

Alaska's Partnership to Improve Outcomes for Adolescents and Families

Section F. Citations Listing

- ¹ Parenting with Love & Limits Retrieved from <http://www.gopll.com/>
- ² Transition to Independence Retrieved from <http://www.tipstars.org/Home.aspx>
- ³ Online US Census data (2011) <http://quickfacts.census.gov/qfd/states/02000.html>
- ⁴ *Kids Count* Alaska Data (2010) Retrieved from <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=AK&ind=4604>
- ⁵ Ibid.
- ⁶ Online US Census data (2011) <http://quickfacts.census.gov/qfd/states/02000.html>
- ⁷ State of Alaska Department of Labor, Research & analysis, labor force data Retrieved from <http://live.laborstats.alaska.gov/labforce/>
- ⁸ *Kids Count* Alaska Data (2010) Retrieved from <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=AK&ind=4604>
- ⁹ State of Alaska Department of Labor, Research & analysis, labor force data Retrieved from <http://live.laborstats.alaska.gov/labforce/>
- ¹⁰ Online US Census data (2011) Retrieved from <http://quickfacts.census.gov/qfd/states/02000.html>
- ¹¹ State of Alaska Department of Labor, Research & analysis, labor force data Retrieved from <http://live.laborstats.alaska.gov/labforce/>
- ¹² State of Alaska Department of Health & Social Services, Behavioral Health “Bring the Kids Home Initiative (SFY2012) Retrieved from <https://extranet.dhss.alaska.gov/comm/jmt/BTKH percent20WG/BTKH percent20Data/BTKH percent20SFY percent20'12 percent20Data percent20FINAL percent20updated percent20012213.pdf>
- ¹³ Gallup Corp. Telephone Survey for DHSS, ADA, Retrieved from <http://dhss.alaska.gov/dbh/Pages/Prevention/programs/substanceabuse/default.aspx>
- ¹⁴ Alaska, Alaska Native and National Suicide Rates, Retrieved from http://dhss.alaska.gov/SuicidePrevention/Pages/Statistics/aksuiciderate_nativenonnative96-05.aspx
- ¹⁵ State of Alaska Epidemiology Bulletin, Volume No. 15, Number 1, July 30, 2012 “Characteristics of Suicide among Alaska Native and Alaska non-Native People, 2003 – 2008”; Craig, Jessica and Hull-Jilly, Deborah. Retrieved from http://www.epi.hss.state.ak.us/bulletins/docs/rr2012_01.pdf
- ¹⁶ *Kids Count* Alaska Data (2010) Retrieved from <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=AK&ind=4604>

Alaska's Partnership to Improve Outcomes for Adolescents and Families

¹⁷ State of Alaska Department of Health & Social Services Division of Behavioral Health, Policy and Planning “A Client Profile Snapshot: In-State & Out-of-State RPTC Admissions, Updated May 2011, Retrieved from

https://extranet.dhss.alaska.gov/comm/jmt/BTKH%20WG/BTKH%20Data/Adimission%20010111%20-%200033111%20Comparison%20In_OOS%20v2%200.pdf

¹⁸ Kids Count Alaska (2010) Retrieved from

<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?order=a&loct=5&dtm=10607&state=AK&by=v&tf=133&ind=4604&ch=a&sortid=10844>

¹⁹ State of Alaska Department of Health & Social Services Division of Behavioral Health, Policy and Planning “A Client Profile Snapshot: In-State & Out-of-State RPTC Admissions, Updated May 2011, Retrieved from

https://extranet.dhss.alaska.gov/comm/jmt/BTKH%20WG/BTKH%20Data/Adimission%20010111%20-%200033111%20Comparison%20In_OOS%20v2%200.pdf

²⁰ Bring the Kids Home Focus Area, “In-State Services for Children and & Youth with Severe Emotional Disturbances”, Version 2/5/2013, Retrieved from

https://extranet.dhss.alaska.gov/comm/jmt/BTKH%20WG/BTKH%20Results%20Based%20Accountability%20Templates/2013_02_05_RBA_BTKH_System_Change_FINAL.pdf

²¹ State of Alaska Department of Health & Social Services Joint Media Release ((9/14/2007)

Retrieved from <http://dhss.alaska.gov/News/Pages/2007/pr102507joint-native-children.aspx>

²² State of Alaska Department of Health & Social Services Division of Juvenile Justice referrals by Race Retrieved from <http://dhss.alaska.gov/djj/Pages/ReferralsByRace.aspx>

²³ State of Alaska Department of Health & Social Services, Behavioral Health “Bring the Kids Home Initiative (SFY2012) Retrieved from https://extranet.dhss.alaska.gov/comm/jmt/BTKHpercent20WG/BTKHpercent20Data/Adimissionpercent20010111percent20-percent200033111percent20Comparisonpercent20In_OOSpercent20v2percent200.pdf

