary Principal
20	Jacque	Erickson	Anchorage	Peer Navigator
21	Pat	Merwin	Soldotna	Serenity House
22	Cindy	Davis-Bryant	Soldotna	CPCS
23	Bonnie	Pierce	Soldotna	Community Support for Families
24	Laura	Sauei		DBH
25	Vikie	Wells		DBH
26	Barbe	Neeson	Anchorage	Provider
27	Diana	Weber		DBH
28	John	Sutton-Gamach	Homer	Provider
29	Angie	Aiken	Anchorage	Provider
30	Jeanette	Desimone	Kenai	Provider
31	Yvonne	Jacobson	State	DBH
32	A.	Gottesman	Kenai	OCS
33	Heather	Wiebel	Kenai	CPCS
34	Shaelynn	Ballad	Palmer	Peer Navigator
35	Alicia	Barry	Kenai	KPCCC/Provider
36	Joe	Cannava	Soldotna	Provider

37	Amanda	Faulkner	Soldotna	ILP educator
38	Anne	Gibson	Anchorage	DBH
39	Holly	Mercado	Kenai	Licensing
40	Nina	Allen	Homer	
41	Molly	Stonorov	Homer	
42	Rae	Sanders	Soldotna	

<b>Bring the Kids Home Summit Participants</b>				
Bethel, Alaska				
14-May-07				
	<b>First</b>	<b>Last</b>	<b>Community</b>	<b>Association/Interest</b>
1	Sheila	Beaver	Soldotna	
2	Marie	Nicholas		
3	Janet	Andrew	Bethel	Head Start/Family Service Coordinator
4	Marle	Wasierski	Bethel	Head Start Program Director
5	Eliza	Tunuchull	Chefomak	Head Start (AVCP)
6	Tessie	T	Bethel	Head Start
7	Wilma	Manual	Bethel	Public Health Nursing
8	Andrea	Savage	Bethel	KUC student
9	Meghan	Gaugham	Bethel	CAC program manager
10	Laura	Jung	Bethel	DD case Manager
11	Katie	Charles		Head Start
12	Forrest	Jenkins	Bethel	Social Services
13	Perry	Barr	Bethel	Law enforcement
14	Teague	Widmein	Bethel	Law enforcement
15	Pat	Leeman	Bethel	BYF/DJJ
16	Yvonne	Kinegale	Bethel	OCS
17	Stella	Wassillie		ONC
18	Cathy	Wold	Bethel	
19	Janice	Hamrick	Bethel	
20	Brad	Kehoe	Bethel	ONC
21	Pauline	Bialy	Bethel	
22	Patty	McMillin	Bethel	LKSD
23	Andrea	Schultz	Bethel	YKHC
24	Shavon	Conner	Bethel	YKHC
25	Sara	Riley		LKSD/Parent
26	Mildred	????		LKSD
27	Jennifer	Peeks	Bethel	Parent
28	Lillian	Kiunya	Kwig	LKSD/Parent
29	Winifred	Kelly-Green	Bethel	YKHC
30	Sam	Alexie	Bethel	Health/Disability
31	Petra	Cupino	Bethel	PHN

32	Laura	Bobkins	Bethel	Program Specialist
33	Yolanda	Smith	Bethel	PHN
34	Olinka	Evon	Akiachak	Program Specialist
35	Katie	Klann	Bethel	Advocate
36	Sally	Russell	Bethel	Court System
37	Joan	Dewey	Bethel	OCS
38	Vince	Weber	Bethel	YAHC
39	Shane	Welch	Bethel	EASD
40	Shell	Purdy	Anchorage	Youth/AYEN
41	Terry	Hindman	Bethel	Probation - DOJO
42	Barbara	Neeson	Anchorage	Provider
43	Carolyn	Peter	Bethel	Home visitor
44	Laura	Baez		YKHC
45	Monica	Charles Leinberger	Bethel	LKSD/Special Education
46	Kristy	Newell		TWC
47	Jim	Biela	Bethel	LKSD
48	Kerri	Fox		LKSD/Community diversion panel
49	Melanie	Beans		Child advocate/TWC
50	Michelle	Dewitt		Executive Director TWC
51	Frances	Purdy		
52	Debra	Kimbrell	Kenai	Provider
53	Tammy	Bidwell	Kenai	Provider
54	Kristie	Sellers	Soldotna	Provider
55	Linda	Jacobsen	Soldotna	Provider
56	Amber	Lathrop	Kenai	parent navigator/adoptive parent

Bring the Kids Home Summit Participants				
Kodiak, Alaska				
22-Jun-07				
1	First	Last	Community	Association/Interest
2	Vanessa	Bryant	Kodiak	Provides / DJJ
3	Viki	Wells	Anchorage	DBH
4	Thea	Anthony	Kodiak	OCS
5	Chris	Dresdon	Kodiak	Parent / Educator
6	Beth	Streifel	Kodiak	Provider / Hope
7	Sandra M.	Katelnikoff	Kodiak	Kana
8	Amanda	Parsley	Kodiak	Kana
9	Cindy	Cooke	Kodiak	Foster Care
10	Cisco	Penamora	Kodiak	Substance Abuse
11	Karen	Perkins	Kodiak	US Coast Guard / Family Resource
12	Chuck	Norris	Kodiak	PKICC
13	Ann	Ellington	Kodiak	Public Health
14	Teresa	States	Kodiak	
15	Judy	Simeonoff	Akhiok	Provider
16	Carmel	Nelson	Anchorage	
17	Melanie	Nelson	Kodiak	Provider
18	Alicia	Reft Andrew	Karluk	Tribal Leader
19	Jessica	Ursin	Port Lions	ICWA Worker
20	Darsha	Spalinger	Kodiak	Public Health Worker
21	Jan	Brenteson	Kodiak	OCS
22	Lori	Taylor	Larsen Bay	ICWA Worker
23	Terrie	Boskofsky	Ouzinkie, AK	ICWA Worker
24	Michael	Horton	Kodiak	Kana
25	Don	Roberts	Kodiak	Advocate
26	Heather	Parker	Kodiak	Health Administrator
27	Leslie	Foy	Kodiak	Provider
28	Melissa	Burns	Old Harbor	Teacher / parent
29	Sunsan	Killary	Kodiak	Case Manager PKICC
30	Jennifer	Coppens	Kodiak	Case Manager PKICC
31	Benito A	Achas	Kodiak	Counselor / Provider
32	Amy	Westfall	Anchorage	Star navigator
33	Stephanie	Malutin	Kodiak	social worker
34	Fran	Purdy	Statewide	Peer Navigator
35	Gennifer	Morean	Kodiak	HOPE
36	Robert	Polien	Kodiak	GAL
37	Shell	Purdy	Anchorage	Youth
38	Katherine	VanHatten	Kodiak	ICWA Worker
39	Angie	Christinsen	Old Harbor	Provider
40	Maryjane	Krajnak	Kodiak	Parent
41	Marvin J.	Krokun	Bethel	Provider
42	Mary	McCarthy	Kodiak	Provider
43	Cecila	Esparza	Kodiak	
44	Amy	Griffith	Kodiak	Kana

# Appendix B - Small Group Discussion Questions

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## 1. Housekeeping

- Elect one record-keeper and one spokesperson from your group.
- Make sure everyone understands the ground rules for discussion.
- The aim of these discussions is to put all the ideas out on the table on ways to increase home and community-based services or otherwise support the Bring the Kids Home Initiative, and to find ways to effectively implement actions that will accomplish this goal.

## 2. Small Group Discussion: Identify Strengths + Weaknesses

- What strengths does your community have that will help Bring the Kids Home, and keep them home, rather than sending them for treatment outside of their home communities or the state?
- What is being done well? What makes us ready to Bring the Kids Home?
- Also, what are weaknesses in your community that make Bringing the Kids Home difficult?
- What are priority issues that need to be addressed?

## 3. Small Group Discussion: Community Opportunities + Solutions

- You have identified a variety of important community strengths and weaknesses.
- What are some solutions (ideas and actions) that will build upon those strengths and minimize those weaknesses?
- What kind of opportunities exist or could exist that would Bring the Kids Home?
- Think of these solutions in both the short-term (within the next 6 months) and long-term (6 or more months).

## 4. Small Group Discussion: Resources + Leads

- Identify existing resources that could be drawn upon in implementing the solutions you've identified.
- Brainstorm how to use these resources to create solutions.
- Identify specific people or organizations in your community that could lead each effort.
- Which ones can be done right now by your communities without additional funding or resources?
- Which ones will require more funding and/or additional resources?
- What kind of technical assistance would help you in your efforts?

## 5. Summarize: Record your list of Priorities

- After solutions are listed by the group, identify which ones the group feels are most important to implement.
- Which solutions are the “highest priority?” Which ones need the most urgent attention?
- Choose up to 5 top priorities and use them to fill out the priority action table.
- If it helps, create a “short-term” table of what can be done within the community within the next six months. Then create a “long-term” table for solutions that will need additional time, resources and/or funding.
- You will use these tables to report back to the full group.



# Appendix C - Detailed List of Group Responses

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*Please note* — The detailed lists of group responses were taken directly from notes that participants took during the small group breakout sessions. The format may be different for each summit location. Similarly, information presented on the following pages may be duplicative and redundant in nature.

