

Attachments 1 - 4

Attachment #1

(1) & (2) Direct Service Providers who are Community Mental Health/Substance Abuse & have indicated support/willingness to participate in the proposed projects & who meet the 2-year experience requirement & are appropriately licensed, accredited, and certified:

Anchorage Community Mental Health Center
Alaska Children's Services
Denali Family Services
Family Centered Services of Alaska
Presbyterian Hospitality House
The Arc Of Anchorage
Volunteers of America, Alaska
Tribal Behavioral Health Directors Committee

Collateral Service Providers & Stakeholders who have indicated willingness to support/participate in the project:

Alaska Youth and Family Network
CoDI, Inc
Covenant House Alaska
Department of Education & Early Development
Facing Foster Care Alaska
MatSu School District

Evidence Based Practices Developers/Implementers who have indicated willingness to participate in this project:

STARS Behavioral Health Group
Parenting with Love and Limits, Dr. Scott Sells & Associates

Attachment #1 continued: (3) Statement of Assurance

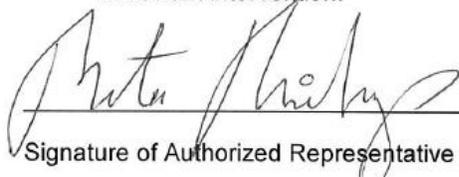
Appendix D – Statement of Assurance

As the authorized representative of [insert name of applicant organization]
BRITA L. BISHOP, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in [Attachment 1](#) of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable state, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.² (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

I further certify that, if funded, I will provide the following documentation to the GPO, in the specified timeframe, prior to implementation of the assessment and intervention:

- a plan for training, certification, and ongoing support for the chosen instrument and a letter from the developer/trainer that indicates they can support the training, certification and ongoing monitoring requirements for each local community-based provider site.
- cost estimates from the developer/trainer of the assessment instrument and treatment intervention.


Signature of Authorized Representative

5/15/2013
Date

Attachment #1 Continued: (4) Letters of Support



Parenting with Love and Limits®
www.gopll.com

May 20, 2013

To Whom It May Concern:

This is a letter of support for the Department of Health and Social Services (DHSS) State of Alaska concerning their intent to apply for RFP; FY2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination, No.TI-13-014.

Parenting with Love and Limits has had a positive partnership with Alaska DHSS for almost five years with proven successful outcomes. PLL is currently delivering Alternative to Residential services as well as Residential Reentry services to seven locations throughout Alaska.

Parenting with Love and Limits, an evidence based program has been providing services to at risk families since 1998. PLL has shown successful outcomes in both rural and urban Alaska, as well as the Native Alaskan population. PLL has been able to make modifications to accommodate for special needs and issues specific to Alaska without impacting the model's effectiveness or fidelity.

Parenting with Love and Limits (PLL) looks forward to and pledges our commitment to collaborate with Alaska DHSS in providing the best possible care for the children and families of Alaska, including Native Alaskans should DHSS be awarded FY2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination, dNo.TI-13-014.

Sincerely,

John J. Burek III
President
Parenting with Love and Limits
(863) 255-4654 Main
(866) 852-5113 Fax



Stars Behavioral Health Group

Corporate Office

1501 Hughes Way, Suite 150, Long Beach, CA 90810
Tel: (310) 221-6336 • Fax: (310) 221-6350 • www.starsinc.com

May 17, 2013

Re: FY2013 Cooperative Agreement

To whom it concerns:

I am writing this letter in support of the application of Alaska's Department of Health and Social Services for the FY2013 Cooperative Agreement for the State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant. This project would allow DHSS to expand their implementation of *Parenting with Love and Limits* as well as support the ongoing training and implementation of the *Transition to Independence Process (TIP) Model*.

For over four years, the Stars Training Academy, a division of Stars Behavioral Health Group, (SBHG) and the National Network on Youth Transition (NNYT) have partnered with the Bring the Kids Home Initiative and Alaska's Department of Health and Social Services to improve outcomes for youth and young adults by bringing TIP Training and Implementation services to agencies and individual including supporting the development of training collaboratives in cities such as Anchorage, Sitka, Juneau, and Fairbanks.

The Transition to Independence Process (TIP) Model training in Alaska has been focused on building the capacity of a variety of systems of care and service personnel to work effectively with youth and young adults (14-29 years old) with substance abuse disorders and emotional/behavioral difficulties.

The TIP model is an evidence-supported practice with six published studies supporting its effectiveness in improving post-secondary outcomes (e.g., increased employment and postsecondary career education, improved community-life functioning, and reductions the use of intensive mental health services and incarceration). The TIP model is operationalized through seven guidelines and associated core practices that drive the activities and framework for the program and community system to support these functions.

The NNYT SBHG Stars Academy Team provides competency-based TIP model training and technical assistance that is tailored to the needs of each agency/collaborative and is conducted at the community site and through Technical Assistance Teleconferences by NNYT Certified TIP Model Consultants. The Consultants assist agency personnel become proficient in the application of the TIP principles and practices and help site collaboratives build a sustainable TIP Model Community of Practice. Among those principles for youth are) engage them in their own futures planning process; b) provide them with developmentally-appropriate, non-stigmatizing, culturally-competent, trauma-focused, and appealing services and supports; and c) involve them and their families and other key support players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to their relevant transition domains.

Northern California
Regional Office
7677 Oakport St.
Suite 1010
Oakland, CA 94621
Tel: (510) 635-9705
Fax: (510) 635-9715

Alameda County

- ★ STARS Community Services
 - San Leandro
- ★ STARS High School

Los Angeles County

- ★ Star View Adolescent Center
- ★ Star View Children and Family Services
- ★ South Bay High School
- ★ Star View Community Services / TEAMMATES
 - Torrance
 - Long Beach
 - Highland Park
 - Compton
 - Carson

Riverside County

- ★ Oasis Rehabilitation Center
- ★ Oasis Community Services
 - Indio

San Bernardino County

- ★ Valley Star Children and Family Services
 - San Bernardino
- ★ Valley Star High School
 - Mentone

Santa Clara County

- ★ Starlight Community Services
 - San Jose

Partnering with People for Positive Change

The Stars Training Academy offers implementation and site capacity building services such as:

- On-Site TIP Model Competency-based Training
- Coaching for Continuous Competency Enhancement
- Supervisory Methods and Technical Assistance
- Comprehensive Implementation Planning and Support
- Technical Assistance Focused on Sustainability (e.g., programmatic, organizational, fiscal, documentation, clinical, and evaluation issues).
- TIP Model Fidelity Quality Improvement Tools
- Methods for Tracking the Progress and Outcomes of Youth and Young Adults
- Development of Certified TIP Model Site-Based Trainers

Awarding this federal grant to the Alaska Department of Health and Social Services would allow DHSS to enhance their delivery of much needed family-centered interventions by expanding the implementation of Parenting with Love and Limits and the Transition to Independence Process, creating a training hub, and implementing them in a rural area to serve a primarily Alaska Native/American Indian population.

Importantly, DHHS could then utilize the existing Implementation structures and strategies developed by DHHS and the Stars Training Academy around the TIP Model to provide a conceptual and practical launching pad for effective implementation of a system of care that blends TIP's approach to youth, (giving skills to all the staff working with TAY in an agency) and *Parenting with Love and Limits'* family intervention strategies to improve the lives of Alaska families.

Sincerely,



Joseph Solomita LCSW
Director of Clinical Training
Stars Behavioral Health Group
Co-Director National Network on Youth Transition
1501 Hughes Way, Suite 150
Long Beach, CA 90810
Office: (310) 221-6336-ext 109
Cell: (714) 336-8363

Stars Behavioral Health Group





Fordel-Me-Not

Family Centered Services of Alaska

1825 Marika Road
Fairbanks, AK 99709

Phone: (907) 474-0890
Fax: (907) 474-3621
www.familycenteredservices.com

May 16, 2013

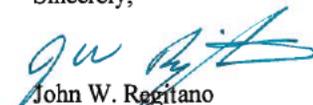
Bradley Grigg, M.A.
Children's Behavioral Health Specialist/Child State Planner
Health and Social Services State of Alaska
P.O. Box 110620
Juneau, Alaska 99811-0620

Family Centered Services of Alaska (FCSA) would like to offer our support for the Department of Health & Social Services application for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*. As a non-profit 501(c)(3) corporation who provides mental health, behavioral health and substance abuse services to children and youth in Fairbanks, Wasilla, Delta Junction, and Dillingham we recognize the need for services that would be made available if your application is successful.

We have been actively involved in the Bring the Kids Home project and planning process since inception and have seen the benefits of implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL) through that project. Therefore, we find the Department of Health and Social Services plan to create a training hub for PLL and TIP very timely in helping to solidify best practices for transitional services in Alaska. We believe that developing an urban site with telemedicine capacity to support implementation in additional communities in rural and remote villages with a high number of Alaska Native children and families will have a significant beneficial impact on many of Alaska's most vulnerable and needy residents.

We are willing and fully committed to work with the Department and to participate on the Project Advisory Council for this project, should it be funded. We also anticipate that we may be collateral service providers in some of the communities where the project is implemented and will work with the community providers that are funded to implement this project.