²⁴ State of Alaska Department of Health & Social Services Division of Behavioral Health, Policy and Planning “A Client Profile Snapshot: In-State & Out-of-State RPTC Admissions, Updated May 2011, Retrieved from

https://extranet.dhss.alaska.gov/comm/jmt/BTKH%20WG/BTKH%20Data/Adimission%20010111%20-%200033111%20Comparison%20In_OOS%20v2%200.pdf

²⁵ Bring the Kids Home Focus Area, “Prevalence and Penetration Rate for youth experiencing SED in Alaska,” Version 2/5/2013, Retrieved from

https://extranet.dhss.alaska.gov/comm/jmt/BTKH%20WG/BTKH%20Results%20Based%20Accountability%20Templates/2013_2_5_RBA_BTKH_Prevalence%20and%20Penetration%20Rate_FINAL.pdf

²⁶ Alaska Mental Health Trust Workforce Development Initiative, “An Overview of Workforce Related Data and Strategies to Address the Gaps,” Retrieved from

http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_WorkforceDev/Workforce%20Development%20Initiative.pdf

Alaska's Partnership to Improve Outcomes for Adolescents and Families

²⁷ Bring the Kids Home Focus Area, "Prevalence and Penetration Rate for youth experiencing SED in Alaska," Version 2/5/2013, Retrieved from https://extranet.dhss.alaska.gov/comm/jmt/BTKH%20WG/BTKH%20Results%20Based%20Accountability%20Templates/2013_2_5_RBA_BTKH_Prevalence%20and%20Penetration%20Rate_FINAL.pdf

²⁸ State of Alaska Department of Health & Social Services Division of Public Health Retrieved from http://www.hss.state.ak.us/dph/chronic/school/YRBS_results.htm

²⁹ State of Alaska Department of Health & Social Services Division of Behavioral Health, Policy and Planning "A Client Profile Snapshot: In-State & Out-of-State RPTC Admissions, Updated May 2011, Retrieved from https://extranet.dhss.alaska.gov/comm/jmt/BTKH%20WG/BTKH%20Data/Adimission%20010111%20-%200033111%20Comparison%20In_OOS%20v2%200.pdf

³⁰ Covenant House Alaska Youth in Crisis, Characteristics of Homeless Youth Served by Covenant House Alaska, ISER, March 2010, Retrieved from http://www.iser.uaa.alaska.edu/Publications/CovenantHouse_final100304.pdf

³¹ State of Alaska Department of Health & Social Services Division of Behavioral Health, Policy and Planning "A Client Profile Snapshot: In-State & Out-of-State RPTC Admissions, Updated May 2011, Retrieved from https://extranet.dhss.alaska.gov/comm/jmt/BTKH%20WG/BTKH%20Data/Adimission%20010111%20-%200033111%20Comparison%20In_OOS%20v2%200.pdf

³² Bring the Kids Home Focus Area, "In-State Services for Children and & Youth with Severe Emotional Disturbances", Version 2/5/2013, Retrieved from https://extranet.dhss.alaska.gov/comm/jmt/BTKH%20WG/BTKH%20Results%20Based%20Accountability%20Templates/2013_02_05_RBA_BTKH_System_Change_FINAL.pdf

³³ *Kids Count* Alaska Data (2010) Retrieved from <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=AK&ind=4604>

³⁴ State of Alaska Department of Health & Social Services Division of Public Health Retrieved from http://www.hss.state.ak.us/dph/chronic/school/YRBS_results.htm

³⁵ *Kids Count* Alaska Data (2010) Retrieved from <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=AK&ind=4604>

³⁶ Online US Census data (2011) Retrieved from <http://quickfacts.census.gov/qfd/states/02000.html>

³⁷ *Kids Count* Alaska Data (2010) Retrieved from <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=AK&ind=4604>

³⁸ State of Alaska Department of Health & Social Services Division of Public Health Retrieved from http://www.hss.state.ak.us/dph/chronic/school/YRBS_results.htm

Alaska's Partnership to Improve Outcomes for Adolescents and Families

³⁹ *Kids Count* Alaska Data (2010) Retrieved from <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=AK&ind=4604>

⁴⁰ *Kids Count* Data Center Retrieved from <http://datacenter.kidscount.org/>

⁴¹ Gallup Corp. Telephone Survey for DHSS, ADA, Retrieved from <http://dhss.alaska.gov/dbh/Pages/Prevention/programs/substanceabuse/default.aspx>

⁴² Building Bridges Initiative Website, <http://www.buildingbridges4youth.org/>

⁴³ CASII: The Child and Adolescent Service Intensity Instrument (American Academy of Child & Adolescent Psychiatry)

⁴⁴ Alaska State Statute AS47.30.540 (b) and Alaska Administrative Code AAC 70.100 (a)

⁴⁵ United States - DHHS - Health Resources and Services Administration Primary Care: The Health Center Program Retrieved from <http://aspe.hhs.gov/poverty/13poverty.cfm>

Section G: Biographical Sketches and Job Descriptions

1) Brita Lee Bishop, LCSW, Health Program Manager IV, BTKH Coordinator

Education & Licensure

- Licensed Clinical Social Worker May 2002 Alaska
- Master's of Social Work September 1997 Colorado State University
- BA - Anthropology June 1982 Humboldt State University

Biographical Sketch

Brita Bishop is a licensed clinical social worker and works for the State of Alaska as a Health Program Manager IV and the Bring the Kids Home (BTKH) Coordinator. Brita received an MSW from Colorado State University and a BA from Humboldt State University. She maintains licensure as a clinical social worker in Alaska.