## Fairbanks

### Discussion of Strengths + Weaknesses

#### *Strengths*

- Positive services in Fairbanks area
- Behavioral health service providers have positive rapport and relationships of mutual respect and trust
- The number of providers here is manageable for real collaboration
- There are experienced providers and advocates in the area
- There are many community-based services available with a focus on integration
- Currently Fairbanks enjoys a stable workforce
- There are plans to increase services within the community
- Good system of response; works toward positive movement
- There is a good community-wide attitude to serve youth locally and “Keep the Kids Home”
- Existing community action group (about 12 members)
- CASA
- Youth court
- “No Wrong Door” health fair
- Presbyterian Hospitality House (PHH)
- Access to Medicaid
- School district monitoring cards
- Public Health nurses (need to coordinate)
- Runaway and homeless liaison
- Depth of services
- Community services are recognized as strong – gets kids from around the state
- Arctic Alliance bringing people together
- Ch’egahutsen TCC program supporting families
- Fairbanks memorial DET for adults
- Transportation to Fairbanks and staff going to communities
- Services already available:
  - Outpatient
  - Residential
  - Community-based
  - WRAP
  - Foster care
  - Group homes
  - Medicaid management
  - Case management
  - Acute care coordination + collaboration
- Long-term relationships
- Good collaboration + coordination among organizations + service providers
- Work closely with OCS, DBH, FRA, DJJ, school district
- Community resources
- Cultural awareness

- Family relationship-building and collaboration
  - New services coming online for next several years
  - Community support
  - Teen resources/activities:
    - Big Brothers Big Sisters
    - Campfire
    - Homeless Youth Coalition
  - Work with universities, internships, services, etc.
  - Work well together
  - Not too many competing organizations
  - Have a hospital
  - Two agencies that do ISA
  - Have many group homes
  - Plans are future-oriented
  - OCS is doing transitional living – plans/training
  - Street outreach
  - School district McKinley-Minto program
  - Good existing facilities:
    - Rasmuson Center
    - Stevie's Place
    - Food Bank
    - Rescue Mission
    - DPA (Division of Public Assistance)
  - Structured programs
  - Emphasis on academic supports
  - Praise and positive feedback happens
  - Safety is important
  - Good collaboration with School District
  - Law enforcement is supportive (CIT)
  - Services and facilities are expanding
  - Wellness Court for adults works well, but need to expand to youth
  - Local University College – recruitment in fields of behavioral health, social services; availability of interns; NA support for college; recruitment + retention
- Weaknesses*
- Lack of crisis respite, detox, CD intervention – need 24/7
  - Lack of Medicaid providers
  - Waiting list for access to services
  - Lack of stable funding
    - Grant dollars
    - Medicaid money
    - Effected yearly by legislative session
  - Lack professional staff with projected growth
  - Lack of provider structure to communicate and unify/speaking cohesively, with one voice
  - Lack of structure for family/youth advocacy with state + behavioral health
  - Need for transitional programs and training > employment
  - Fragmented system
  - Limited resources – a lot of resources of to paperwork and documentation for region and state
  - Suicide programs need help; lack of crisis intervention support, timeliness
  - Parent accountability/home situation may not change – need to participate in treatment
  - Foster Care services lacking
    - Cultural competence (need to be familiar with cultural differences)
    - #s (need more families)

- Support for FC families once trained
- Group Home parents lacking recruitment, difficult to find
- Parents not getting support from law enforcement at the levels needed
- Legal accountability for youth behavioral health
- Prevention/Intervention services exist, but:
  - Lacking in rural areas
  - Could increase even within Fairbanks
  - Need to increase hub/rural partnerships
  - Services need to be delivered when needed – even on weekends and evenings
- Aftercare and outreach to rural communities
- Workforce recruitment and retention
- Is there shelter outreach?
- Support staff need to do funding – M/A billing
- Need child/adolescent psychiatrist
- Need to link to Red Cross and Salvation Army Food Bank
- O/P SA
- Transitional independent living; need help with:
  - Schools
  - UR
- Trouble finding “safe” funding for schools to provide services
- Early prevention/helping families, especially for 3-6 years, 12-14 years, boys
- Adopted kids – hitting teen years
- Middle class families need help
- DD + FAS kids fall through the cracks
- Improved coordination with families
- Specialized treatment options
- Funding is difficult to access
- Quality trainings – state-wide
- Transitional living – 18-21; FASD
- What happens after age 21? Long-term planning and resources
- Homeless shelter
- Vocational training – DD, MH
- Lack of available providers and appointments for psych testing
- Lack of rural providers
- Lack of available beds
- Transition from RPTC back to community setting
- Teen resources/activities
- Staffing – recruitment, quantity, retention, quality
- Lack of emergency response for 15-year-olds and younger
- Transportation to and from
- Coordination with Tribal Council and community – access to care and emergency response
- Child psychiatry care
- AA/NA for teens in Fairbanks
- Lack of dual diagnosis services
- No pediatric psychiatrist
- Anchorage weak – not adequate backup to Fairbanks; also no regional backup to Fairbanks
- No designated bed for children under 16 (MH/ SED)
- Only one OCS person ILP and not for non-OCS
- Beds available are not appropriate treatment bed
- No comprehensive plans for kids
- Placement/resource committee don’t have releases at time of discussion – can be a waste of time

- Little to planning for discharge (where do they go next?)
  - Not enough advocacy (peer navigators) available for families and youth
  - Few DD/MH group homes and transitional services
  - No outpatient residential for chemical dependency (CD) kids
  - Not enough services to serve northern region
  - No runaway shelter
  - Not in-place RTPC
  - Not enough group homes
  - No locked MH/CD facility
  - No place for highly aggressive youth in region
  - Limited resources for differential diagnosis of sex offenders (acting out vs. sex offense)
  - Multiple differential diagnoses from multiple practitioners
  - Practitioners that do not take or can't bill Medicaid
  - No recovery management program for youth (MH/CD)
  - No services for non-Medicaid, non-SED families/stigma
    - Reestablish community schools – teach parenting courses, etc.
    - BH centers provide services in school
    - Advocacy from families and youth to open doors and reduce stigma
    - Nanny
    - Support groups
    - Coordinate local religious agencies (e.g. give ministers tools to help or refer)
  - Increase support services within DJJ, OCS, courts
    - Channel youth into early intervention and treatment (i.e. youth court)
    - Use peer navigators/advocates
  - Outreach to runaway/homeless youth population – at least 200 youth
    - Runaway/homeless beds
    - Youth/peer advocacy
    - Outreach to rescue mission
    - Identification and referral through food banks, Red Cross, etc.
  - Multi-Dx kids
    - Train workforce
    - Identify continuum of long-term care
    - Advocacy and education
    - Prevention through adult
    - Family treatment- Substance abuse treatment
    - parent navigator
- Solutions
- Youth and Family Centered (Driven) Services, including Prevention, Intervention, Education and Support
  - Crisis Respite/aftercare
  - Detox CD Services
  - Blended Funding that's stable
  - Streamlining State Oversight Provider Administration (Paperwork Registered)
  - Incentives for professional + Paraprofessional (Fostercare Parents)
  - Training + transition Living, Education + Vocation for young adults
  - Continued state funding for community planning to act as moderator and help with logistics
  - Develop volunteer cohort

- Support for programs to write grants
  - Way for people to be involved in service (e.g. volunteer at kids school)
  - Resource list, updated at least quarterly of services available in Fairbanks area
  - Training – identify and bring in training on special topics (FASD, hands-on training), based on priority community issues
  - MOA that is inclusive and more detailed, comprehensive created by directors of agencies and organizations (e.g. school district)
  - Change funding (longer-term, consistent priorities) – currently categorical, intermittent/inconsistent and low/inadequate, esp. wages + unit reimbursement (ACT, KEY)
  - Agencies should get away from specialized services and be starting to adopt a “no reject” policy and attitude; do it without creating an administrative burden. Keep paperwork down to a minimum.
  - Agency culture to empower families, give families help and information to see big picture, make informed choices – start with training & tools (e.g. personal plan dev./family-driven youth-driven – ‘wrap-around’)
  - Find funding for emergency services
    - Rural youth
    - Being transported to Anchorage
    - Categorized as higher level
  - Actions
    - Need wing in facility
    - Need psych ER
    - Level 6 beds by 2009
    - 24-hour magistrate – court system
- Priority Actions
- Early intervention
- By coordination of services:
    - Public health
    - Behavioral Health
    - primary medical care
    - schools
    - DJJ, OCS
    - Courts, police
    - Adult education programs
  - By primary intervention:
    - Intervene and identify early
    - Significant others take responsibility
    - Form work groups – sole responsibility is to work on this
    - Advocate as a group
    - Enlist and enable consumers
  - By secondary intervention:
    - Staff – identify resources, set up case manager (e.g., HeadStart provider)
    - Community Mental Health Center therapist, parents therapist
  - Affect change – use planning done to accomplish actions listed in those plans
  - Regular community forums and town meetings with all the players, everyone at the table
  - Peer navigators to get youth more involved in their own plans, and families/parent involvement
  - Advertising with advocacy groups (AMHTA is advertising services, but could be talking about specific groups and raise awareness of needs)
  - Long-term, lots of needs: housing, transportation, long-term solutions to transitioning, waiting lists, crisis intervention, stigma
  - State should stop doing all this planning and

spend the dollars on actually implementing the services and get on with it

- Bring able to collaborate with Fairbanks area providers and rural providers
- Vocational training
- Parent education/resources and more funding for families, not just child
- Really focusing on prevention
- SED parenting
- Have more agency participation with homeless
- Maximizing 5% funds to provide transportation
- Increase collaboration within agencies
- Build a family network; informal social network for the parents, families and clients, e.g. a “walk-in” at one of the facilities
- Find a better way to utilize volunteers
- Increase communication with hoe agencies and work for better transitions to home in rural areas
- Injury/bi-polar/autism/Asberger’s
- Crisis response team – not a psychiatrist at hospitals on call all the time for under 16
- Longer term: make use of API’s telemedicine, expand to rural areas and have all health care providers making it a state priority
- Integrate community collaboration of services
- Prescription policy change; if their prescription runs out, it takes a while to get the prescription transferred, so have a 30-day supply come with them
- Resource list that is updated regularly available for the Fairbanks area – living and breathing that is someone’s responsibility to update (web-based database): list of agency names and types of services offered (needs to reflect funding changes – Mental Health Board working on this; Caroline) that leads to a universal checklist as part of the intake process to be used to implement “no