Sincerely,



John W. Ruggiano
Executive Director

TRIBAL BEHAVIORAL HEALTH DIRECTORS COMMITTEE

(A SUBCOMMITTEE OF THE ALASKA TRIBAL HEALTH DIRECTORS, ALASKA NATIVE HEALTH BOARD)

May 16, 2013

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
US Department of Health and Human Services
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20857

RE: *FY 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination*

Dear Review Committee:

The Alaska “Tribal Behavioral Health Directors” (TBHD) is a collaboration of directors from Alaska’s tribal behavioral health organizations. We meet to discuss on issues and concerns that affect tribal health systems and to work together to develop policies, services and supports for our tribal beneficiaries with substance abuse and mental health needs. In many communities, tribal organizations are the primary providers of social, health and behavioral health services. Tribal organizations utilize Indian Health Service Resources as well as Medicaid funding through DHSS to serve our beneficiaries.

Alaskan tribes and the Department of Health and Social Services (DHSS) have an extensive history of collaboration. Together, we have worked to implement the tribal “encounter rate” in order to increase the sustainability of tribally delivered services. We are also working with DHSS to implement a “Behavioral Health Aide” model, which will allow us a better avenue to develop rural and culturally competent staff and to bill for their services. In addition, since 2010, the TBHD and the State of Alaska Department of Health and Social Services have mounted a campaign to support tribal behavioral health providers to expand their ability to serve beneficiaries using Medicaid and 3rd party insurance.

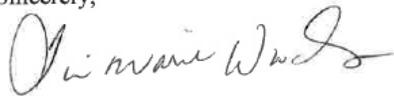
We would like to indicate our support for the application by the Department of Social Services for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*. The TBHD have been involved in Bring the Kids Home planning and projects. Furthermore, we have seen the benefits to children and to families of

Contact the Tribal Behavioral Health Directors Committee via the
Alaska Native Tribal Health Consortium
Division of Community Health Services Behavioral Health
3900 Ambassador Drive, Suite 401, Anchorage, AK 99508
Phone: (907) 729-2492 behavioralhealth@anthc.org

implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL). The Departments of Health and Social Services plan to create a training hub for PLL and TIP will help to solidify these best practices. Developing an urban site with telemedicine capacity will support implementation in additional communities. We also appreciate the importance of developing, piloting and refining a model for implementation in rural and remote villages where a high number of Alaska Native children and families live, and believe this will make statewide expansion of these practices statewide more attainable.

We are willing to work with the Department and to participate on the Project Advisory Council for this project, if it is funded. We also anticipate that a tribal organization is a likely provider for the rural project, and many of our tribes may be collateral service providers for the youth and families who are involved with this project. We look forward to collaboration and consultation on this project as it evolves.

Sincerely,



Tina Marie Woods, Ph.D.
Aleutian Pribilof Islands Association—TBHD
Tribal Behavioral Health Directors Committee—Chair



Laura Báez, Behavioral Health Director
Alaska Native Tribal Health Consortium

Presbyterian Hospitality House

209 Forty Mile Avenue, Suite #100 · Fairbanks · Alaska · 99701 · tel (907) 456-6445 · fax (907) 456-6402

Presbyterian Hospitality House (PHH) serves the children and families of the State of Alaska with our primary focus on the Northern Region of Alaska and the Matanuska Valley. Over 100 young people are supported in our emergency stabilization and assessment centers, group homes, TIP programs for older youth, therapeutic foster care and the Parenting with Love and Limits programs. We would like to indicate our strong support for the application by the Department of Social Services for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*.

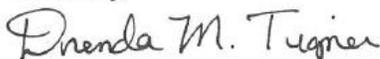
PHH has been involved in Bring the Kids Home planning and projects and has seen the tremendous benefits of implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL).

The Department of Health and Social Services plans to create a training hub for PLL and TIP. This Center will help to solidify these best practices in Alaska by developing an urban site, with telemedicine capacity, to support implementation in additional communities. By developing, piloting and refining a model for implementation in rural and remote villages, a high number of Alaska Native children and families can be served in their home communities.

This Center or "training hub" will make the goal of expanding these practices statewide more attainable. We are excited to work with the Department and to participate on the Project Advisory Council for this project, should it be funded. We also anticipate that we may be collateral service providers in some of the communities where the project is implemented and will work with the community providers who are funded to implement this project.

The outcomes for our TIP and PLL project have been impressive resulting in a successful completion rate of 90% for PLL and high school graduation, employment and secure housing for our older youth. Thank you for the opportunity to support this great project.

Sincerely,



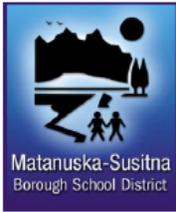
Drenda Tigner

Chief Executive Officer



A Member of the United Way of the Tanana Valley





OFFICE OF STUDENT SUPPORT SERVICES

Lucy Hope – Director ♦ Dale Sweetser – Assistant Director

Mission: Mat-Su Borough School District prepares students for success

May 17, 2013

The Matanuska Susitna Borough School District supports the application by the Department of Social Services for a FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant.

Our district has worked closely with the State and Local agencies on Bring the Kids Home planning and projects. We are currently building a new school that will bring the district and agencies together under one roof to provide education and treatment aligned with our BTKH efforts. This school is scheduled to open in August of 2014.

The new school will be headquarters for our Next Step Programs which provide community based transition services focused on employment and independent living skills for 18-22 year old students. The Department of Health and Social Services plan to create a training hub for Transition to Independence (TIP) will help us with our goal of expanding these services to include students with more severe behavior and emotional issues.

We are willing to work with the department in an advisory capacity to guide implementation in our district if the project should be implemented here.

Dennis Boyer

Behavioral Health Supervisor
Matanuska Susitna Borough School District
907-761-4012



6411 A Street • Anchorage, Alaska 99518
Phone: (907) 274-8281 • Fax (907) 274-4055
www.denalifs.org



Dear Sir or Madam,

I am writing on behalf of Denali Family Services. We provide community-based behavioral health services to children and families in south-central Alaska, and we would like to enthusiastically voice our support for the application by the Department of Social Services for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*.

We have been involved in Bring the Kids Home planning and projects and have seen the benefits of implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL).

The Department of Health and Social Services' plan to create a training hub for PLL and TIP will help to solidify these best practices in Alaska by developing an urban site with telemedicine capacity to support implementation in additional communities and by developing, piloting, and refining a model for implementation in rural and remote villages with a high number of Alaska Native children and families. This will make the goal of expanding these practices statewide more attainable. We are willing to work with the Department and to participate on the Project Advisory Council for this project, should it be funded. We also anticipate that we may be collateral service providers in some of the communities where the project is implemented and will work with the community providers that are funded to implement this project.

We at Denali Family Services feel that the Department, along with its community partners, can coordinate the resources and expertise necessary to realize the full potential of this project, and in so doing will further improve the lives of the children and families to which we are all committed.

Should you have any questions, or wish to further discuss our support of this application, please feel free to contact me at your convenience.

Sincerely,

Chris Gunderson, M.A., M.Ed.
Interim CEO
Denali Family Services
6401 A Street
Anchorage, AK 99518

Direct: 907.222.2366
Business: 907.274.8281
Cell: 907.980.7035
Fax: 907.274.4055
Web: www.denalifs.org



May 16, 2013

To Whom It May Concern,

The Co-Occurring Disorders Institute, Incorporated (CoDI) is an Alaskan 501(c)3 incorporated in 2006, and an agency that has served the state of Alaska through a project known as "Bring The Kids Home" (BTKH) since 2008. In addition, CoDI provides evidence-based training and technology transfer statewide, and family resources programming.

CoDI would like to indicate our support for the application by the Department of Social Services for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*.

We have been involved in Bring the Kids Home planning and projects and have seen the benefits of implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL).

The Department's of Health and Social Services plan to create an training hub for PLL and TIP will help to solidify these best practices in Alaska by developing an urban site with telemedicine capacity to support implementation in additional communities and by developing, piloting and refining a model for implementation in rural and remote villages with a high number of Alaska Native children and families.

This will make the goal of expanding these practices statewide more attainable. We are willing to work with the Department and to participate on the Project Advisory Council for this project, should it be funded. We also anticipate that we may be collateral service providers in some of the communities where the project is implemented and will work with the community providers that are funded to implement this project.

If we can be of any other assistance regarding this letter of support please feel free to contact me.

Respectfully,

A handwritten signature in black ink that reads "J. Cordell". The signature is written in a cursive, flowing style.

Judy Cordell, M.S., L.P.A.

CoDI Chief Executive Officer



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

**Department of Education
& Early Development**
DIVISION OF TEACHING & LEARNING SUPPORT

Division of Teaching and Learning Support
818 West 4th Street, Suite 200
P.O. Box 110500
Juneau, Alaska 99811-0500
801 W 10th Street, Suite 200
MDFB, 907.465.2830
P.O. Box 110500
Juneau, Alaska 99811-0500
Main: 907.465.2830
TTY/TTD: 907.465.2815
Fax: 907.465.6760

May 17, 2013

Brita Bishop
Health Program Manager IV - Bring the Kids Home Coordinator
Department of Health and Social Services
P.O.B. 110601
Juneau, Alaska 99811-0601

Dear Review Committee,

The Alaska Department of Education & Early Development (EED) is very supportive of this application by the Department of Social Services for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*.

EED has been involved in Bring the Kids Home planning and projects and have seen the benefits of implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL).

The Department of Health and Social Services plan to create an training hub for PLL and TIP will help to solidify these best practices in Alaska. Due to the geographic enormity of our state, HSS's insight to develop an urban hub with telemedicine capacity to support implementation in additional communities and by developing, piloting and refining a model for implementation in rural and remote villages with a high number of Alaska Native children and families is to be commended.