Since 2000, Brita has worked for the Alaska Department of Health and Social Services (DHSS) on behavioral health service system oversight and development. Since 2007, she has led the Bring the Kids Home (BTKH) initiative to reverse the trend of increasing reliance on out-of-state placement into residential psychiatric treatment centers for Alaskan children with severe emotional disorders. Bring the Kids Home has resulted in a decrease in admissions to out-of-state residential psychiatric treatment centers from 752 children in state fiscal year 2004 to just 143 children in state fiscal year 2011 (a decrease of 80.9 percent).

Brita's previous work includes oversight of mental health and substance abuse programs, grant and contract oversight and development and delivering clinical, case management and direct services to individuals impacted by mental health and/or substance abuse and/or developmental disabilities, fetal alcohol or autism spectrum disorders and/or physical disabilities.

Job Description

Bring the Kids Home Coordinator, Health Program Manager IV, State of Alaska, Department of Health & Social Services, Commissioner's Office

Position serves as the Bring the Kids Home Initiative (BTKH) Program Manager for the Department of Health and Social Services. This position is responsible for developing, implementing and administering programs to ensure efficient and effective delivery of services to seriously emotionally disturbed children and their families across multiple Divisions (Behavioral Health, Juvenile Justice, Children's Services) within the Department. This position is responsible for statewide oversight of initiative planning and coordination; structures and facilitates oral and written communication; ensures implementation of plan, funding and coordination of staff and resources; conducts a semi-annual evaluation and submits regular reports regarding the Departments Bring the Kids Home Initiative

This position has technical supervision over the program activities performed by staff in a number of agencies within the Department.

Positions in the Health Program Manager IV classification develop, implement and administer programs to ensure appropriate and effective public health care delivery systems, services and operations in the State of Alaska. Positions are concerned with programmatic and administrative matters relating to development, implementation, operation, administration, evaluation and funding of public health activities in the State.

The position of BTKH Coordinator requires a very high level of written and oral communication skills. It requires sound judgment in analyzing, negotiating and recommending avenues for the

Department and non-profit agencies to acquire resources. This is a high level staff specialist, with substantial responsibility for planning, setting goals and developing funding resources for the development of the Bring the Kids Home project. The position must have knowledge of principles and techniques of supervision and management including planning, training, budgeting and fiscal control. The position must also have a good working knowledge of writing/amending State contracts and other procurement issues.

This is a full time position, which requires frequent travel. The Health Program Manager IV is a class 23 position with a salary range from approximately \$3,226.00 per month to \$7,448.00 per month, not including geographic adjustments.

2) Stacy B. Toner, LPC, Division Operations Manager (Deputy Director) Behavioral Health

Education & Licensure

- Licensed Professional Counselor May 2002 Alaska
- Master of Arts June 1987 Gonzaga University
- BA – Religious Studies June 1982 Gonzaga University

Biographical Sketch

Stacy Toner was born and raised in Juneau and is a 3rd Generation Alaskan. She has had a busy and successful career at the Department of Health and Social Services (DHSS). Over the course of her 11 years in DHSS, she served as the Acting Director, the Deputy Director, and the Administrator for Community Mental Health Services with Behavioral Health and the Program Officer for Out of Home Care and the Residential Care Coordinator for the Office of Children’s Services. Throughout her work, Stacy has been a leader, pushing the envelope on a wide range of children’s issues, adult treatment and recovery, trauma, and access to treatment. She also is a strong and capable leader and manager, serving as a critical part of the DBH leadership and management teams.

Prior to joining DHSS, Stacy worked for Juneau Youth Services in the areas of Emergency Crisis Assessment and Stabilization, Family Mediation, Runaway Outreach and Mobile Crisis Services and near the end of her tenure was the Quality Director for their large Adolescent Residential and Day Treatment system. She was a key resource for policy formulation in developing a comprehensive system of community-based children’s services that achieved successful JCAHO Accreditation in Behavioral Health Services. She served on the Bartlett Regional Hospital Board of Directors for 10 years where she was elected President for 2 years and served on the Executive Committee for 8 of those years. She graduated with a master's degree in Counseling Psychology from Gonzaga University and is a Licensed Professional Counselor in Alaska.

Job Description

As the Division Operations Manager (Deputy Director) Stacy serves as the principal assistant to Behavioral Health Director, and she is responsible for assisting with the policy formulation, regulations development, strategic planning, resource management, issue resolution, and program execution or service delivery of the division. The role requires advanced knowledge of the principles, practices and guidelines of the division and the department.