wrong door” and becomes part of their treatment plan

- Detailed, service-oriented MOAs
- Training on identified priority topics, with a focus on hands-on, practical training, not academic or theoretical developments
- Change funding structure: tends to be categorical, intermittent/inconsistent, and inadequate which restricts the ability to provide care. Longer term goal: raise wages and increase the unit of reimbursement
- Work through existing lobbying groups on funding issues (ACT, KEY)
- Look for training to specifically work to address the agency culture to make it more client-centered – a commitment through all the funders and agencies to create the time for staff to be client-centered, “wrap-around”
- Emergency services do not exist – rural youth must be shipped to Anchorage, hospital ER won’t take them
- No 24-hour magistrate, which needs to change
- Workforce
  - Recruit outside for education; provide opportunities; improve compensation
  - Agencies reach out to new recruits
  - Scholarships for AK citizens in human services
  - State help with recruiting
  - Reduce/improve documentation demands
  - Some employee control over schedule
  - Workforce survey and do something with it
  - Support for educating local providers
  - Use existing service providers (MN’s; public health, etc. to deliver services) – e.g. post-partum depression

- Exchange programs and school
- Tele-psychiatry
- Provider/Advocate/Family forum to talk, Education services, partner
  - TriCare TAC for Providers for Billing (serve military youth) - FCSA
    - Bill TriCare and serve population of military – Fairbanks Community Behavioral Health Center (FCBHC) - Business Office
  - Options for Crisis Referrals at ER
    - ER visit – peer navigator referral and advocate
    - Crisis Bed/Respite (John R beds 2009)
  - Attend Hospital Board Meetings RE: Youth Crisis – temp option
- Short term
  - Survey Youth who have graduated services train for peer mentorship mediation/ leadership roles – project partner with university; Sara M, Jeri, Presbyterian Hospitality House
  - Any youth willing to participate as leader role
    - Get school or credit
    - Long term – increase IEP and transitional skills
    - Develop school based services
  - Community Meeting/Town Forum with DBH staff – Sharon W., Lynn E.
    - With all players at table
  - Educate on services availability
    - Advertise advocacy groups – Jeri (AYFN), NAMI, John (FCSA), Drenda (PHH), Suzann (FCBHC), Hosp., Stone Soup group
- Transition to Adulthood
  - Skills
  - Housing
  - Training/vocation
  - Peer Navigation
  - Increase Ed. Mentoring - transportation

## Juneau

### Discussion of Strengths + Weaknesses

#### Group 1

- Tribe not invited by OCS
- Parent advocacy
- Parent support and training (H)
- Planning for transition (H) (J) (S)
- Position vacancies and staff turnover (H) (J) (S)
- Leadership at Department of Behavioral Health (H)
- Multi-agency coordination
- Falling through the cracks in system
- Faith-based organizations are underutilized (H)
- Fitting into systems
- Identifying eligibility
- Access to services
- Identifying appropriate provider
- Service delivery models are different and the money
- Not a high level of Tribal involvement

#### Group 2

- Sustainable funding
- Acute care beds statewide
- Staff turnover and inability to find qualified staff people
- “Turf wars” Disconnect between agencies and departments
- No Parent support groups (H)
- Lack of resources

- Parents are reluctant to use services
- Engaging families
- Educating service providers to meet the needs of the child
- Medicaid

#### Group 3

- No designated emergency psych beds
- Psychiatric hospitals being used as residential services
- Recruitment and retention of staff
- Training and communication across agencies are a challenge due to increased workloads and responsibilities
- Documentation requirements for complex cases
- Lack of technology available to families and agencies (telemedicine)
- Lack of services for children ages 0-12 to address prevention and early intervention
- More out of home supports than in-home supports for families
- Not enough special education for youth with FASD
- Services are based on medical model instead of developmental model
- Early identification of co-occurring disorders

#### Group 4

- Limited modalities of treatment
- Stakeholder education and inclusion in policy making
- Diligence of reunification efforts—leads to placement back in unsafe environments/situations

- Unwieldy background checks for providers
- Staffing—retention, recruitment, employment benefits, loss of continuity and communication
- Geographic locations provide additional stress when youth have to be relocated due to lack of services

### **Group 6**

- Lack of infrastructure available to bring higher need kids back into the community (i.e. Youth with FASD)
- Differences in the level of need for youth with SED that creates a barrier to developing a continuum of care
- Lack of qualified workforce

### **Resources**

#### **Group 1**

- Provider agencies
- Schools
- Tribal agencies and representation (H)
- Fraternal and Maternal Groups
- Youth groups
- Faith-based agencies
- AmeriCorps Vistas/Jesuit volunteers
- Business community
- Innovation wrap around services
- Flexibility
- Access to Legislature (J)
- Collaborative community(J) (S)
- Spirit of volunteerism
- Community and the schools are “at the table” (S)
- Stone Soup (S)
- Familiar Community (H)

- Caring staff at service organizations (H)
- State agencies

#### **Group 2**

- Parents are increasingly becoming more educated and not so willing to accept recommendations from professionals without asking additional questions
- Collaboration
- Stable employment
- Good teachers on staff
- In smaller communities, everyone know the children
- Local hire

#### **Group 3**

- Living in smaller communities there is more person-to-person interaction. Services are more coordinated and linked throughout the Southeast region, this has increased over the years.
- There is a personal investment to the citizens in the community
- Funding mechanisms are being developed to tie together multiple agencies with different disciplines to address common goals
- Geographical isolations and size makes it easier to track children
- Strong educational component in the Southeast—services are delivered in the school setting by multiple agencies (JYS, CCTH, OCS) in most communities
- “Circles of Care” assessment data of services for youth with SED in the Southeast region has been used to develop much of the family-centered services through the Tribe and partner agencies.
- Data from AKAIMS and other systems
- BTKH funding
- Faith-based partnering

- Post-secondary training/Vocational training

#### *Group 4*

- Systems and services are in place such as Mental Health, Behavioral Rehabilitation services (BRS) and special education
- Medicaid
- Home and Community-based Waivers
- TEFRA

#### *Group 5*

- Head Start
- Boys and Girls clubs/ Big brothers Big sisters
- American Red Cross
- Salvation Army

#### *Group 6*

- Smaller communities allow for greater opportunities to network and collaborate
- Detention and crisis stabilization unit (CSU)
- Therapeutic foster care is expanding

#### **Solutions**

##### *Group 1*

- Person Family-Centered supports
- Transition plan to developed with financial supports in place
- Include community in planning
- Develop comprehensive service plans that build confidence in person and family
- Community readiness
- Coordinate realistic supports and solutions for success
- Develop long-term supports for sustainability
- Coordinate services for accountability with family and with reasonable expectations

- Coordination, share outcomes, take responsibility, identify case manager
- Self-directed services
- Identify main contact person
- Advocacy and leadership development for youth

##### *Group 2*

- Develop formal agreements—more collaboration between agencies
- Training on wraparound planning process
- Parent and Peer Navigators
- Involve youth and family
- Creative staffing—combining and expanding roles
- Additional funding opportunities—creative funding
- Distance training to increase qualifications of staff

##### *Group 3*

- Use grassroots and professional services as legitimate treatment options
- Look at children holistically and use resources to ensure their safety and person-centered planning
- Increase prevention programming
- Develop ways to measure success at the individual level as well as ways to measure prevention programs
- Value education and promoting continued learning for youth and families – develop ways to fund those opportunities
- Ongoing support groups for youth to guide them through recovery—youth led and facilitated
- Partner with multiple agencies to secure funds to expand existing services and develop new services
- University programs teach systems of care philosophy

#### Group 4

- Providing funding for the family—not just the youth
- Additional funding that would attract and retain quality staff people in service providing agencies
- Teaching families to develop and utilize natural supports
- Reduce duplication of efforts by increasing communication between agencies
- Recognize that there may be poor placements, but support the family and recognize that the family may never be capable.

#### Group 5

- Develop a list serve to increase the ability for agencies and service providers to network
- Share our stories to help reduce the stigma of mental illnesses
- Educate leaders to involve consumers
- Increase parent education

#### Group 6

- Technical assistance could be utilized more
- Ensure legal representation to ensure child's rights
- Expand the use of wraparound
- Increase the use of Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program—enhance services to include mental health services

#### Priorities

##### Group 1

- Cultural competencies
- Collaboration with Tribes
- Expanding resources
- Prenatal education and supports

- Healthy environments—Home—Community—School
- Parent Education
- Involvement of persons needing services
- Training staff
- Technical assistance
- Eligibility for services for FASD
- Recruitment

##### Group 4

- Increase networking opportunities between agencies and staff
- Reduce the stigma of mental illness
- Educate leaders to involve consumers
- Train staff at the agency level to deliver person-centered planning and family/youth driven approach
- Additional services for youth ages 0-12
- Transitional services

##### Group 5

- Expanding Distance Learning opportunities
- Technical Assistance teleconferencing and videoconferencing
- Develop innovative ways to recruit and retain staff
- Collaboration between community agencies, business owners, families, youth, mental health providers, faith-based and civic organizations
- Identifying existing resources that can be enhanced
- Better utilize mental health associates and other paraprofessionals

## Technical Assistance Needs

- Grant writing
- Polycam (video conferencing)
- Parent and staff training to model treatment *with* staff
- Directory—Inventory of programs, services, grants and includes criteria for eligibility
- Disability specific training
- Self-directed services—self-determination