This will make the goal of expanding these practices statewide more attainable. We are willing to work with the HSS in an advisory capacity to guide implementation in our state.

Sincerely,

Sharon Fishel

Education Specialist

Alaska Department of Education & Early Development



Crisis Center · Community Services Center · Transitional Living

April 17, 2013

LaMar Henderson
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 5-1128
Rockville, Maryland 20857

Re: FY 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth
Treatment Enhancement and Dissemination – SAMHSA Request for Applications No. TI-13-014

Dear Mr. Henderson:

Please consider this letter of support for the application of the State of Alaska for the above referenced grant. Over the last five years, our staff and volunteers have been involved in Bring the Kids Home planning. We have seen the benefits of implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL). As the largest youth homeless emergency shelter provider in the state, we are well aware of the tragedy of homelessness for this vulnerable group of youth who experience co-occurring substance use and mental health issues.

While we operate two transitional living programs in Alaska, serving 19 transitional aged youth at any given time, we touch the lives of thousands of youth in this age range over the course of a year. Over our twenty-five years of experience, it has become increasingly clear youth will benefit tremendously by the services proposed in this grant. We strongly support this effort to bring best practices in transitional living wrap-around services to Alaska for this difficult to serve target group.

We are willing to work with the Department on this project, should it be funded. We would be happy to serve on an advisory council, sharing our expertise in transitional living projects in Alaska.

Please feel free to contact me with any questions. I appreciate SAMHSA's willingness to address these critical issues with this funding and urge you to give full consideration to the state of Alaska's application.

Sincerely,

A handwritten signature in black ink, appearing to read "Alison E. Kear", with a long horizontal flourish extending to the right.

Alison E. Kear
Executive Director

Opening Doors for Homeless Youth
Mailing: P.O. Box 100620, Anchorage, Alaska 99510-0620 · (907) 272-1255 · www.covenanthouseak.org



1675 C Street Suite 201
Anchorage, AK 99501
Phone: 907-279-9634
Fax: 907-276-5489

May 16, 2013

To Whom It May Concern,

Volunteers of America Alaska (VOAAK) provides a full continuum of care (assessment, outpatient, intensive outpatient, residential and continuing care) for youth with substance use disorders and co-occurring mental health disorders. This letter is in support of the application by the State of Alaska Department of Social Services for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*.

VOAAK has been involved in Bring the Kids Home planning and projects and have seen the benefits of implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL).

The Department's of Health and Social Services plan to create an training hub for PLL and TIP will help to solidify these best practices in Alaska by developing an urban site with telemedicine capacity to support implementation in additional communities and by developing, piloting and refining a model for implementation in rural and remote villages with a high number of Alaska Native children and families. This will make the goal of expanding these practices statewide more attainable. VOAAK is willing to partner with the State to help achieve the goals of this grant if funded. We are further willing to participate on the Project Advisory Council for this project. We anticipate that we may be collateral service providers in some of the communities where the project is implemented and will work with the community providers that are funded to implement this project.

Volunteers of America Alaska is excited at the opportunity for the State of Alaska to expand its ability to provide effective interventions for youth with substance use disorders and co-occurring disorders.

Sincerely,

A handwritten signature in cursive script that reads "Karin Schaff".

Karin Schaff, M.S., LMFT, CDCII
Vice President of Treatment Services



Anchorage School District

Education Center

5530 E. Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4000 • www.asdk12.org

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
US Department of Health and Human Services
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20857

To the Department of Health and Human Services, Substance Abuse and Mental Health Administration;

The Anchorage School District is pleased to express its support for the application by the Department of Social Services for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*. We recognize the significance of collaboration with the community and state for the academic and vocational benefits for transitional aged youth (18-24), and their families/primary caregivers. ASD's Special Education Department's priorities included the following:

- A wide range of instructional, vocational, and supportive services for students attending eight comprehensive high schools, at alternative and optional schools, and in the community.
- A continuum of services ranging from support and assistance within general education classes to specialized instruction in special education classrooms.
- Specialized classes for students who need highly structured learning environments, affective education, study skills, and basic life skills with an alternate curriculum.
- Transition coordinators who provide vocational instruction and transitional support in each of the high schools and the King Career Center.

We have been involved in Bring the Kids Home (a statewide initiative to bring back students to Alaska from out-of-state residential treatment centers) planning, and we have seen the benefits to children and to families of implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL). The plan that the Department of Health and Social Services has proposed would create a training hub for PLL and TIP and help to solidify these best practices. It would also develop an urban site with telemedicine capacity to support implementation in additional communities. In addition, it would develop, pilot and refine a model for implementation in rural and remote villages where a high number of Alaska Native children and families live. This plan can make expansion of these practices statewide more attainable.

The Anchorage School District would be willing to work with DHSS in implementing this project in the Anchorage area, should it be funded. We look forward to collaboration and consultation on this project as it evolves.

Sincerely,

Christopher Fraczek, Psy.D.
Coordinator, Disability & Mental Health
Anchorage School District

Educating All Students for Success in Life

Anchorage School Board

Tam Agosti-Gisler, President

Natasha von Imhof, Vice President

Kameron Perez-Verdia, Clerk

Bettye Davis, Treasurer

Eric Croft

Pat Higgins

Kathleen Plunkett

Superintendent

Ed Graf

May 18th, 2013



To Whom it May Concern:

Facing Foster Care Alaska (FFCA) is a statewide Non-profit dedicated to improving outcomes for current and former foster care youth in Alaska. FFCA works to amplify the voices of current and former foster youth to promote systems change and promote a network of peer support. We would like to indicate our support for the application by the Department of Social Services for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*.

Our agency has been involved in Bring the Kids Home planning and we have seen the benefits of implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL). Through BTKH funding, FFCA has participated in planning and putting on a Youth Policy Summit, which helped to prepare youth for leadership roles in system planning and evaluation.

The plan that the Department has articulated to create an urban training hub for PLL and TIP has the potential to help Alaska to take a leap forward in terms of expanding these practices to additional providers. We are also supportive of the plan to develop a rural model for implementation of PLL and TIP in order to address the disparities in treatment access for rural and Alaska Native youth.

We had an opportunity to provide feedback into the DHSS application for this grant, and have been invited to sit on the Project Advisory Council and assist in implementing and reviewing this project. Facing Foster Care in Alaska is pleased to support the Department of Social Services for a FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant as this will improve outcomes for young people in Alaska.

Sincerely,

A handwritten signature in black ink that reads 'Amanda Metivier'. The signature is written in a cursive, flowing style.

Amanda Metivier
Executive Director
Facing Foster Care in Alaska



2211 Arca Drive
Anchorage, Alaska 99508

T (907) 277-6677
F (907) 272-2161
E-mail: info@thearcofanchorage.org
www.thearcofanchorage.org

May 16, 2013

Bradley Grigg
Children's Behavioral Health Specialist
Health and Social Services State of Alaska
P.O. Boc 110620
Juneau, Alaska 99811

Dear Brita and Bradley,

The Arc of Anchorage is a private non-profit 501 c 3 engaged in providing community based supports to individuals with intellectual and developmental disabilities. We have been providing services to individuals and their families for over 56 years and are fully accredited by The Council on Quality and Leadership. We would like to fully indicate our support for the application by the Department of Social Services for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*.

We have been involved in Bring the Kids Home planning and projects and have seen the benefits of implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL).

The Department's of Health and Social Services plan to create an training hub for PLL and TIP will help to solidify these best practices in Alaska by developing an urban site with telemedicine capacity to support implementation in additional communities and by developing, piloting and refining a model for implementation in rural and remote villages with a high number of Alaska Native children and families.

This will make the goal of expanding these practices statewide more attainable. We are willing to work with the Department and to participate on the Project Advisory Council for this project, should it be funded. We also anticipate that we may be collateral service providers in some of the communities where the project is implemented and will work with the community providers that are funded to implement this project.

The Arc of Anchorage is committed to full inclusion of individuals and looks forward to partnering with the Department should they receive this grant. Our Behavioral Health team has a special heart for transition age youth and as an agency we have dedicated one of our properties to residential transition recognizing the importance of housing first.

We look forward to being involved in this exciting opportunity.

Sincerely,

A handwritten signature in black ink that reads "Gwendolyn Lee".

Gwendolyn Lee
Executive Director

For people with intellectual and developmental disabilities

Anchorage Community



**Mental Health
Services, Inc.**

4020 Folker Street • Anchorage, Alaska 99508 • 907-563-1000 • (Fax) 907-563-2045 • e-mail: info@acmhs.com • website: www.acmhs.com

May 16, 2013

Bradley Grigg, M.A.
Children's Behavioral Health Specialist/Child State Planner
Division of Behavioral Health
Alaska Department of Health and Social Services
P.O. Box 110620
Juneau, Alaska 99811-0620

Re: Letter of Support - FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant

Dear Mr. Grigg,

This letter is to formally express the support of Anchorage Community Mental Health Services (ACMHS) for the Division of Behavioral Health applying for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*.

As you know, ACMHS has been involved in Bring the Kids Home projects and has seen firsthand the benefits of implementing best or promising practices like the Transition to Independence Process (TIP), Parenting with Love and Limits (PLL) and Attachment, Self-Regulation and Competency (ARC).