In this role, Stacy assigns, directs, reviews and evaluates the work of section/program heads within the assigned area of the division, and perform unusual or difficult special projects for the division which may involve research of problems, development and implementation of innovative practices, or other decision-making in areas involving potentially high levels of

uncertainty. Frequently, she is required to represent the division at public meetings, legislative hearings, conferences and regulatory forums.

Stacy is designated to the Children's Mental Health Seat with the National Association for Mental Health Program Directors. She plays a key role in the oversight of all children's programming with the Division and partners with her peers in the Department to meet the complex needs of the child and adolescent population, and their families, in Alaska.

Key Tasks -

- Develops and recommends policies and procedures of program operations; conducts research to ensure policy conformance with State and federal laws, rules and regulations; interprets and applies policy decisions.
- Oversees assigned programmatic areas. Monitors and evaluates operations to ensure appropriate use of division resources, smooth process coordination, adequate quality control and effective implementation of policies, procedures and programs.
- Engages in high-level and broad scope problem identification within the division, and strategic planning for the resolution of those issues and concerns. Coordinates implementation of change to address problems, working with appropriate stakeholders.
- Advises the Division Director of policy, legislative, regulatory, organizational and/or planning changes necessary to improve the division's programs.
- Drafts or directs and approves the preparation of annual reports, position papers and informational pamphlets concerning the division's programs and services.
- Adjudicates subordinates' grievances; takes or approves disciplinary action as appropriate; appoints, promotes and transfers subordinates as needed to achieve program goals; assigns and reviews work, approves leave and prepares performance evaluations.
- Participates with or represents the division director at legislative hearings and meetings, explaining and justifying the division's programs and budget; represent the division at various meetings and conferences with State and federal officials, members of the public and the media; responds to inquiries concerning policy matters, program operations, legislative proposals, administrative reviews and quality control
- Serves as acting Director in the Division Director's absence.

Stacy has oversight for the Operations of the Division, including the Prevention, Early Intervention, Treatment and Recovery Services for Behavioral Health Services in Alaska. She oversees through three section heads over 35 staff.

The Division Operations Manger (Deputy Director) is a class 24 position with a salary range from approximately \$3,559.50 per month to \$7,895.50 per month, not including geographic adjustments. This is a full time position, which requires frequent travel and is overtime ineligible, with a work schedule of 37.5 hours per week.

3) Bradley Grigg, M.A., Children’s Behavioral Health Specialist, Division of Behavioral Health

Education

- Chemical Dependency Certification May 2007 Alaska
- Master of Arts June 1999 Church of God Theological Seminary
- BA – Religious Studies June 1997 Lee University

Biographical Sketch

Bradley Grigg has lived in Juneau for 8 years. He has served at the Department of Health & Social (DHSS) Services for over 5 years as the Children’s Behavioral Health Specialist for Behavioral Health. During his career at DHSS Bradley has served as the Program Manager for the Bring the Kids Home Initiative. During his tenure Bradley has been pivotal in helping develop, implement and expand evidenced based practices to better serve Alaskan Families with Youth who are severely emotionally disturbed (SED) who have been in out of home residential care or who are at risk of same. Among these programs include piloting Parenting with Love & Limits (PLL) in addition to Transition to Independence Process (TIP). Bradley has also worked closely with the in-state Residential Care System in providing support and technical assistance to assist these agencies in improving their clinical practice to youth and families. Bradley also serves as the Behavioral Health Representative on the Alaska Children’s Justice Act Task Force and the Early Childhood Comprehensive Intervention System

During his professional career, Bradley has worked as a Therapeutic Foster Care Home Parent. In addition, he served as Independent Living Coordinator at the Smoky Mountain Children’s Home, Sevierville, TN for 3 years. He also served as Clinical Director of the Heart of Florida Youth Ranch, Ocala, Florida for 3 years serving SED Males ages 6-18. Since moving to Juneau in 2005 Bradley has served worked as the Residential Program Director, Case Management Supervisor and Emergency Services Clinician for Juneau Alliance for Mental Health. Since joining DHSS Bradley has continued to serve the community as a contract Emergency Services Clinician.

Job Description

As the Children’s Behavioral Health Specialist, Bradley serves alongside the Bring the Kids Home Coordinator. He is primarily responsible for developing, implementing and managing statewide community based programs to ensure efficient and effective delivery of services to seriously Youth with SED and their families across multiple Divisions (Behavioral Health, Juvenile Justice, Children’s Services) within the Department. Bradley also serves as the Program Manager for these programs, providing technical assistance for start up, implementation and sustainability planning to each grantee.

The Children’s Behavioral Health Specialist is the lead staff for the Division of Behavioral Health on children’s behavioral health service development and implementation. Bradley is also responsible to represent the Division to other state entities, Federal grantors, Tribes, National groups and non-governmental organizations. He is responsible for consultation and system development activities with other Behavioral Health staff statewide to promote best practices within the Children’s Behavioral Health System managed by the Division of Behavioral Health. Bradley is responsible for responding to consumer inquiries and complaints; addressing systemic issues within the Division and between the Division and other State entities. Bradley is also responsible for the children’s services section of the Mental Health and Substance Abuse Federal Block Grants, as well as RFP development around children’s issues for Behavioral Health.