## Kenai

### Discussion of Strengths + Weaknesses

#### Strengths

- Providers compensated – NOT by money
- Dedicated workforce
- Community mental health agencies
- Creativity – thinking out of the box
- Collaboration between agencies and history of collaboration
- Passion for children/youth
- Advocacy minded
- Exceptional/experienced parents
- Services go where kids are
  - Homes, schools-community
- “Empowered” “powerful” parents
- ISA Funding and other Funding sources (grants, etc.) state level
- Denali Kid Care
- Strong sense of community
- Independence of community
- Providers work well together
  - Not competitive with each other
- Families/consumers beginning to “drive” the services
- Challenging parents to get involved
- Motivation from youth to succeed
- Through community networking is good
- Youth and peer navigator development
- Consistency of staff at DCS...DJJ
- Working to start child advocacy center
- Willingness of collaboration
- Ability to identify FASD
- Community is strong/functional
- We’re identifying problems
- All Alaskans are friendly people and want to help
- We care, we want to bring kids home
- Fair amount of collaborations going on between agencies
- Kenaitze Tribe offers support – HeadStart and other Native organizations
- We have money dedicated to this concern – compare to lower 48
- Alaska is on the cutting edge – we have people already doing process
- Parents are a strength, they want to be involved
- Youth agencies are out there doing events/ activity
- Volunteer support in action
- We’re in the schools, finger on the pulse
- School is important, flexible and diverse

#### Existing Resources

- Justice system
- Community mental health systems
- Private industry therapy
- School districts
- Churches
- Court system

- Medical facilities
- Specialized consultants
- Community Networks
  - Boys & Girls Club
  - Big Brother/Big Sisters
  - Scouts
  - Head Start
  - Parents as Teachers
  - ILP
- Public Health
- OCS
- DJJ
- DBH
- Limited skills training for parents in the home
  - Lack of motivation to engage in training
    - Fear and mistrust of agencies
- Staff has difficulty providing services in homes (home conditions, unsafe)
- Lack of provider respect to the cultures (not necessarily ethnic) in parenting
  - “Who says we know how to better parent someone else’s child.”
- Families don’t fit into funding sources are not able to access services (too much for DKC)
- Limited ability to access services from private counselors.
- Limited providers and clinicians that are qualified and experienced.
- Lack of resources

## Weaknesses

- Lack of resource homes – foster and residential
- Not enough training
  - Providers
  - Foster parents
- Kids brought back before they are ready
- Limited transitional supports back to community
- Funding “ties hands” of providers causing it to be less effective
- Models are set up without community mindedness
- Limited services to retuning youth
- Absence of network for foster parents
  - Respite provision needed
- High turnover in staff/providers
  - Lots of responsibilities, little training, high liability, “abused,” low pay rate

## Solutions

- Expand educational opportunities in rural areas
- Provide training that is reimbursed to the agencies/providers
- Explore treatment models and its effectiveness
- Incentives for staff retention
- Outreach to parents in early months

- Educating legislatures
- Information provided to pregnant moms about development – partnership with parents
- Creative networking for parents similar to “911 Nanny”
- Identify and fund proactively instead of responding to problems
- Encouraging and validating men in taking a more active role in parenting (this message should come from men.)
- Reaching out to single parent families.
- Mentoring programs for children
- Promoting positive male role models
- Interagency sharing of resources including trainings
- Community awareness of stigmas placed on individuals engaging in services – counteract this
- Best thing going is “Strengths in our families”
- Kids/families in center of all discussion/decisions

#### Short Term: 6 months

- Ask agencies what specific trainings are needed
- Determine what type of educational degrees people are interested in
- Recruitment of quality staff
- Incentives to retain quality staff

#### ASAP

- Need data from DBH to proceed and analysis of data with community
  - Needs assessment – number of kids– Carmel Nelson
- Who are the out of state kids?
  - Specifics on our region’s kids

- Raise community awareness about this population
- Agency teams
  - Key stakeholders to come together (experts) and keep process going with monthly teleconference
- Children’s team/prevention team; CAC
  - Strategic planning – barrier to getting which kids
  - DBH defines team
- Funding, funding, funding – agencies to provide services
- Measure of success – all kids home one-way to continue support

#### Long Term: 6 months or longer

- Advocate with legislatures for education reimbursement (reduce limitations)
- Review realistic reimbursement for therapeutic foster care and other services
- Shift to client driven services from agency driven services

#### How to use current resources to create solutions?

- Streamline paperwork
- Streamline training
- Provide opportunities for entities to collaborate being facilitated by outside person to avoid hidden agendas
- Increase community awareness of available resources and services
- Update and maintain provider directories
- Services offered to, wrapped around and driven by parents/families
- Parents educated and supported

## What opportunities exist to help bring the kids home?

### *Exists:*

- Care coordination with residential discharges

### *Could exist:*

- Group type setting for youth transitioning back into community
- More therapeutic foster care homes
- Community collaboration and planning

## What are priority issues that need to be addressed?

- Network for youth transitioning back into the community
  - Therapeutic parenting services
  - Mid-level of care between home and residential
  - Professionals recognized and respected
- Crisis respite (trained respite)
- Planned respite – for youth and families
- Funding sources
- Gaps identified and ways to fill them
- Funding for programs that are innovative and don't necessarily "fit in the box"
- Minimize dependency on bureaucracy (by state) – waiting on programs to be created instead of being able to just 'making it happen' more expediently
- Eliminate bureaucratic barriers
- Providers come up with plans but often it feels the state does not recognize or do anything with this information
  - Process is slowing down instead of accomplishing anything
  - Lots of talk but not enough action

- Use Hired consultations from out of state for new ideas and expertise
- Prevention
- Community forum/action
- Community action coalition
- Define/identify problems of kids that are out-of-state
- Gatekeeper
- More home-based services
- Therapeutic foster care/group homes

## Lack of funding

- Early intervention/Prevention
  - Foster homes/bed – family support
  - Resource options to those who can't afford
  - Age appropriate services and funding to support and sustain – continuum
  - Qualified providers
  - Family/youth involved – Identify and plan what services they want with support from professionals
- Need for emergency (statewide) plan
- Clinical support/services
  - Quality programs
  - Provider training
  - Trained providers in specialized master level
  - Affordable services
  - Eligibility criteria versus keeping kids in Alaska homes (\$\$)
  - Providers need to know when they're involved
  - Gap in family support programs (e.g. under 6 years old)

- Family centered services
  - School – based – expand
  - Family to define their community provide services there
  - Wraparound services
  - Complicated system to access – centralized/ train/access
  - Communication
  - More mental health (work force)
  - Need a full continuum of care
  - Limit to free services – be realistic on what can happen thn sustain service delivery
  - State/Federal funding – currently over-regulated

#### Priorities

- Grassroots networking with families/youth
  - Contact schools – 10/2007
  - Attend BTKH meetings – ASAP
  - Peer helpers – 12/2007
  - Church Groups – ongoing
  - State Fair Booth(s) – ASAP
- Develop relationships with local providers – ASAP
- Train youth and peer navigators locally – 2 people by 6/2007 – 5 people by 12/2007
  - Youth Fire Group locally – 1/2008
    - For youth curriculum – 1/2008
- Identify better gatekeeper for children being sent out of state (non/OCS)
  - Need demographic data on who is going out-of-state
- More substance abuse treatment for youth locally
- More home-based services

#### Are we ready to bring the kids home? Why?

##### *Yes*

- Assumption has been that it is cheaper at times
- New funding sources

##### *No*

- Sometimes it costs more to provide services
- Limited sources
- Not enough “homes”
- Lack of training
- Lacking network for foster homes

#### Identify people/organizations to lead effort

- Everyone who is not present is nominated

##### *Group 1*

- Early intervention
  - Stop kids from going out of state
- Clinical support services intermediate programs
- “Show us the money”
- Network of agencies and bring in trainers for specialized trainings (e.g. eating disorders) – strong network already
- Need the data from DBH – who’s coming home and who do we need to bring back to our home
  - Needs assessment
- Expand partnerships
- Kids and family as the center
- Need information clearinghouse
  - Resource referral
- 71 kids to return to the Kenai area?
- Data clarification...never 700 at one time... snapshot
- Augmented rates for specialized foster homes

- “Bring kids closer to home.”
- Better define home

#### *Group 2*

- Stay motivated...keep up the good work!
- Partner with school – increase awareness
- Interagency sharing of resource and training
- Money reimbursement
- Parents take lead role and work with AYFN
- Staff recruitment and retention
- Prioritize kids coming home to receive services

#### *Group 3*

- AYFN – partner families with similar issues
- Promote family participation – outreach

#### **Concerns, etc.**

- No youth/family voice in Kenai at policy level
- AYFN has few contacts with Kenai Peninsula families
- Emigrate from Peninsula to ANC, especially Acute Care

#### *Group 4*

- Send message that family is important – community forum
- “Gate keep” better – keep kids here
- Need data on our kids out of state
- Bring up trainers.