The proposed plan to create a training hub for PLL and TIP in Alaska using an urban site with telemedicine capacity to support implementation in rural/frontier communities is considered excellent resource management blending technology and clinical training. Further, developing, piloting and refining a model for implementation in rural and remote villages with a high number of Alaska Native children and families accommodates the vastness and diversity experienced in Alaska.

A training hub expanding these practices statewide will benefit other needed training initiatives such as trauma informed care.

In closing, ACMHS fully commits to working with the Division in whatever way we can to help make this project successful.

Sincerely,



Jerry A. Jenkins, M.Ed., MAC
Executive Director

Child and Family Services
4045 Lake Otis Pkwy.
561-6954

Administrative Services
4030 Folker Street
563-1000

Adult Services
2735 Todor Rd.
562-7900

Housing and Engagement Services
1600 E. 4th Ave.
762-8699

Emergency Services
24 hrs.
563-3200

Senior Services
Day Break
9210 Jupiter Dr.
346-2234





To Whom It May Concern

Alaska Children's Services provides a broad range of psychiatric, residential and community based treatment to young people ages 4 to 18 years and their families in Anchorage, Alaska. We receive referrals for children and families throughout the state of Alaska and work, wherever possible, to serve children in their home and home community.

Alaska Children's Services would like to indicate our support for the application by the Department of Social Services for a *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant*.

We have been involved in Bring the Kids Home planning and projects and have seen the benefits of implementing best practices such as the Transition to Independence Process (TIP) and Parenting with Love and Limits (PLL). These efforts match the work of Alaska Children's Services in serving transitional aged youth as well as our efforts to work with families to intervene before more intrusive forms of treatment are needed.

The Department's of Health and Social Services plan to create an training hub for PLL and TIP will help to solidify these best practices in Alaska by developing an urban site with telemedicine capacity to support implementation in additional communities and by developing, piloting and refining a model for implementation in rural and remote villages with a high number of Alaska Native children and families. We whole heartedly support any efforts to intervene with Alaska Native children and families to prevent out of home and out of community placements and believe that best practice programs like PLL and TIPS will, if made available, assist to that end.

This will make the goal of expanding these practices statewide more attainable. We are willing to work with the Department and to participate on the Project Advisory Council for this project, should it be funded. We also anticipate that we may be collateral service providers in some of the communities where the project is implemented and will work with the community providers that are funded to implement this project. If the Department of Social Services successfully competes for the *FY2013 Cooperative Agreement for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant* we at Alaska Children's Services will enthusiastically strive to find ways to support the success of the program.

Sincerely,

Denis D. McCarville
President and CEO
Alaska Children's Services

4600 Abbott Road, Anchorage, AK 99507

phone: (907) 346-2101 fax: (907) 348-9230 www.akchild.org

A Christian mission of American Baptist Churches USA, Evangelical Lutheran Church in America, the United Methodist Church and First Christian Church (Disciples of Christ)

Accredited by The Joint Commission

Attachment 2: Data Collection Instruments/Interview Protocols

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

Attachment 3: Sample Consent Forms.

Attached is a sample consent form to be used within Alaska's **Partnership to improve Outcomes for Adolescents and Families**. Specific to consent for participation in service intervention, data collection and exchange, providers are mandated through regulation and grant requirements to provide informed consent, unique to each agency site. As a side-note, DBH grantees that are HIPAA covered entities must explain in their HIPAA-mandated Notice of Privacy Practices that disclosures of PHI are made for health oversight purposes and as mandated by other law. Requirements for Notices of Privacy Practices are set forth at 45 C.F.R. § 164.520.

Project providers will employ the current practices of gathering the “minimal data set” as required by state regulation and grant requirements. No individually identifiable data will be used or transferred for evaluation purposes.

Release of Information Form

You are being asked if you are willing to participate in a study being conducted by the Alaska Division of Behavioral Health. Clients may be randomly asked to participate, and will be interviewed up to three different times, after they are no longer receiving services. If you are selected, you will receive a gift certificate for each interview.

Interviews are short and ask questions about your quality of life and your interest in re-engaging in services. Your responses can help us to improve services.

Please read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.

PARTICIPATION AND WITHDRAWAL

Your participation in this study is completely voluntary and you are free to choose whether to be in it or not. If you choose to be in this study, you may subsequently withdraw from it at any time without penalty or consequences of any kind. If you choose to not participate, it will in no manner impact your ability to access and receive treatment services.

PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

1. Provide enough personal information to allow the researchers to locate and interview you.

Interviews are:

- made by telephone
- Expected to last less than 20 minutes.

2. Provide information on other persons who can let us know how to contact you if we have difficulty. Please only provide information on contacts you trust because they will maintain the level of confidentiality you desire.

3. Allow us to contact you as many as three times in the year following your discharge from service.

POTENTIAL RISKS

There are minimal risks to participating. The researchers conducting the study have all signed agreements to keep your information confidential. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Researchers will be discrete when

attempting to contact you and will keep information on your contacts confidential. Attempts to contact you will refer only to a research study you agreed to participate in.

POTENTIAL BENEFITS

Information obtained from the interviews will become part of your clinical record. It will be used to assess the long term benefits of treatment and the interest of former clients to re-engage in services. This has the potential to support funding for programs and improve services. After the completion of each interview you will be mailed a gift certificate as a thank you for participating.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Richard Nault, of the Division of Behavioral Health, at 907 465 4959.

[identify research personnel. Include day phone numbers and addresses for all listed individuals.]

SIGNATURE OF STUDY SUBJECT

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant or Legal Representative

Date

SIGNATURE OF STAFF OBTAINING CONSENT

In my judgment the subject is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

Signature of Staff

Date

Addendum D

Locator Form: How to Get in Touch with Me

CONSENT FOR RELEASE OF LOCATOR INFORMATION

I, _____
(Participant's name) authorize the following agency to provide information such as: mailing and/or street address, telephone number, and other information that will be helpful in locating me for follow-up interviews for the

Partnership to improve Outcomes for Adolescents and Families.

The purpose of this information is to help the study team locate me to conduct as many as three telephone interviews, four months apart, after I discontinue services. The first interview is scheduled 4- months after I leave services, then another at 8-months, and a final interview 12-months. Anyone I list below may know how to get in touch with me after I leave services. This list may include counselors, friends or family. **Important: Individuals contacted in an attempt to locate you will not be informed of the purpose or nature of the study.**

The persons conducting the study may obtain my locator information from the following persons or agencies.

Other Agency Contact:	
Name:	Relationship:
Phone number:	

Personal Contact #1 (Family Member, Friend):	
Name:	Relationship:
Current Address:	
City:	State: Zip:
Home phone:	Cell phone:
E-mail address:	
Best time to contact:	
Personal Contact #2 (Family Member, Friend):	
Name:	Relationship:
Current Address:	
City:	State: Zip:

Home phone:	Cell phone:
E-mail address:	
Best time to contact:	

Personal Contact #3 (Family Member, Friend):	
Name:	Relationship:
Current Address:	
City:	State: Zip:
Home phone:	Cell phone:
E-mail address:	
Best time to contact:	

Consent: I give my consent to members of the study team who will use the information provided by the individuals and agencies listed above only to locate me for follow-up interviews. **I understand that the information recorded above is confidential and unavailable to anyone outside the study.** I may cancel this consent at any time, in part or in full, by calling **CONTACT PERSON at PHONE NUMBER.** This consent expires automatically **TWO YEARS AFTER THE DATE THIS FORM IS SIGNED.**

Participant Name _____

Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Thank you very much for agreeing to take part in this study!

The client may choose to revoke participation at any time.

I _____ have chosen to revoke my consent to participate in this survey.

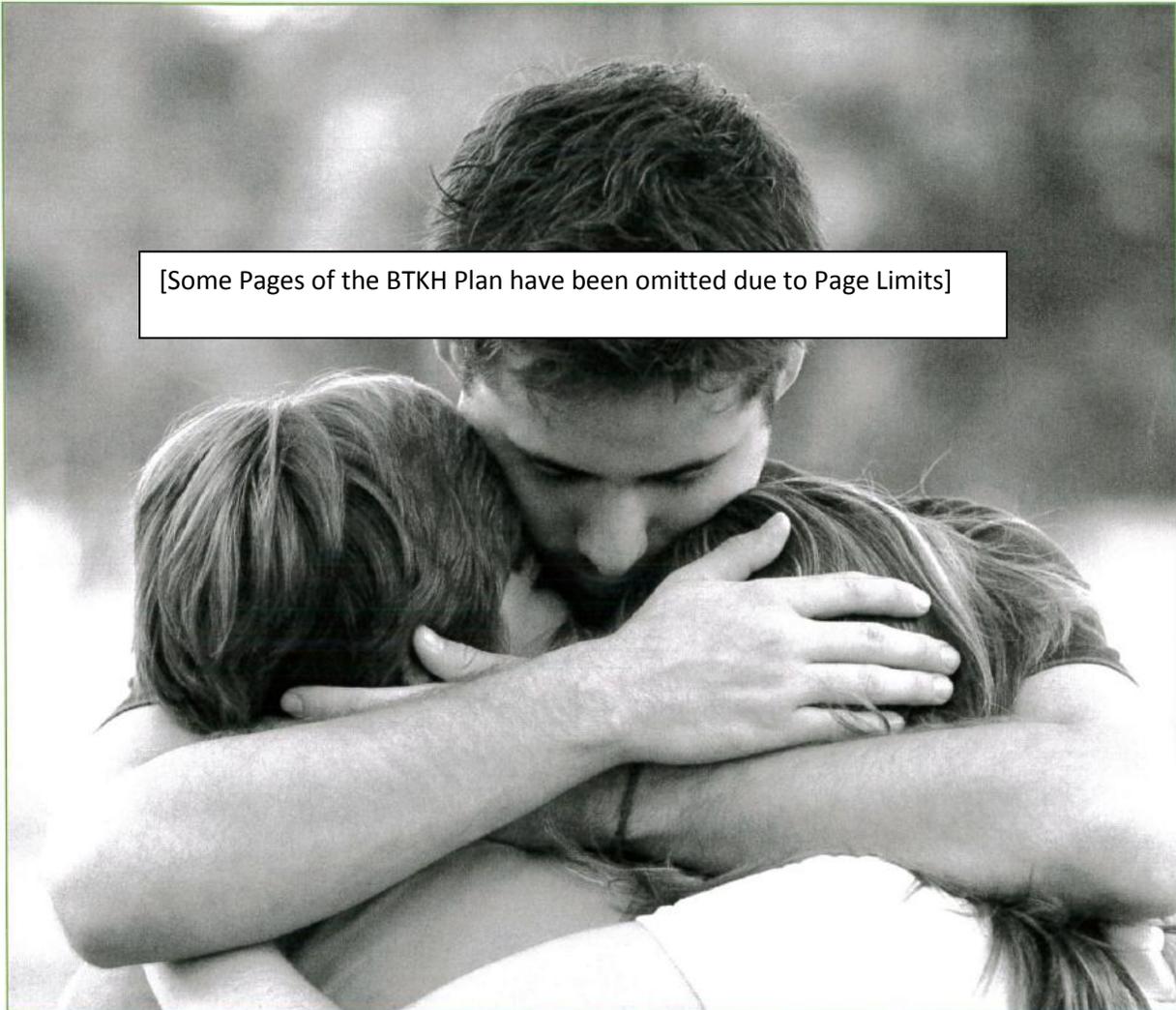
(Client Name)