Key Tasks -

Project lead: Division clinical lead on development of children's behavioral health system of care. Children's lead on projects to: 1) increase in-state service capacity for youth with severe emotional disturbances; 2) integrate (SA) and (MH) service delivery systems; and, 3) integrate evidence based and promising practices into the service delivery system. Collaborate with other Behavioral Health Sections to complete monitoring and evaluation activities of that system.

Liaison: Act as liaison between DBH and other children's service delivery and planning groups.

Project lead: Chair the Home and Community-based Services workgroup for the BTKH Initiative. Coordinate committee meetings and on-going work sessions. Integrate work of that committee into the continuum of care for children and families. Prepare reports and assignments on the progress of the group and make budget requests for further funding requirements

Planning: Assist to prepare requests for proposals, set up system to evaluate requests for proposals, to develop DBH goals and monitor progress around children's issues. Provide consultation on best practices. Represent DBH: in planning groups; across DBH sections and in the DBH children's work group; in meetings with other state divisions and Departments; in the Alaska Mental Health Board Children's Subcommittee; in the Alaska Mental Health Trust Authority funding focus group; on the Children's Justice Act Task Force; in stakeholder planning; in Federal meetings and teleconferences. Other planning activities as needed. Coordinate with state lead on development of Federal block grant preparation around children's system issues and information.

Policy Development: Participate on workgroups with the stakeholders, DBH, DHSS and State staff to develop and refine DBH policies and practices, produce P&P documents, standards of care, MH,SA and Medicaid regulations, statutes, DBH strategic planning process, implementation of DBH projects, including research, evaluation and RFP development. Disseminate policy information related to national children's best practices to impact system of care planning. Respond to legislative inquiries.

Children's behavioral health "ombudsman": Provide clinical consultation to the Office of Children's Services out of state placement committee, and for other direct client planning and placement discussions. Provide clinical consultation to parents or to the public around access to appropriate services. Respond to grievances and complaints from parents, children or the public around service delivery issues. Work with DBH regional staff to resolve systemic and practice issues related to children's services.

Grant Program; Write, implement and oversee grants that expand and enhance the children's service system through development of wrap-around community-based services. Provide consultation regarding children's issues including: implementation of best practices, community planning, and system development. If required, travel to communities to assist in development efforts and to review service delivery issues, resolve complaints and investigate systemic problems

Data Management & Analysis: Participate on workgroups with DBH research staff and key stakeholders to develop indicators for children's behavioral health. Utilize data management systems to identify outcomes and barriers to service delivery and to participate in developing system level changes.

4) Mark Haines-Simeon, Policy & Planning Manager, Division of Behavioral Health

Educational Background

1994 – University of Iowa, Iowa City, IA. Degree – MSW Research, Program Evaluation & Systems

1983 – CGS School of Theology, Claremont, CA, Degree – Masters of Divinity

1982 – Wesley Theological Seminary, Washington, D.C. Certification – Public Policy

1978 – Morningside College, Sioux City, IA. Degree – B.A. Major - Religious Studies/History

Additional Professional Development:

2003 – National Council for Behavioral Healthcare: Clinical Supervision Academy– Certification

2001 – National Council for Behavioral Healthcare: Middle Management Academy– Certification

Professional Experience

As the DBH Policy and Planning Manager, Mark has been a member of the DBH senior management team for 10 years and has direct management responsibilities for of the Research unit, and the Alaska Automated Information Management System (AKAIMS). Program oversight includes policy and regulation development, and management of the divisions Performance Management System. He served as the Project Director for the SAMHSA, CSAT/CMHS’s funded Co-Morbidity/API Replacement Project and the SAMHSA’S Co-occurring State Incentive Grant (COSIG), resulting in the Integrated Behavioral Health Regulations. Mark has worked for over 20 years in the mental health and substance abuse treatment settings in Montana, Washington, Iowa and Alaska. This included the multiple roles and functions as a clinician, supervisor, and director. His research background includes studies of families who adopted, fostered, or birthed HIV/AIDS children; community needs assessments, “Family Stress and Dysfunction”, “Elder Abuse”, and “Child Maltreatment”; longitudinal studies examining state funding policies and follow-up of support services for special-needs adoptions. For the Iowa Department of Human Services, he served as a research trainer addressing issues of adoption and foster care for AIDS/HIV infected children. In collaboration with Dr. Victor Groza of Case Western Reserve University, Mark provided research and consultation for the Ministry of the Handicapped for the Romanian government. Academically Mark has served as an adjunct professor at the University of Alaska for coursework related to social work and research. He has published articles in the *Child & Adolescent Social Work Journal*, as well as multiple monographs.

Job Description – Title DBH Policy & Planning Section Manager

The main purpose of this position is to serve as the principal assistant to the Director, Division of Behavioral Health with responsibility for leading or conducting analysis and making recommendations on division goals and policies, regulations, short- and long-range planning, The position also manages the division’s Policy and Planning, Research, and Management Information System programs through subordinate supervisors and/or directly supervised professional staff.