#### **Opportunities to Bring the Kids Home**

- Know the intention for that child – what are intended services
- Define home/ -- home/families well qualified to care for that child

- Increase homes and resources for supporting youth and in home adults
- Step-down programs
- *Family Plan* -- Long-term discharge and transition plan in place and part of treatment plan
  - Lined up service support in place
  - Include community (e.g. school) track and timelines
  - Who leads services
  - Check-ups
- Streamline services
- Youth mentors – walking with them through steps in service systems to ensure follow through
- Funding for Independent Living Plans AFTER 18 years old (housing, school, employment)
- Group homes for teen youth
  - Volunteers to support/mentor
  - 100K at disproportionate/cultural links look at alternative programs (e.g. Oxford House)

# Bethel

## Identification of Barriers

### Group 1

- Lack of Substance abuse treatment and education
- Continuity of Care
- Budget constraints
- Lack of staff, including clinicians
- The high number of referrals to clinicians
- Family knowledge of services that are available and how to access them
- Language barriers
- Difficulty obtaining diagnosis
- High case loads
- During school closure times, services become unavailable
- Cultural differences

### Group 2

- Providers not working together to provide services
- “No shows” from agencies who have to travel villages to provide services to families
- Lack of communication between agencies
- Lack of knowledge of available resources for families
- Agency staff turnover
- Training needs to increase knowledge of how to treat children with special emotional and behavioral needs
- Defining diagnosis in user friendly terms so parents can understand

### Group 3

- Need to improve communication, collaboration
- Process for communication, release of information, unclear

- Medication
  - Lack of access, education, choices
- Lack of trust
- Lack of services
  - Residential treatment
  - Lack of beds
  - Wraparound
- Funding cuts
- Complex nature of system and processes (bureaucracy)
- Training needs
  - Mental health
  - Suicide
  - Substance abuse
- Staff turnover
- Paperwork
  - Need ROI and forms
  - assessments, referrals, etc. need to be streamlined between organizations

### Group 4

- Lack of follow-up
- Lack of training
- Lack of aftercare plans
- Demand on Behavioral Health Aids and Village Public Safety Officers—extremely high stress position but with limited supervision or support
- Limited Resources
- Lack of collaboration—overall agency collaboration is weak
- Foster homes
- Transitional services such as transitional housing
- Limited number of Alaska Native foster homes

- Lack of transparency in decision-making at the Yukon Kuskokwim Health Corporation/ Behavioral Health
- Lack of follow through from YKHC Behavioral Health Department—phone calls and emails aren't returned
- Aftercare and follow up is weak
- Not enough development of community resources, elders for example
- Appropriate compensation for services

#### *Group 5*

- Mental Health workers are slow to respond to crisis
- No follow-up to title 47/API medication monitoring
- Parents need advocates to help them access and use services
- Village Public Safety Officer don't know how to respond to Mental Health/Substance abuse crisis
- Some villages don't have VPSO or Tribal police officers

### **Resources + Community Strengths**

#### *Group 1*

- Lower Kuskokwim School District
- Families advocate for services
- Stone Soup Group
- Natural Helpers in the community, Elders
- Certificate programs such as Rural Human Services
- Desire and ability to keep children home

#### *Group 2*

- Families and extended families in the villages
- Health aides, churches, tribal courts, elders, ICWA workers, IRA councils
- Natural helpers in some schools
- Parents and foster/adoptive parents
- Traditional Native values

- Acknowledgment and willingness of providers to work together to address needs and their role in problem-solving
- Villages are beginning to develop child protection teams
- Promotion of awareness by various agencies and their workers
- Children Advocacy centers to help families with children who have been sexually abused
- Family Infant Toddler programs focusing on parent-child relationships
- Collaboration between neighboring villages to address common issues
- YKHC youth and family program provides screening and support group for youth with substance abuse issues

#### *Group 3*

- Schools
- Multi-disciplinary teams
- Collaboration
- Some services in villages
- Natural supports in villages
  - Elders and others – tribes, families
  - Might not be in recognized role
- Families, couples and teens
- Churches
- Culture – provides support, activities for children
- ICWA workers
- Behavioral health aids
- HeadStart
- CAC
- Community outreach – TWC, YKHC
- Schools
- Tribal councils
- YKHC
- Churches
- Natural support systems

- ICWA workers
- MDT members
- Brainstorming:
  - workshops/training
  - communication – referral to organization – forums (open) – newsletters- listserves (PR) – MDT teams – support groups
- Leaders
  - Churches – tribal courts – elders – social workers – teachers- ICNA(?) workers – Health Aides (village) – Ardyce Turner – Peter Jacobs – TWC – CEO’s of village organizations – YKHC BH
- All above can be utilized without extra funding
- All need more funding – area needs central facility
- Community/Parents/families need “family” resource manual that is maintained yearly (technical assistance) that lists current, available resources in the Delta
- Compiled and update “Needs assessment survey” of services that are being met and areas for improvement

#### *Group 4*

- Child protective Teams
- Cultural strengths
- Office of Children’s Services
- McCann Center
- Elders

### **Solutions**

#### *Group 1*

- Expansion of Diversion panel
- Improve recruitment and retention by training local workforce
- Increasing family involvement
- Target church youth groups to talk about wellness
- Start up spirit camps

- Needs have already been assessed, recommendation is to do something about them
- Develop a media campaign
- Create communication between villages panel on what works and what doesn’t
- Fund a position who’s focus is coordinating the panel and provide follow ups
- Strength-based approach—using Elders to help teach parents improved parenting skills
- Increase the use of traditional languages

#### *Group 2*

### **Short-term:**

- Parent support during transition
- Find available, responsive help when family and youth are in crisis
- Identify key people in child’s life and put safety net in place before youth returns home
- Wrap-around intervention
- Community meetings to inform members about general concerns/issues with youth and children and also problem-solve about specific youth who are experiencing problems.

### **Long-term:**

- Parent education and on-going support
- Address long-term issues such as family problems
- Train family helpers (ICWA, YKHC, Behavioral Health Aides) to help with transition and ongoing family issues
- Advocating to policy-makers and legislators for additional funding and educating them about how great the needs are
- Preventative intervention with young children and youth (Scouts, 4-H, Big brothers/sisters, TAAV, and Dragon Slayers)
- Parenting classes
- Find support services during summer months
- Involve children in making choices and reflect on their behavior
- Child protective teams or Multi-disciplinary teams in more villages

- Contact person to coordinate the teams
- Use ISD dollars to pay for coordination
- In-home case plans in place

#### *Group 3*

- Utilize existing “Natural Helpers”
  - Identify who
  - Identify role of
  - Training/support needed
- Improving communication
  - Streamline ROI’s to work between agencies
  - Navigator versus “case manager” working for and with families/individual/community
  - Culture/language respect – world views
- Improving collaboration
  - Assessment tools
  - Referral and feedback – have standardized model/form/checklist
- Increase in INTENSIVE services/consistent services – establishment and delivery of
- \$\$\$ Interagency grant sharing?
- Accountability

#### *Group 4*

- Additional foster homes
- Confidentiality agreements for collaboration between village groups and behavioral health providers—i.e. Vince Weber, YKHC with Patty Berley, AVCP
- Work out confidentiality issues so that tribal providers (e.g. CPT) can have access to assessments and aftercare plans. Also, the ability work together, not just share paperwork
- Need parent navigators that are not employed by Y-K and that are bilingual
- Provide training to community groups on Behavioral Health issues
- Strengthen collaboration with villages e.g. MOU’s and other agreements

- Provide parents and families with training before child comes back to the home—Training done as a collective network between village, family and providers.
- Foster payment certification with the process modified to fit rural communities
- Training Rural Human Service Providers on how to organize
  - Child Protection Teams (CPT)
  - Multi-disciplinary Teams (MDT)
- Host a summit of villages that already have either CPT or MDT to share their ideas and use this information to present resolutions to the YK Board.
- Examples of communities:
  - Kwig has a CPT team (Lillian Kiyunya and Andrew Beaver)
  - Kwethluk has an MDT team (Cheriton Epchook)

#### **Priorities**

- Using Multi-disciplinary Team (MDT) service model in the villages for programs and agencies to address needs and work together
- Itinerant village providers stay overnight with families rather than in schools or clinics to gain better knowledge of basic needs of families and rural subsistence life
- Educate parents on their children’s diagnosis
- FASD training and awareness for parents and providers
- Addressing the families mental health, substance abuse, and developmental disabilities with action plans put in place months before children returns to village
- Honesty and openness about discussing more complex issues such as Domestic Violence and sexual abuse

# Kodiak

## Discussion of Strengths + Weaknesses

### Barriers + Weaknesses

#### Group 1

- Lack of directory and updating services
- No link to local/state resources
- Lack of respite therapeutic home
- Lack of parental involvement (economic hardships)
- High rate of Sexual Abuse
- High rate of acceptance of Substance Abuse
- Co-Dependency and Denial
- Lack of FASD screening for non-native
- Fear of stigma as a bad parent/kids being removed

#### Group 2

- Lack of knowledge and access to \$\$, to services
- Appropriations services to transition home
- High School overcrowded
- Students have nowhere to go when kicked out
- Taking time to get understanding of youth
- Lack of incentive to go to services or willingness to get care
- Training about benefits of care
- Patient not feeling care is a safe place, secure
- Lack of individualizing for youths needs/ uniqueness of individual
- Standardized treatment
- Double standard
- Training availability
- Lack of residential services
- Community services, respite, camps for youth, services, Kodiak Youth Services
- Access to clinical diagnosis services requirement of detox
- No ICWA workers

- Pressures on Family, Drug and Alcohol, financial difficulties, parenting, needs, transportation
- Lack of accountability of system to patient and responsibilities
- Lack of rehabilitation or specialty services
- Lack of workforce/high turnover with military
- Goldfish bowl (privacy issue/record following)

#### Group 3

- Youth in distress at E. R. sent out
  - North Star
  - Discovery
  - Lack of local facility
- Lack of Foster Care
- Adult/Family Denial of issues
- Need for increased respite
- Fragmentation of services
- Stigma with utilizing, reaching out for respite
- Lack of transitional programs at age 22
- No therapeutic court system
- In small communities – no confidentiality hard to keep issues private

#### Group 4

- Need more Mental health in Schools
- More outreach to villages – daytrips not enough
- Education/training to support and providers
- Step down/transitional placements
- Language barriers
- Parent/family support to prepare for return
- Programs come and go (funding)