Tracker Name

Date

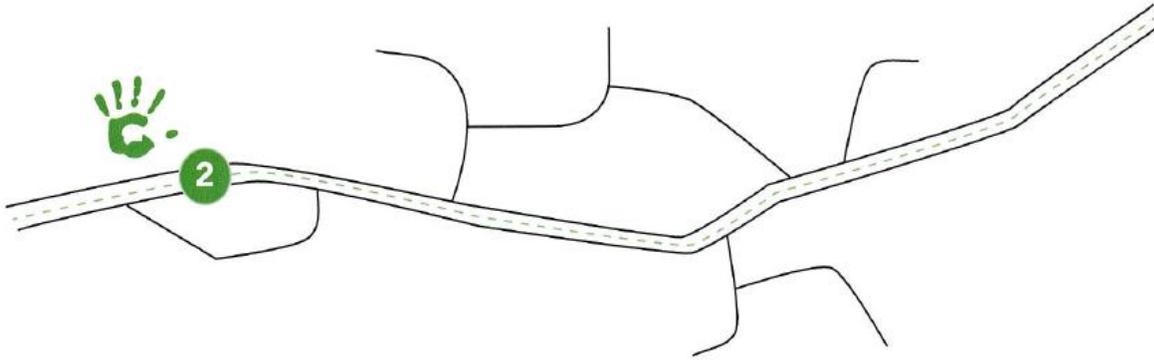
Attachment 4: Documentation that the Project Addresses a State-Identified Priority:

Bring the Kids Home



BTKH Update and 2 Year Plan

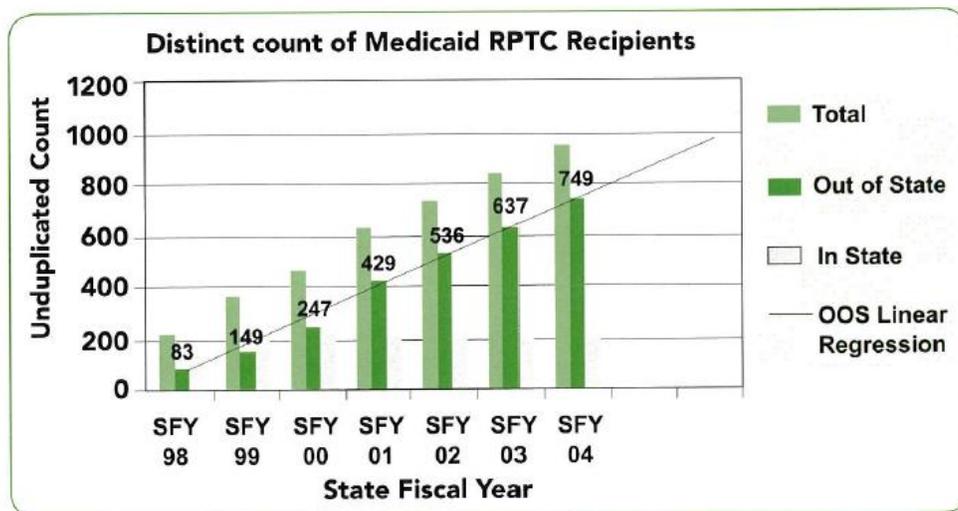
State of Alaska • Department of Health & Social Services • Fiscal Years 2012–13



History:

Bring the Kids Home (BTKH) is an initiative to reduce the number of Alaska children with severe emotional disturbances who are served in out-of-state residential psychiatric treatment facilities, and to improve outcomes for Alaska children with behavioral health problems.

From 1998 to 2004, Alaska's behavioral health system became increasingly reliant on Residential Psychiatric Treatment Centers (RPTC) for treatment of severely emotionally disturbed youth. Out-of-state placements in RPTC grew by nearly 800 percent.



As a result, Medicaid expenditures for out-of-state RPTC experienced an increase of over 1,300 percent (to over \$40 million) and were projected to continue increasing. Children were placed outside of Alaska for long periods — even years — for treatment. Families making these difficult choices often found that out-of-state placement created unanticipated problems. It was difficult for families to participate in their child's treatment, transitions back to home were challenging, and Alaska Native children sometimes experienced a cultural loss because their experiences diverged widely from those of their families.

*Data for this report were provided by the Division of Behavioral Health, Policy and Planning



"I just feel like with every resource that we have available to us, why don't we have this here? Why?"
"How do we raise our children and teach them the values and the love that we want them to grow up with if they're in an institution?"

*Parent quotes from Channel 11
"Breaking the Cycle" on BTKH 2009*

These issues drove the Alaska Mental Health Trust Authority and the Department of Health and Social Services (DHSS) to establish and jointly chair the Bring the Kids Home Focus Group. Cross-system collaboration is a key BTKH strategy. Family and youth advocates, tribes, schools, providers and community stakeholders participate in the BTKH Focus Group. The Alaska Planning Boards (Alaska Mental Health Board, The Advisory Board on Alcoholism and Drug Abuse, The Governor's Council on Disabilities and Special Education, and the Traumatic Brain Injury Board) are key Focus Group members, bringing statewide stakeholder feedback. Tribal health organizations, the Denali Commission, the Department of Education, the University of Alaska and school districts all partner with DHSS and the Trust on BTKH. Most of those involved in the BTKH Focus Group also participate in project-specific work groups. The Trust, DHSS, the Alaska Legislature and the Governor allocate the essential resources required to address these problems.

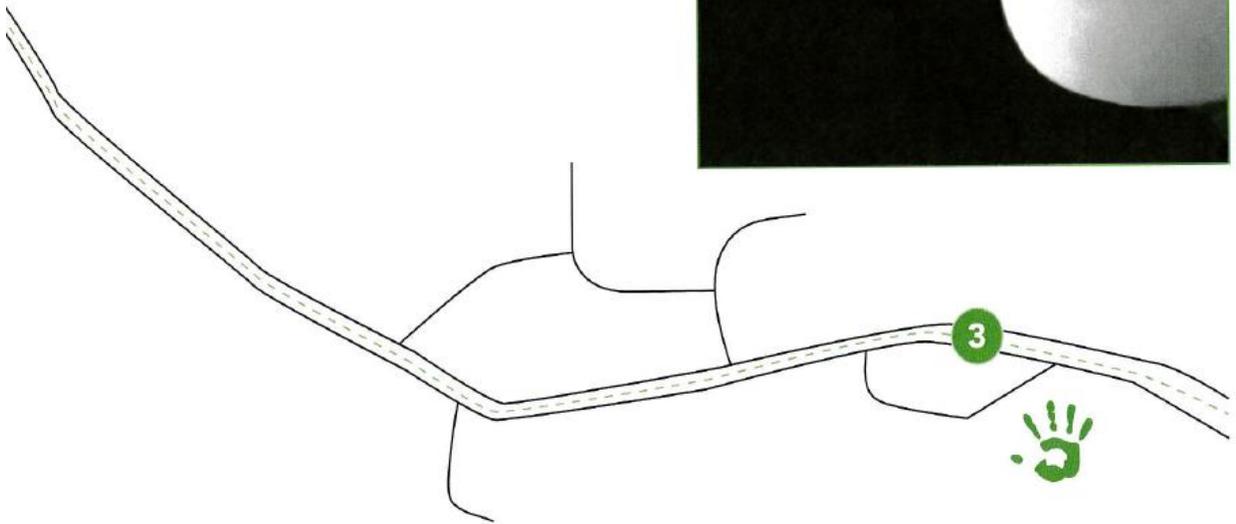
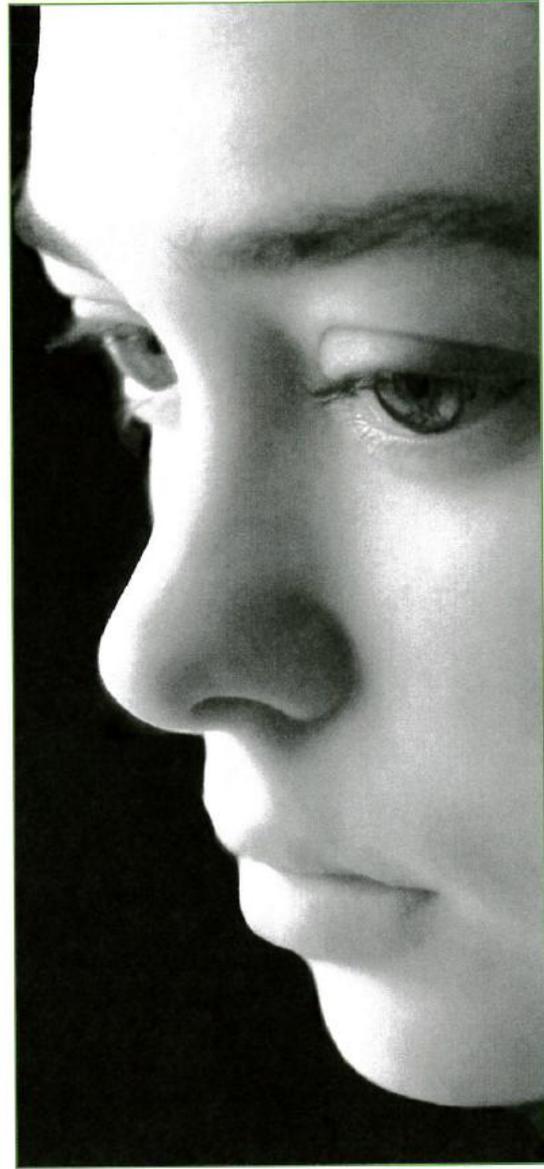
Stakeholders developed BTKH guiding principles for system development:

- Kids belong in their homes (least restrictive, most appropriate setting, community-based).
- Strengthen families first (strength-based, preventative).
- Families and youth are equal partners (family-driven, youth-driven).
- Respect individual, family and community values (culturally competent, individualized care, community-specific solutions).
- Normalize the situation (meet the child where he or she is, respect normal life cycles, promote normal and healthy development).
- Help is accessible (coordinated and collaborative).
- Consumers are satisfied and collaborative, meaningful outcomes are achieved (emphasis on research, evidence, quality improvement, accountability).

Progress and Goals:

BTKH resources were used to address funding and service gaps; parent supports, outpatient services, and treatment beds were established. Use of best practices was expanded, including *Multidimensional Treatment Foster Care*, *Parent Child Interaction Therapy*, the *Teaching Family Model*, *Early Childhood Mental Health Consultation*, *Positive Behavioral Supports*, the *Transition to Independence Process*, *Parenting with Love and Limits* and several others. Rate increases supported capacity expansion, and a flexible funding pool was created to divert children from residential care.

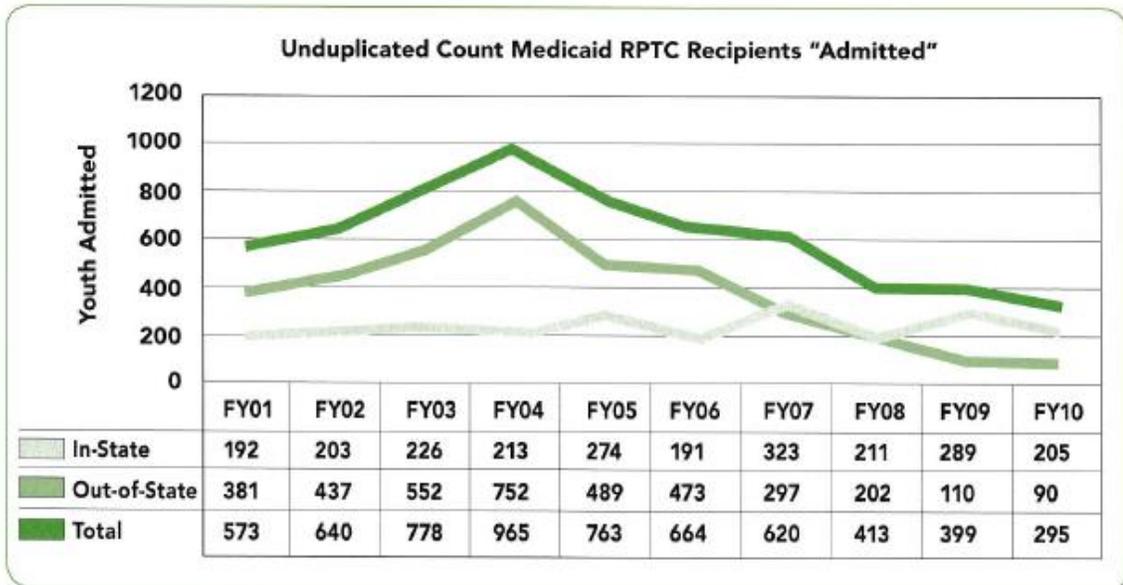
Increased oversight, care coordination and support by state staff, contractors and grantees ensures full utilization of in-state resources. New state staff identify youth who have not accessed in-state services and link them to in-state care — thus avoiding lengthy outside placements. Requirements for family involvement and transition planning for children in RPTC were increased. Policy changes tightened criteria for acute and residential care. Regulation changes are underway to expand access to mental health services for young children. Data indicators were established to evaluate progress, identify trends and target resources.

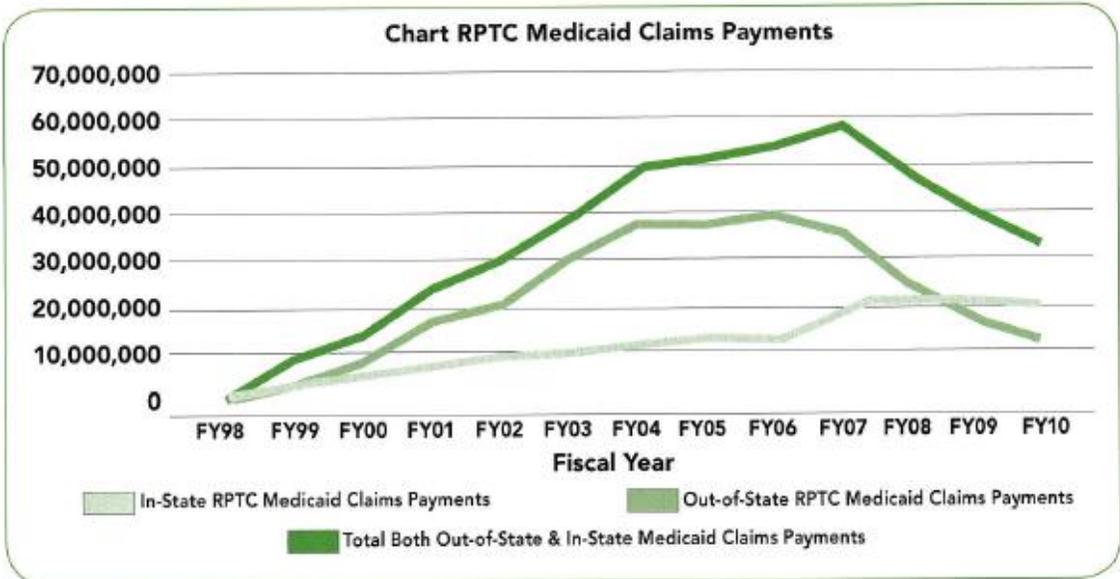




As a result of planning, capacity development, management and policy shifts, and the investment of new resources, BTKH has been extremely successful:

- Total yearly admissions to out-of-state RTPC decreased by 88.1 percent between fiscal year 2004 and fiscal year 2010.
- Recidivism to RTPC decreased from 20 percent to 8.6 percent between fiscal year 2004 and 2010.
- Expenditures for out-of-state RTPC decreased from over \$40 million to \$15.2 million between fiscal year 2006 and fiscal year 2010.