Assist in the executive management of the division by analyzing interrelated, substantive, mission-oriented issues that are often complicated by the need to consider and evaluate changes in policy, regulatory requirements; and long-range goals and objectives. Make decisions

involving uncertainty in approach, interpretation, and evaluation processes due to frequent changes in the technical developments, or conflicting requirements.

Coordinate, integrate or align significant and extensive projects or program segments that have a direct and substantial effect on the organization and areas managed. Coordinate individual assignments and teams performing high-level professional, administrative, or comparable work that involves extreme urgency, unusual controversy, or comparable demands due to research, development, test and evaluation, design, policy analysis, and regulatory implications.

Manage the development of policy changes in response to changes in industry standards, best practices, appropriations or other legislated changes.

Provide key interface for cross-divisional change initiatives relating to the behavioral health and wellbeing of children, their families and individual adults who are in need of assistance and care from the state; to assure consistency in planning and development is aligned with division/department/legislative priorities.

This position has technical supervision over the program activities performed by staff in the Research and AKAIMS units. Positions in the Project Coordinator classification develop, implement and administer programs to ensure appropriate and effective public health care delivery systems, services and operations in the State of Alaska. Positions are concerned with programmatic and administrative matters relating to development, implementation, operation, administration, evaluation and funding of public health activities in the State.

The position of Policy and Planning Section Manager (project coordinator job class) requires a high level of written and verbal communication skills; expertise and applied knowledge of the behavioral health field to engage in conceptual planning that leads to systems modification and change, including policies, regulations, contracts and other program or procedural areas. The position requires knowledge of research, analysis, planning, performance measurement, and evaluation methodologies, including specialized knowledge of agency program areas and project management.

This is a full time position, which requires infrequent travel. The Project Coordinator job classification is a range 23 position, with a salary range from approximately \$3,226.00 per month to \$7,448.00 per month, not including geographic adjustments.

5) Half time Contractual Position:

Training and Education

- College graduate
- Desired: master's level clinician with expertise in substance abuse and mental health

Skills & Competencies

- Experience working in the Alaska Behavioral Health system
- Experience with data collection, analysis and research
- Experience with program development
- Strong organizational, communication, and written skills
- Experience using technology for communication and social marketing
- Experience working in Alaska and working and/or traveling in rural village settings
- Experience working with diverse populations including Alaska Natives
- Experience with facilitation, collaboration and community planning

Tasks will include some or all of the following:

- Work with the Project Advisory Council (PAC) to track required State and Federal grant deliverables and to ensure completion.
- Organize meetings of the PAC
- Maintain notes and ensure communication flow within the project
- Work with the data committee to address implementation issues
- Provide written and verbal reports to DHSS and to PAC
- Work with project contractors to facilitate and ensure that the training schedule deliverables are met

Section H: Confidentiality and SAMHSA Participant Protection/Human Subjects:

1. Protect Clients and Staff from Potential Risks

Alaska's **Partnership to Improve Outcomes for Adolescents and Families** intent is to expand use of two evidence-supported practices: Parenting with Love and Limits® (PLL) and the Transition to Independence Process (TIP), and refine these practices for village settings to address disparities for rural and Alaska Native populations. In the process of achieving these goals, the project will deliver high quality family therapy and in-home services to adolescents and their families and will engage youth of transition age in treatment and support services.

With this intent and objective, there are not any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity. The DBH regulations and policy that exists to minimize or protect participants against potential risks, including risks to confidentiality includes:

- Quality Care: DBH manages the system of care with regulations that encompass the concept of quality of care. For example:
 - 7 AAC 70.060 require that “a community behavioral health services provider shall prepare a “bill of recipient’s rights” that must be prominently posted in places of treatment.
 - 7 AAC 70.150 require that a behavioral health services provider is nationally accredited by 2015, and during the transition, is obligated to fulfill “interim standards (7 AAC 70.200), both of which address areas that address quality of care.
 - The Client Status Review instrument captures quality of care data for timely feedback to the provider and the DBH.
- All grantee providers, including those within this project, are obligated to fulfill compliance with HIPAA (42 U.S.C. 1320d – 3120d-8) and its implementing regulations at 45 C.F.R. 160 and 45 C.F.R. 164 (the “Privacy and Security Rule”), the Health Information Technology for Economic and Clinical Health Act of 2009 (P.L. 111-5) (the “HITECH Act”), and with other applicable laws;

In the event that adverse experiences become identified, the DBH utilizes a business practice of continuous quality improvement, and to the degree that it is appropriate, will coordinate with the participating provider, solutions to mitigate the situation.

The Alaska *Partnership Project* will be delivered within the context of the existing behavioral health treatment system. To the extent that the participating provider conducts its respective practice, participating clients within this project will have access to other services, as needed.