### Strengths + Resources

#### Group 1

- Willing to Participate
- Networking, agencies want to collaborate with each other
- Skill Providers with diverse background
- Community headlines

- Community Diversity
- Availability of services (villages)
- Mental Health/ Sexual abuse availability in school

#### *Group 2*

- Funding
- Small community
- Increased opportunity to learn /student teacher ratio
- Churches, families, pastoral counseling, elders, non-profits, social activities, Boys and Girl Scouts, Teen Recreation Center
- ICWA workers when available
- Lower suicide rate due to smaller community – people check in when issues/concerns observed

#### **Resources and Leads**

- St. Innocents Academy
- KANA – one stop for ANA/Village Base
- Partnering w/ UAA training
- Partnering w/ UAF for Continuing education and training up work force
- Human Services Coalition
- Resource book
- Sharing Service info
- Family Services Coordinator (Providence)
- To increase family support
- Prevention/intervention/support train
- Hope for PCA
- Mental Health Case managers for transitional care
- Train the Trainer- Community Professional- get advanced training and bring back to train in community and villages – village health aide
- Inclusive training of ALL community professionals, and families, villages and Health aide
- Building community programs – outward bound DJJ placement opportunities
- One Stop for Family Services -- Care training
- Community Resource Book of Services and opportunities

#### *Group 3*

- Family based community
- School counseling System – counselors
  - PKICC/ Kodiak Borough (KIBSD)
    - School counselors
    - Natural environment
- Strong sense of community with Island
  - Networking
  - Awareness
- Public Housing Authority—Pro Active
  - Well maintained, family/youth programs
- ICWA
- Natural Supports – small community
- HOPE
- AA/Al-Anon
- Salvation Army
- D.V.R. Office, locally
- Public Transportation System
- O.C.S.
- Good judges
- Tribal Court Development
- Active Teen Court
- Village Behavioral Health Aides and Tribal councils
- Elders
  - Sharing through camps
  - Subsistence activities
  - Crafts/cultural traditions
- Churches
  - St. Innocents Academy
  - Russian Orthodox
  - All
- Strong Sense of Identity as a community
- Multi Cultural

- USCG Facilities
- Many Service Organizations
  - KANA – Comprehensive services

#### *Group 4*

- Small, collaborative community
- Involved, concerned community
- School staff- very involved
- Community efforts in villages
- Some culturally appropriate services
- Family activities (rural)

#### **Resources**

- Human Service Coalition
- AmeriCorps, Vista Volunteers
- Baptist Mission
- USCG/Navy Seal Demo/classes
- Parents as a resource
- High school groups/clubs
- many resources here are already spread thin.

#### **Solutions**

##### *Group 1*

- Provision of mental health services to the Family (in home work)
- Respite care (Parents)
- Day treatment/ Mental Health/Academy/ Substance Abuse
- Mentoring program
- Referral hotline/Providence
- Parent modeling (live – in)
- Hospitalized in newly built psychiatric unit
- Therapeutic Foster Home
- Family Therapist service as needed
- After hours (flexible) qualified staff (in home)
- VISITATION – Reunification process
- Independent living program
- CASE MANAGEMENT
- Detox Facility

- Substance Abuse In Patient Program

##### *Group 2*

- Connect and follow through when people move or change communities
- Behavioral health aides in every village
- Wrap-around intervention
- Community meetings to inform members about general concerns/issues with youth and children and also problem-solve about specific youth who are experiencing problems.
- Parent education and on-going support
- Address long-term issues such as family problems
- Train family helpers (ICWA, YKHC, Behavioral Health Aids) to help with transition and ongoing family issues
- Advocating to policy-makers and legislators for additional funding and educating them about how great the needs are
- Preventative intervention with young children and youth (Scouts, 4-H, Big brothers/sisters, and Dragon Slayers)
- Parenting classes
- Find support services during summer months
- Involve children in making choices and reflect on their behavior
- Child protective teams or Multi-disciplinary teams in more villages
- Contact person to coordinate the teams
- Use ISD dollars to pay for coordination
- In-home case plans in place

##### *Group 3*

- Need for ethical change re: patient privacy
  - Political action – call to action
- Support Groups for Families
- Increase in education to reduce stigma
- Need to move focus to “keep” the kids home
  - Establishing group such as Boy’s and Girl’s Club
- Population Specific Services

- Increase in Providing services to family in small communities
- Aftercare Support system
- Additional Funding to make BTKH a Reality
- family therapy coverage to promote successful outcomes
- its not necessarily about funding – relying on community connectivity
- identifying resources and helping bring them directly to the person in need- increase connectivity between service providers and families
- finding the right gateway – sometimes medical has less stigma and is a good gateway to mental health provision
- “CARE” team model – ID ad brain storm on help for kids
- ICWA, teachers, service providers
- Increase in psychiatric services
- Participate in Human Services Coalition
- Increase case manager support/peer navigate
- Advocating for greater flexibility in funding
- Advocating for greater flexibility in administration/bureaucracy
- Drawing on local resources to better serve cultural communities not usually served – ie Filipino community
- Iditaform concept for youth/parents
- Increase in recruitment for foster parents by OCS
- Increase services for >6 yrs old
- Public forums to increase education, decrease stigma ie newspaper ads, hot line unplugged discussions

#### *Group 4*

- More support for care teams (food, activities, from agencies)
- Youth Services –start young:
  - Day treatment

- Support services – villages specifically
- Preventative/healthy alternatives (vs. crisis)
- Parenting – early parenting support and education
- Family based programs and activities
- Multi-lingual services – counseling and counselors
- More specialized services on island:
  - Child psychiatrists
  - Behavioralists
- Job opportunities/community service for youth
- Draw more on Spiritual Resources
- Open training/education to outside agencies
- Utilize VPSO more pro-actively
- Vocational rehabilitation

#### **Priorities**

##### *Group 1*

- Places for the Children to go
- Training for providers
- Wrap around services
- Respite Care
- Financial need – recruitment and retention
- Continuum of care
- Parental support
- Generational FASD
- Parent/youth substance abuse
- Needs substance treatment involvement
- Need to emulate Family Center Services in Fairbanks
- Respite care
- Therapeutic foster home
- Increase the number of family therapists
- Increase the number of case managers
- Increase the number of substance abuse counselors
- Providence- increasing Family Support Program
- OCS respite care development (licensing), therapeutic foster care

- Providence Kodiak Island community center/  
Kodiak Area Native Association support OCS

### *Group 2*

- Mobile Treatment team to approach Family as whole in their home community
- Assisted Living and Transitional Living opportunity
- Personal Care Aide with Behavioral Health training to assist in trainings:
  - Home providing professional and parental training in community with unrestricted funds
- Support family before and on transition of youth and in home
- Training of/for parenting, providers, children, therapeutic and foster care families, school personnel, Special education, regular education
- Prevention, Intervention for youth to stay in community
- Building pride, connection, needed, belonging, purpose, place

### *Group 3*

- Re-empower families, villages, tribes- roots
- Funding for training- for our kids
- Individualism in Social Services:
  - Solution driven vs. Medicaid Billing Driven
- Increase respite/break for caregivers and kids
- Increase funding for camps and activities
- Resources for Foster Care
- Barriers preventing Foster Care Participation
- Generational Trauma with a system that traumatizes
- Current resources are overwhelmed
- Take services to the people
- Prepare families for child's return
- Elder involvement and empowerment
- Focus on family systems – coming together

### *Group 4*

- Youth services

- Family-Based programs/activities
- Outreach to Villages
- Reach different cultures, languages, educate
- Therapeutic Foster homes, respite, support to foster homes

### **Short Term**

- Job Opportunities for youth, top existing resources, ask the youth!

### **Long Term**

- Specialized care, multilingual services

### **Top 5 Priorities:**

- Increase access to respite/foster care
- Introduce wrap-around rehabilitation services that are family centered
- Seamless funding transitions
- Increase education and support for workers
- Community Youth Services Advocacy



# Appendix D - Participant Evaluation Responses

Participant Evaluation - Fairbanks Summary						
1	<b>How would you rate your overall satisfaction with this summit? (n = 15)</b>					
	Extremely Satisfied	Satisfied	Dissatisfied	Very Dissatisfied		Non-responsive
	1	12	0	0		2
2	<b>Will summits such as this be helpful to you and your community in the future? (n = 15)</b>					
	Yes	No				Non-responsive
	14	0				1
3	<b>What is your role in your community? (n = 17)</b>					
	Service provider	Family Member	Faith-based provider	Other		Non-responsive
	8	2	1	6		0
				NA		
				Peer Navigator		
				DBH		
				Youth Navigator		
				State Admin.		
				State		
4	<b>What is your level of commitment for follow-through with any action items that were identified? (n = 15)</b>					
	Extremely committed	Committed	Somewhat committed	Not committed		Non-responsive
	7	8	0	0		0
5	<b>Were you able to identify existing resources in your community that you were not aware of prior to participating today?</b>					
	Yes	No				Non-responsive
	8	6				1
6	<b>What other information would you like to have covered today? What would have made this summit more useful to you? (n = 15)</b>					
	"Mircophone - to better hear the speaker. Email of all group summaries and email contact information of all participants."					
"If we had not split up into groups but instead had dealt with topics as a group of the whole - we might have come up with community needs description."						
"Team building activites among and between services providers > even more action oriented"						
"Increased particiapation from rural communed surrounding Fairbanks"						
"The meeting was fine for what it was however - my suggestiion would be for the State to quit planning and actually look at all the previous plans and do something meaningful and tangible."						
"I would have liked to have a list/summary of what's out there. Stronger community voice > but it was very sunny."						
"Valuable to have more consumers present"						
<b>NOTES:</b>						
<b>Question 2 received add-in comments (Will summits such as this be helpful to you and your community in the future?)</b>						
"Only if they are past theory and onto the practical side"						
"Only if it really builds on all needed services"						
"In a less formal mode - town meeting style"						
"and more consumers present"						