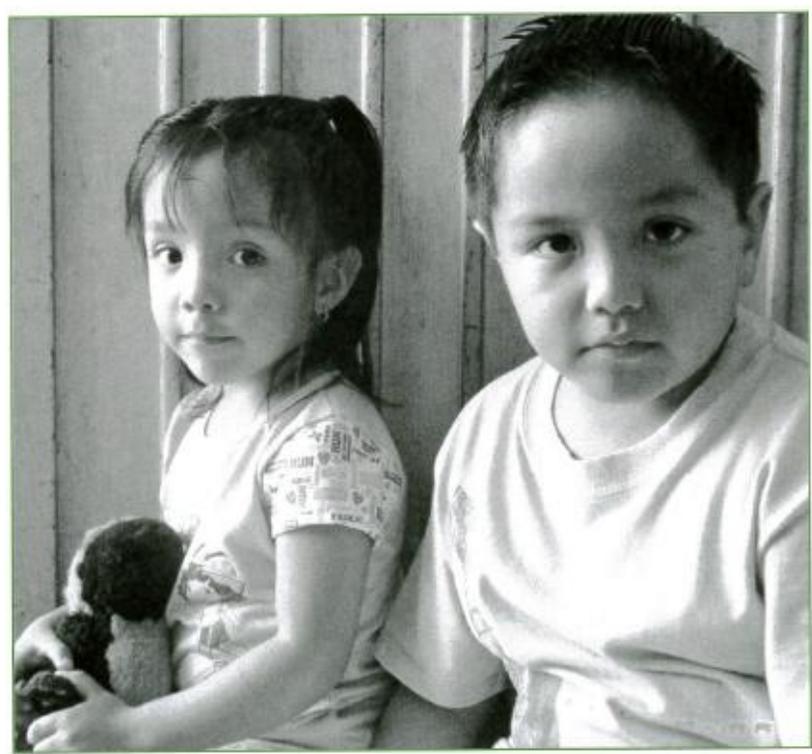


Go to the online version links for more information on the charts - [FY10 DATA REPORT](#)

[BTKH weekly Count](#)

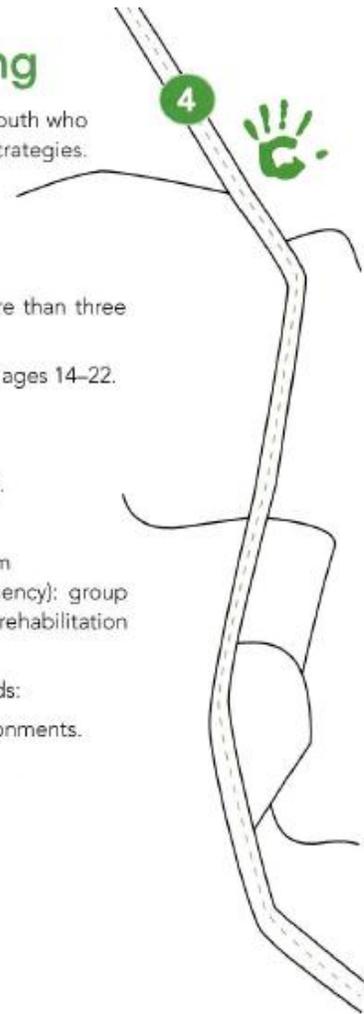
Defining BTKH "Success"

By fiscal year 2013, DHSS and The Trust intend to "end" BTKH successfully. Success has been defined as fewer than 50 new admissions to out-of-state RTPC per year, and fewer than 100 total recipients. For fiscal year 2010 there were 90 new admissions to out-of-state RTPC and 221 total recipients. (Yearly admissions include only youth admitted to a RTPC during the fiscal year. Recipients include any youth served during the fiscal year, even those admitted during a previous fiscal year.)



Data to Guide FY12 and FY13 Planning

The Division of Behavioral Health is monitoring the characteristics of those youth who continue to move into out-of-state RPTC. This data guides BTKH planning and strategies.



Referral Patterns for Alaska Youth in out-of-state RPTC:

1. 78 percent of youth are referred by acute care settings.
2. 56 percent had a primary referral reason of aggression. This was more than three times higher than any other reason.
3. Most are admitted (64 percent) and discharged (88.1 percent) between ages 14–22.
4. 25 percent of discharges were young adults 18–21.
5. Most youth are from Anchorage (51 percent) (Northern (19.2 percent), Mat-Su (11.6 percent), Southwest (7.1 percent), Southeast (6.6 percent)).

Personal Characteristics of Alaska Youth in out-of-state RPTC

6. 66 percent went to their parent or another relative upon discharge from out-of-state RPTC. The rest of the youth went to (in order of frequency): group homes; therapeutic foster homes, independent living, a behavioral rehabilitation facility, a guardian, a foster home or the military.
7. Most come from families with significant challenges and multiple needs:
 - o Nearly all report problems with support groups and social environments.
 - o 70 percent have a family history of substance abuse.
 - o 64 percent have a family history of mental illness.
8. Most youth have been traumatized:
 - o 76 percent have experienced multiple traumas.
 - o 64 percent have experienced physical abuse.
9. 62 percent are diagnosed with mood disorders.
10. 34 percent are Alaska Native.

Co-Morbidity Patterns for Alaska Youth in out-of-state RPTC

11. 60 percent have one or more co-morbidity, for example, a health condition, or a fetal alcohol spectrum disorder.

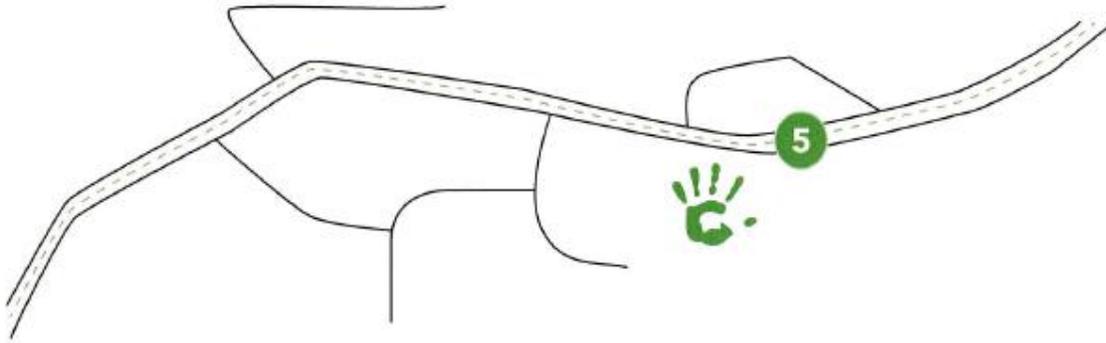
Educational Issues for Alaska Youth in out-of-state RPTC

12. Most youth admitted to an out-of-state RPTC have education issues:
 - o 84 percent had "education" as a psycho-social factor.
 - o 56 percent had "school suspension" as a risk factor.
 - o 41 percent had an individualized education plan.

Data are from the Division of Behavioral Health, Policy and Planning.

For more information click on these links: *(online version)*

- [RPTC Admissions Summary](#)
- [RPTC Discharges Summary](#)



Six Strategies

Six strategies underlie BTKH progress and are the foundation for fiscal year 2012 and fiscal year 2013 projects. An outline of the anticipated budget increments related to these six strategies is provided below.

Budget parameters:

- The BTKH budget is based on the work of the BTKH stakeholders, with input from The Trust, DHSS and the Alaska Planning Boards.
- The projects are designed to reduce utilization of more expensive and restrictive levels of care.
- It expands effective BTKH strategies to new communities, or to additional providers.
- It requests investment of general funding only when required to sustain strategies piloted and found to be effective through Mental Health Trust Authority Authorized Receipts (MHTAAR) funding.
- The fiscal year 2013 budget is an estimate. It will be refined based on:
 - The outcomes of ongoing efforts.
 - Budget increments received for FY12.
 - Ongoing data and outcomes.



BTKH strategies with projected projects, activities and increments for the next two years.

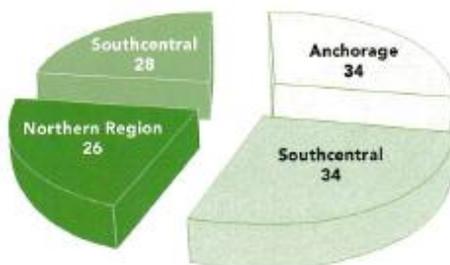
Strategy One — Capacity Enhancement

	FY12				FY13			
	MHTAAR	GF/MH	Other	Total	MHTAAR	GF/MH	Other	Total
Total:	\$525.0	\$1,405.0	\$0.0	\$1,930.0	\$575.0	\$2,625.0	\$2,000.0	\$5,200.0

Strategy 1: Building in-state capacity for lower levels of care and for nonresidential care.

Medicaid funding that formerly went to out-of-state RPTC has been invested to expand in-state services and to implement best practices. This represents a substantial investment into community-based services and the in-state work force. The BTKH Home and Community-Based Grant program funded 26 BTKH grants for FY11 alone (see graphs below).

FY06 to FY11 Home and Community-Based Grants by Region



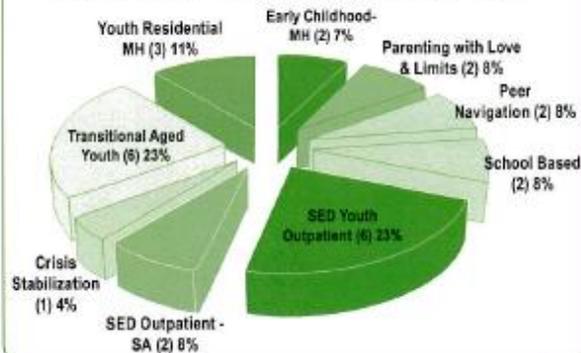
However, in-state providers continue to have difficulty serving some populations of youth. Over the next two years we will:

- a. Address remaining bed capacity needs:
 - Request an updated residential rate study, a rate increase, and a long-term cost of living methodology for Behavioral Rehabilitation Services Levels II through V.

Rate Review Update to FY11 Project (online version)

- Expand sub-acute stabilization services, (in Fairbanks, Mat-Su and/or Juneau).
 - Develop strategies to support high-risk youth of transition age in housing.
 - Work with providers to convert some existing beds to serve specialty populations.
- b. Address outpatient service gaps:
 - Increase delivery of intensive family therapy models such as *Parenting with Love and Limits*. (See box on next page)
 - Appropriately treat traumatized children.
 - Appropriately treat children birth to five.
 - Effectively treat youth with co-morbidities or extreme presentations.