2. Fair Selection of Participants

The priority population for the Alaska *Partnership Project* will be adolescents and transition age youth aged 12 to 24 who experience substance abuse and serious emotional and behavioral disorders and their families. In addition, the project will target rural and Alaska Native youth and youth who are at risk of moving into treatment that is more restrictive and/or out of their homes and communities due to complex and co-occurring diagnoses and behaviors. We anticipate that 33% of the youth served will be Alaska Natives and that 58% will be male and 42% female.

This project will also decrease disparities in service access, use and outcomes among vulnerable populations: in this case, for Alaska Native youth and families. Each year, the PAC will oversee a health disparity *Impact Statement* and develop a plan to address disparities. Our project has been designed to reach vulnerable populations in rural Alaska and youth in urban hubs who are at risk of placement outside the State for treatment or who are at risk of poor outcomes due to substance abuse or mental health disorders.

The target population for TIP is youth and young adults (ages 14-29) with substance abuse, emotional, and behavioral disorders. The TIP model involves youth and young adults, their families, and other informal key players.

The target population for PLL is families that include transitional aged youth who have experienced a severe emotional disturbance and meet one of the following criteria: 1) Child is at risk of placement in a residential psychiatric treatment center (RPTC) or 2) Child is currently in RPTC or in-state residential treatment and requires intensive family therapy to return home. Child must also have one of the following: 1) demonstrate aggressive behaviors as a primary risk factor; or 2) have a co-occurring substance use disorder as a primary risk factor; or 3) have a family that is involved with multiple systems (adult behavioral health or adult justice, child protective services, juvenile justice, adult public assistance, adult or child developmental disabilities). If appropriate referrals cannot be identified, the grantee may work with their DBH program manager to identify other children and families for PLL services.

3. Absence of Coercion

The Alaska *Partnership Project* is voluntary. The only possible scenario may include a legal referral to the project with a mandate to participate. There are no awarded incentives or compensations to program recipients. Through the process of informed consent, volunteer participants will be told that they may receive services even if they do not participate in or complete the data collection component of the project. Informed consent should also include information that the data collected will help the project to further help meet the needs of the client.

4. Data Collection

In its role as a health oversight agency, the DHSS/ DBH requires grantee providers who provide behavioral health services to report “core” data into AKAIMS (as a “MIS reporting tool”) for each active client. This “core” data includes the following:

- Alaska Screening Instrument
- Client Intake and Profile
- Client Status Review Data
- Admission Data
- Encounter Data
- Discharge Data

This “minimal data set” is typically collected by a grantee provider directly from the client and/or client guardian or representative, at admission, periodically through the course of treatment (treatment plan reviews), and at discharge from services.

The project also requires the collection of GPRA related data as well. Provider organizations will submit these required data via the online access of AKAIMS, as well.

5. Privacy and Confidentiality

Due to the nature of the Alaska *Partnership Project*, personal health information (PHI) will be collected, stored, and reported. The privacy and confidentiality of the recipients of treatment will be maintained throughout the course of their respective participation. The mechanism that stipulates the parameters of managing PHI is the business associates agreement between the DBH and each respective grantee provider.

Whereas,

- A. CE wishes to disclose certain information to BA, some of which may constitute Protected Health Information ("PHI");
- B. It is the goal of CE and BA to protect the privacy and provide for the security of PHI owned by CE that is disclosed to BA or created, received, transmitted, or maintained by BA in compliance with HIPAA (42 U.S.C. 1320d – 3120d-8) and its implementing regulations at 45 C.F.R. 160 and 45 C.F.R. 164 (the "Privacy and Security Rule"), the Health Information Technology for Economic and Clinical Health Act of 2009 (P.L. 111-5) (the "HITECH Act"), and with other applicable laws;
- C. The purpose and goal of the HIPAA Business Associate Agreement ("BAA") is to satisfy certain standards and requirements of HIPAA, HITECH Act, and the Privacy and Security Rule, including but not limited to 45 C.F.R. 164.502(e) and 45 C.F.R. 164.504(e), as may be amended from time to time;

Alaska behavioral health regulations stipulate within "recipient rights" that a recipient has a right to confidential maintenance of all information pertaining to the recipient and the right of prior written approval for the release of identifiable information" (7 AAC 70.060(b)(5).

Data at the agency level will be collected by the agency assigned "directing clinician". The AKAIMS is the mechanism by which data will be entered via the individual agency account, for each client in the Alaska *Partnership Project*. This "minimal data set" is typically collected by a grantee provider directly from the client and/or client guardian or representative, at admission, periodically through the course of treatment (treatment plan reviews), and at discharge from services.

The Alaska Division of Behavioral Health has implemented two instruments that fulfill program requirements of "screening, assessment and treatment for co-occurring recipients" of treatment within the integrated system of care; the Alaska Screening Tool (AST) and the Client Status Review (CSR). The AST functions as a standardized state-wide screening instrument that is designed to screen mental health (depression, anxiety, risk to self / others) substance use disorder, co-occurring disorders, adverse experiences, FASD, traumatic brain injury, major life change and intimate partner violence. The AST screening for MH and SUD is further informed by critical secondary clinical presentations to support assessment and treatment planning.