Participant Evaluation - Juneau Summary						
1	<b>How would you rate your overall satisfaction with this summit? (n=22)</b>					
	Extremely Satisfied	Satisfied	Dissatisfied	Very Dissatisfied		Non-responsive
	0	21	1	0		0
2	<b>Will summits such as this be helpful to you and your community in the future? (n=22)</b>					
	Yes	No				Non-responsive
	18	0				4
3	<b>What is your role in your community? (n=24)</b>					
	Service provider	Family Member	Faith-based provider	Other		Non-responsive
	18	3	0	3		0
				School		
				State - EED		
				Youth		
4	<b>What is your level of commitment for follow-through with any action items that were identified? (n=22)</b>					
	Extremely committed	Committed	Somewhat committed	Not committed		Non-responsive
	15	7	0	0		0
5	<b>Were you able to identify existing resources in your community that you were not aware of prior to participating today? (n=22)</b>					
	Yes	No				Non-responsive
	10	12				0
6	<b>What other information would you like to have covered today? What would have made this summit more useful to you?</b>					
	"Having more varied members (children, teachers, parents)"					
"Hold to agenda - breaks are needed!"						
"Focus on DD consumers more along with SED/FAS. Like antistiy etc (CP, MR)"						
"Specific overview on the challenges faced with Bringing the Kids Home and specific disabilities and the challenges they face on receiving services that are sustainable"						
"2 days - first day I'd like today, 2nd day action steps"						
"Was hoping for a solution to the fact that many FASD kids fall through the cracks - not eligible for DD services because of IQ but not eligible for MM dollars"						
"It was politically correct in the whole. The side conversations were significantly more down to earth and useful."						
"More state leaders (parents, kids) involved"						
"Legislator present! Governors' office!"						
"More informal networking. More info from state about what resources are available through BTKH."						
"Do this in one big group not subgroups"						
"Have Juneau School District attend the entire summit. Issues can not be fully addressed if they are not present."						
"There were people missing -DD/Family"						
"There need to be teacher involved, pay for release time special Ed Director or Superintendents must be involved."						
"More families and youth"						
"More focus on community-to-state-system-collaboration/communication."						
"It was great that there was a stronger and more diversified representation of our state. More youth would be great!!"						
<b>NOTES:</b>						
<b>Question 2 received add-in comments (Will summits such as this be helpful to you and your community in the future?)</b>						
"If community specific"						
"Not sure"						

“Possibly”
“If state supports, if not we recommend”
“If working as one group”
“Possibly”
<b>NOTES:</b>
<b>Question 5 received add-in comments</b> (Were you able to identify existing resources in your community that you were not aware of prior to participating today?)
“Yes, funding for TA”
“Funding and state gov.,TA was new information”
“Yes, know personally”

Participant Evaluation - Kenai Summary					
1	<b>How would you rate your overall satisfaction with this summit? (n=25)</b>				
	Extremely Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Non-responsive
	3	20	0	0	2
2	<b>Will summits such as this be helpful to you and your community in the future? (n=25)</b>				
	Yes	No			Non-responsive
	22	0			3
3	<b>What is your role in your community? (n=27)</b>				
	Service provider	Family Member	Faith-based provider	Other	Non-responsive
	21	2	0	3	1
				Youth Rep	
				Peer Navigator	
				Peer Navigator	
4	<b>What is your level of commitment for follow-through with any action items that were identified? (n=25)</b>				
	Extremely committed	Committed	Somewhat committed	Not committed	Non-responsive
	12	9	2	1	1
5	<b>Were you able to identify existing resources in your community that you were not aware of prior to participating today? (n=25)</b>				
	Yes	No			Non-responsive
	21	2			2
6	<b>What other information would you like to have covered today?</b>				
	<b>What would have made this summit more useful to you? (n=25)</b>				
	“Invite local leadership e.g. agrarium, mayors, law enforcement, churches!”				
	“PS.You - DBH doesn’t need “agnewbeck” and their patronizing cheerleaders.”				
	“More specific into - what is the plan for BTKH? What plans exist to support schools as kids return from treatment?”				
	“Specific info on youth in out of state placement”				
	“DBH staff needs to dress more professionally and be better prepared.Video was enlarged on the screen making it difficult to see from middle of room and one speaker kept sitting down and speaking where she couldnt be seen or clearly heard. PowerPoints were dark and difficult to see - thank God I had my handout and could follow along.”				
	“For DBH presentation:Add slide and handout that addresses FAQs for ISA \$.”				
	“Accountability of key stakeholders for services to youth.”				
	“That the agencies who are major stakeholders in assisting in Bring the Kids Home were present and participated in this process and accountability.”				
	“It was a good forum. Lots of discussion made it more pertinent.”				

"I'd like to be able to analyze (or have an analysis) of kids who were placed out of state, how it could have been prevented each step of the way - would like a list of participants and e-mail. In hospitals, it's called post-mortem"
"Which kids are we bringing home"
"Bridge - how to access to strengthen family for school based services."
"I learned that there is a committee for Bring the Kids Home. It would have been helpful to have someone speak on behalf of this committee as part of the agenda."
"Prevention is as important as BTKH. Developing community resource access ease for families."
"More of a concern: after this what happens - I hope it is more than just "talk" and no action."
"This summit was highly interesting and exciting! I believe that this was a great way to express problems in the state and system."
"It was great - really felt welcome and encouraged about where the Kenai Peninsula group is heading!"
<b>NOTES:</b>
<b>Question 2 received add-in comments (Will summits such as this be helpful to you and your community in the future?)</b>
"Depends on the outcome"
"If there is an outcome to make propose on the issues."
"Other topics would be great"
"We need to quit talking and start doing."
"Thanks"

Participant Evaluation - Bethel Summary						
<b>1</b>	<b>How would you rate your overall satisfaction with this summit? (n=38)</b>					
	Extremely Satisfied	Satisfied	Dissatisfied	Very Dissatisfied		Non-responsive
	4	23	7	0		4
<b>2</b>	<b>Will summits such as this be helpful to you and your community in the future? (n=38)</b>					
	Yes	No				Non-responsive
	29	3				6
<b>3</b>	<b>What is your role in your community? (n=47)</b>					
	Service provider	Family Member	Faith-based provider	Other		Non-responsive
	28	8	1	9		1
				Program Director		
				PHN		
				Head Start		
				Head Start		
				AVCP Head Start/Home Base		
				Program Specialist Head Start		
				Advocate		
<b>4</b>	<b>What is your level of commitment for follow-through with any action items that were identified? (n=38)</b>					
	Extremely committed	Committed	Somewhat committed	Not committed		Non-responsive
	9	17	10	0		2
<b>5</b>	<b>Were you able to identify existing resources in your community that you were not aware of prior to participating today? (n=38)</b>					
	Yes	No				Non-responsive
	23	14				1

<b>6 What other information would you like to have covered today? What would have made this summit more useful to you? (n=38)</b>
"Have the Board (who was meeting at the LongHouse) witness and be part of the summit"
"This was great!! Thanks"
"We need more than one day, and doing this kind of summit in each village in the YKHC Region, so that agencies will work effectively for "EACH CHILD" they are our focus."
"This is a "packaged" process of discussing issues. It is fine except it was a process unable to adapt to this group. Exhausting process. I leave drained rather than hopeful. Key power players not here: YK Board/president for ex, many of these ideas have been worked on for YEARS, there are critical YK adminstators who continually block collaboration processes. How do we get at that?"
"Been down this road (today's strength/weakness discussions for years and unless YKBH is confronted... and hopefully villages will mobilize someday to do that."
"Why wasn't the YK admin here to discuss or hear the problems in getting sevicees. Those present know the issues with YK and appear distent from the issue. Face it 6 months to wait for an eval with YK is outragious where is the funding for services? Bottom line we talk of the next step but reality is teh people in villages will suffer. What was the purpose of this when "we" the small group break outs know the problem but with funding at YK follow-up is poor:"
"This was a great way to improve communication among providers in this area, and also increase understanding"
"Another idea" have a rotating 24 hour on-call support system for villages/behavioral health aids. On-calls should be staffed by professionals from all agencies - OCS, YKHC, schools, etc."
"Review of past events that prevent further collaborations:"
"To put the solutions into action"
"Enough for 1 day, but we need to build on tues and involve state/participation"
"It is the same stuff, year after year, no action mtgs, we need to do not talk or plan, just do"
"None. Mental Health is too broad to cover in one day. Bring it down to local level by making a model plan."
"Too much info for only one day - should spread out in 2-3 days."
"We've had numerous community needs assessments that end in a lot of great ideas and partical steps to take in making change - however, my fear is that once facilitators leave and the energy created today dies down, we're left with a lot of frustrations about burrievs and services in our community. There is a great deal of collaboration that is'nt happening here, so its going to take more than one day to get us all committed to being at the same table."
"More parents - some parent stories, please. Provide snacks!"
"How to share assessments to keep parents/families from redundant processes - have key decision makers at the table!"
"Follow through - what providers offer - they deliver - not just YK - all agencies. We offer solutions but no one has stepped up to plate to implement, once implemented, care is consistent and meaningful."
"Kinguliamta Ciunerkaat Had a gathering a couple of times in the past. Each group brought up issues from their communitess. Maybe seek this info out and study it."
"More parents"
"Plans for follow up on all of our identified needs and suggestions. What are ways you can help us who are overwhelmed with crisis work and too many reponsibilites as it is?"
"Started great but feels frustrating to not identify plans for actually taking action, like all of our work and ideas are for nothing"
"The process was great - identifying what is needed, problems, resources - but the end want efficent where more time was needed to figure out what to do with ideas (putting them into actions) knowing what to do next for the ideas that the group deemed important, actually knowing what to do to change what was identified as problems and barriers."
"Not enough time - need more than a day for the whole process."
"I am excited to here that they are trying to pear (parent who have gone through process) to help others. It can not be stated enough how important this really is. Thank you!"
"Don't make us prioritize - just list what is needed and who can begin to carry it out. Pass out list (name - contact information) of those attending"
"We need more workers in the village who we could trust that doesn't talk."
"Lunch - real problem is lack of resources that are available on a continual/long term basis - so in a sense - this is a futile excersize unless more resources are available"