The Client Status Review of Life Domains (CSR) is a self-report instrument developed by the department that is used to measure a recipient's quality of life at the time of intake and at subsequent 4-month intervals during treatment, and at discharge from services. Information from the Client Status Review is used in multiple ways: 1) the initial Client Status Review conducted prior or during the intake assessment process supplements screening information obtained in the Alaska Screening Tool (AST) to inform the assessment and treatment plan. 2) The initial Client Status Review functions as a baseline measure of a persons' quality of life prior to an assessment

and entry into services. This initial Client Status Review can be compared with subsequent Client Status Reviews to monitor change over time and outcomes. (3) The Client Status Review is used to revise a client’s behavioral health treatment plan, and measure change at discharge from services.

The Client Status Review measures multiple life domains. These include “Health”, “Safety”, “Productive Activity”, and “Living with Dignity”. It is important to note that the CSR will be updated by this project start date, and will include specific *Health Risk Behaviors** of tobacco use, physical activity, and nutrition.

<ul style="list-style-type: none"> • Health • Physical Health • Mental Health • Substance Use • Harm to Self • Emergency Services • Tobacco* • Physical Activity* • Nutrition* 	<p>Safety</p> <ul style="list-style-type: none"> • Legal Involvement • Domestic Violence • General Safety 	<ul style="list-style-type: none"> • Productive activity • Employment/School • Other Productive Activities 	<p>Living with Dignity</p> <ul style="list-style-type: none"> • Housing • Supports for Recovery • Meaning in Life • Life in General • Service Quality • Service Outcomes
---	--	---	--

The AST, CSR, and a related Clinical Guidance Document are accessible on the following url: <http://dhss.alaska.gov/dbh/Pages/Resources/Regulations.aspx>

The data specific to the Alaska *Partnership Project* will be entered by provider agencies and stored within the AKAIMS application. The AKAIMS application is secured by a multi-tiered security access procedures and software.

1. Agency AKAIMS administrator must manually create all staff records.
2. Agency administrator must notify all new staff members of their login id and credentials (password and pin).
3. Agency staff members are required to enter User id, password and pin to gain access to AKAIMS.
4. Once logged into AKAIMS each person is limited to viewing only their agency information. a. At logon the application retains the person’s agency throughout the entire session.

In order for each provider agency to access their own specific data, AKAIMS has a “report manager” available online. The AKAIMS reporting services security is outlined below:

1. To access the AKAIMS report manager a person would have to have gone through steps 1 and 2 above.
2. At logon staff is required to enter User id and password.
3. Once logged into AKAIMS report manager each person is limited to viewing only their agency information. a. At logon the report manager retains the person’s agency throughout the entire session.

4. Each report has secured access as determined by DBH support staff. a. Meaning a report is accessible to a staff member if the support staff has provided staff access through report security.

To ensure that the Division meets its responsibility for reporting to the Alaska Legislature and Federal government (TEDS and NOMs), AKAIMS must have the capability to: 1) report de-identified data at the client level; and, 2) identify changes in service or provider during the course of treatment. The Division is reliant on a unique client identification (UCI) number regardless of the agency or agencies providing services. To ensure that a true UCI is generated for the client a complex algorithm using the Mother's Maiden Name, Social Security Number, Date of Birth and Gender would be needed to create the UCI. The system also requires first and last name in order for user agencies to create a client record from the system.

6. Adequate Consent Procedures

An informed consent process is a shared decision making collaboration with all new or returning recipients, which is continuous and evolving throughout the course of treatment, and which, at a minimum, would include the recipient's involvement with all the following:

1. Screening and assessment(s)
2. Formulating the clinical characteristics of the problem, including diagnosis
3. Treatment recommendations, treatment planning, and treatment reviews;
4. Modifying the services delivered;
5. Exploring the risks and benefits of treatment;
6. Explanation of the financial costs of services;
7. Negotiating alternative services or interventions should the recipient refuse the treatment recommendations.

This informed consent process requires the signature of the recipient, or, if the recipient is under 18 years of age, the signature of the recipient's legal guardian, on an informed consent form which testifies to the recipient's knowledgeable and voluntary participation in this process.

Recipients of the project will be informed of the respective evidenced based practice and the type and nature of services that will be delivered. Agencies are expected to exercise creativity and flexibility insuring that consent is "informed".

7. Risk/Benefit Discussion

The risks of participation are reasonable compared to expected benefits and importance of the knowledge from the project. At a systems level, Alaska's Partnership to Improve Outcomes for Adolescents and Families is to expand use of two evidence-supported practices: Parenting with Love and Limits® (PLL) and the Transition to Independence Process (TIP), and refine these practices for village settings to address disparities for rural and Alaska Native populations. In the process of achieving these goals, the project will deliver high quality family therapy and in-home services to adolescents and their families and will engage youth of transition age in treatment and support services. At an individual client and family level, the expectation is that recipients of this project would benefit from high quality of care, with an outcome of improved quality of life.