<p>“What do we do with those youth who do not meet SED criteria but are in need of collaborative support services after treatment.”</p>
<p>“As has been my experience with these previously- people that have been around for awhile all they do in these settings is to point fingers - until they are ready to stop pointing fingers and working with people spinning the wheel will continue. Do I feel like anything was accomplished, not really.”</p>
<p><b>NOTES:</b></p>
<p><b>Question 2 received add-in comments (Will summits such as this be helpful to you and your community in the future?)</b></p>
<p>“Kwigillingok”</p>
<p>“unless model is changed”</p>
<p>“If there is an action plan that will work”</p>
<p>“Invite Tribes and TRA councils, youth from every village, health aides, parents”</p>
<p>“I really liked the idea about educating the young people that get together for sing practices. This would give them something more to look forward to.”</p>
<p>“But address specific issues.”</p>
<p>“With more action planning!”</p>
<p>“With more time of more than one meeting to follow through with actions, planning, etc.”</p>
<p><b>NOTES:</b></p>
<p><b>Question 4 received add-in comments (What is your level of commitment for follow-through with any action items that were identified?)</b></p>
<p>“I think we have to know where to look, ask in order to be involved in school or community.”</p>
<p>“But weren't clear enough about specific follow through for anyone except re: foster homes”</p>
<p>“Though not many actions were agreed to be carried out”</p>
<p><b>NOTES:</b></p>
<p><b>Question 5 received add-in comments (Were you able to identify existing resources in your community that you were not aware of prior to participating today?)</b></p>
<p>“Somewhat, it would be nice to know where to look if we needed help in area (FASD, Bhealth, etc.)</p>
<p>“and I know more about the ones I was aware of”</p>
<p>“familiar with resources”</p>

**Participant Evaluation -Kodiak Summary**

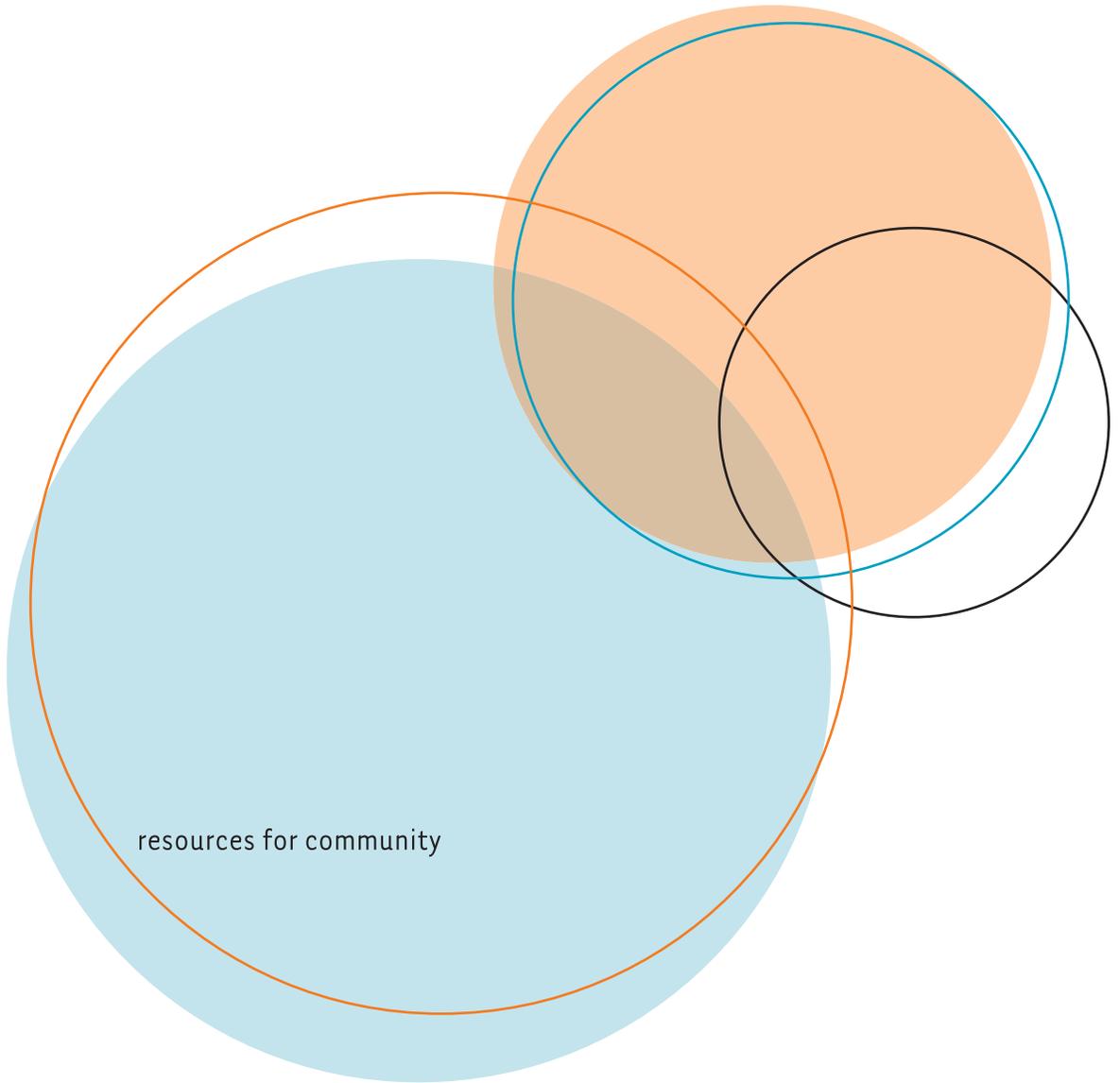
<b>1 How would you rate your overall satisfaction with this summit? (n=29)</b>					
Extremely Satisfied	Satisfied	Dissatisfied	Very Dissatisfied		Non-responsive
5	23	0	0		1
<b>2 Will summits such as this be helpful to you and your community in the future? (n=29)</b>					
Yes	No				Non-responsive
29	0				0
<b>3 What is your role in your community? (n=34)</b>					
Service provider	Family Member	Faith-based provider	Other		Non-responsive
22	3	0	9		0
			Person		
			Tribal Leader		
			Youth		
			Youth Specialist		
			ICWA		
			Advocate		
			Tribal ICWA worker		
			Navigator		
<b>4 What is your level of commitment for follow-through with any action items that were identified? (n=29)</b>					
Extremely committed	Committed	Somewhat committed	Not committed		Non-responsive
12	14	3	0		0
<b>5 Were you able to identify existing resources in your community that you were not aware of prior to participating today? (n=29)</b>					
Yes	No				Non-responsive
18	10				1
<b>6 What other information would you like to have covered today? What would have made this summit more useful to you?</b>					
"The state folks seemed adamant that the invasive AK Aims System cannot be scaled back. It is outrageous that our government is collectively the identifying personal information of a vulnerable population, shame on Alaska!"					
"More time, more village providers/leaders"					
"seeing in the end results from other summits - see if their plans have come into action - get those results today -not waiting"					
"Youth would be helpful to get service ideas and feedback from the consumer. Where do we go from here and when/how will we get back?"					
"Cant think of any"					
"Detailed agenda! I would like to have more info then I could have met with others to bring more info."					
"Thank you for coming to Kodiak."					
"When you keep the children at home you will not need to bring the children home."					
"Have a list of potential respite providers available."					
"Avoid acronyms; specific plans of action identified brought forward to the group."					
"More youth! This one went GREAT! Way to go ladies! Refreshing to hear this communities positive-ness and ideas! We did run out of cookies though."					
"Different location - this was extremely cramped public speaking skills should be enhanced, encouraged"					
"Assurance that there will be an increase of services for youth."					
"Need to put total hours on certificate in order to use for training educational use."					
"Send copies (email) of our session notes to us so we can keep these ideas fresh, then we can incorporate this in our work plan."					
<b>NOTES:</b>					
<b>Question 2 received add-in comments (Will summits such as this be helpful to you and your community in the future?)</b>					
"If funding follows!"					



# Appendix E - Acronyms and Abbreviations

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BTKH	Bring the Kids Home
CPT	Child Protection Teams
DBH	Department of Behavioral Health
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
FASD	Fetal Alcohol Spectrum Disorder
ICWA	Indian Child Welfare Act
ISA	Individualized Service Agreement
ISD	Integrated service delivery
LCSW	Licensed Clinical Social Work
MDT	Multi-disciplinary Teams
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
OCS	Office of Children's Services
ONC	Orutsararmut Native Council
ROI	Release of Information
RPTC	Residential Psychiatric Treatment Center
SED	Severe Emotional Disturbance
YK Board	Yukon Kuskokwim Board
YKHC	Yukon Kuskokwim Health Corporation



resources for community



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441 West Fifth Avenue, Suite 202 :: Anchorage, Alaska 99501  
t 907.222.5424 :: f 907.222.5426 :: [www.agnewbeck.com](http://www.agnewbeck.com)