FY11 BTKH Grants Breakdown by Service Type



The following is a real-life example of how BTKH Individualized Service Agreements have impacted the lives of children with severe emotional disturbance. Identifying information has been changed to maintain confidentiality. This information was submitted by a mental health worker involved in the youth's treatment:

This youth was in a group home and admitted to the program after being in an out-of-state residential treatment center with severe episodes of mania and depression, lack of coping skills and poor social skills. During the senior year, it was identified that he was behind in high school credits due to confusion between the residential school setting and transferred credits to the community high school. ISA was used to provide Sylvan tutoring for credit, which this youth accredits to his being able to successfully graduate with his peers. Recently, ISA was used to provide an initial supply of bulk food, housewares, and household cleaning items to support the transition to independent living and reduce additional stressors.

The youth is now 19 years old, maintaining a job, church responsibilities, and obtaining a secondary education in addition to typical errands and chores that go along with independent living. He humbly states that "if it weren't for Sylvan, I don't know what I'd be doing."

[Link for more ISA stories \(online version\)](#)

- c. Evaluate individualized service agreements (ISA) and prioritize key uses. (See box)
 - Ensure that all providers know how to use ISA.
 - Continue analysis of ISA impact and outcomes.
 - Prioritize access based on data.
 - Manage to ensure sufficient funds throughout the year.
- d. Address gaps in school-based behavioral health services:
 - Expand Medicaid billing by schools.
[School Medicaid Toolkit \(online version\)](#)
 - Expand positive behavioral supports (PBS) and document the outcomes of PBS programs.
 - Support collaboration between schools and community providers.
 - Continue collaboration between the Department of Education and Early Development (DEED) and DHSS.
 - Expand involvement of school districts in system development.

Parenting with Love and Limits® (PLL) is a recognized evidence-based Best Practice treatment model. It is the first program of its kind to combine parenting management groups and family therapy into one continuum of care to quickly engage resistant parents. Parenting with Love and Limits® (PLL) is recognized as an evidence-based model by these research organizations:

- OJJDP Model Programs Guide - Exemplary Rating
- Promising Practices Network on Children, Families and Communities
- Find Youth Info.gov
- In addition, PLL is listed on NREPP: SAMHSA's National Registry of Evidence-based Programs and Practices

Target Population: Adolescents and Children, aged 10-18, with severe emotional and behavioral problems, alcohol or drug use, truancy issues, domestic violence, suicidal ideation, depression or ADHD.

Strategy Two — Care Coordination

	FY12				FY13			
	MHTAAR	GF/MH	Other	Total	MHTAAR	GF/MH	Other	Total
Total:	\$100.0	\$350.0	\$250.0	\$700.0	\$100.0	\$100.0	\$0.0	\$200.0

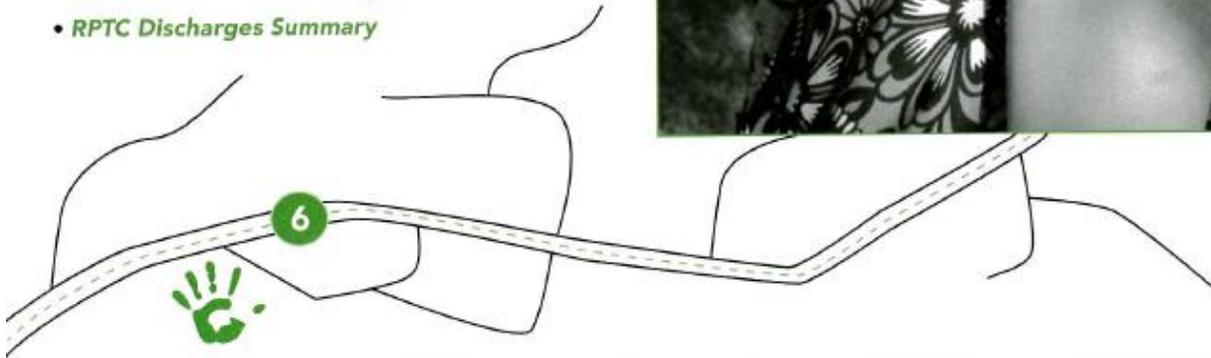
Strategy 2: Expand care coordination for children referred to residential treatment.

Before BTKH, children were moving into out-of-state RTPC without accessing all available in-state resources, and were remaining in RTPC for too long. A new DHSS utilization review team now works with state contractors and grantees to ensure that all children first access in-state resources. Changes in policy, practices, contracts and grants also maximize use of in-state resources. Over the next two years we will:

- a. Expand care coordination to additional children at risk of/returning from RTPC.
- b. Target youth with high-risk families and in acute care for intensive home-based services.
- c. Expand peer navigation to additional communities.
- d. Formalize the peer navigation model.
- e. Improve educational transitions for children leaving residential care.
- f. Refine and institutionalize new policies and practices.

For more information and data go to:
(online version links)

- [RPTC Admissions Summary](#)
- [RPTC Discharges Summary](#)



Strategy Three — Funding Gaps

	FY12				FY13			
	MHTAAR	GF/MH	Other	Total	MHTAAR	GF/MH	Other	Total
Total:	\$688.0	\$463.0	\$0.0	\$1,151.0	\$688.0	\$398.0	\$0.0	\$1,086.0

Strategy 3: Address systemic funding gaps and seek federal funding for system development.

Systemic gaps in access to services, workforce and implementation of best practices prevent young children and their families from receiving behavioral health services. However, most adolescents currently admitted to out-of-state RPTC have families with a history of substance use or mental health disorders and have experienced trauma. The Adverse Childhood Experiences Study provides an explanation for this by illustrating the negative impacts of early trauma on lifelong health and mental health (see box, below).

In Alaska, approximately 45-50 percent of substantiated victims of child maltreatment are birth through five years of age. Many young children are demonstrating the impact of maltreatment or developmental issues at an early age: the 2004 Alaska Market Rate Survey of child care programs found that 38 percent had asked families to withdraw a child under the age of six with social/emotional problems. Bring the Kids Home grants are piloting best practices identified through the *“Early Childhood Comprehensive Systems”* planning to address gaps in services for young children.

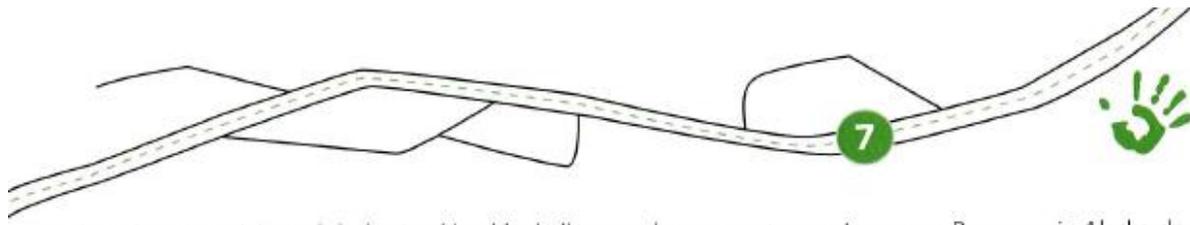
Adverse Childhood Experiences (ACE) Study: Major Findings

Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACE) are common. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACE. The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems.

The ACE study uses the ACE Score, which is a count of the total number of ACE respondents reported. The ACE Score is used to assess the total amount of stress during childhood and has demonstrated that as the number of ACE increase, the risk for the following health problems increases in a strong and graded fashion:

- Alcoholism and alcohol abuse
- Illicit drug use
- Early initiation of smoking
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Sexually transmitted diseases (STDs)
- Early initiation of sexual activity
- Adolescent pregnancy Suicide attempts

[ACE study website \(online version\)](#)



Youth and young adults with behavioral health challenges also encounter service gaps. Programs in Alaska do not adequately meet the needs of youth transitioning to adult roles. The 2007 Alaska Health Care Data Book reports that young adults 18 to 24 have the most self-reported days of poor mental health and the highest rates of binge and heavy drinking. Youth ages 15 to 24 have suicide rates that are as much as 10 points higher than the next age group. An Institute of Social and Economic Research study of Covenant House youth in crisis placement found that nearly 40 percent had previously been in behavioral health treatment. This problem is not unique to Alaska: national studies have shown youth with behavioral health challenges have poorer outcomes in many areas. Through BTKH, new projects are implementing the *“Transition to Independence Process”*; an evidence-informed process to improve outcomes for youth transitioning to adulthood.

Covenant House study summary (online version)

Full study (online version)

Over the next two years, BTKH will address system gaps by:

- a. Making regulation, policy and funding changes to reach children and families earlier.
- b. Expanding evidence-supported programming for children birth to five and their families.
- c. Expanding Intensive Family Preservation for children at risk of a protective services placement.
- d. Implementing the Transition to Independence Process. *(online version links)*

2009 Youth Summit Report

Transition Age Youth Charter Document

National Youth In Care Network

Transition to Independence Process

- e. Supporting development of the “Seeds of Change” project in Anchorage.

Alaska Seeds of Change Overview

The online version video link describes the *“Food Project Of Boston”*, which is a social enterprise project and has been highly successful in Massachusetts. *“Seeds of Change”* was in part modeled after the *“Food Project Of Boston.”*

- f. Applying for federal grants to leverage system development.

Links to National Youth In Care Network multimedia videos can be found in the online version of this publication:
<http://hss.state.ak.us/commissioner/btkh/pdf/2yearplan2012-13>



You may view other stories on YouTube
<http://www.youtube.com/watch?v=Pwh4wn00WmQ>

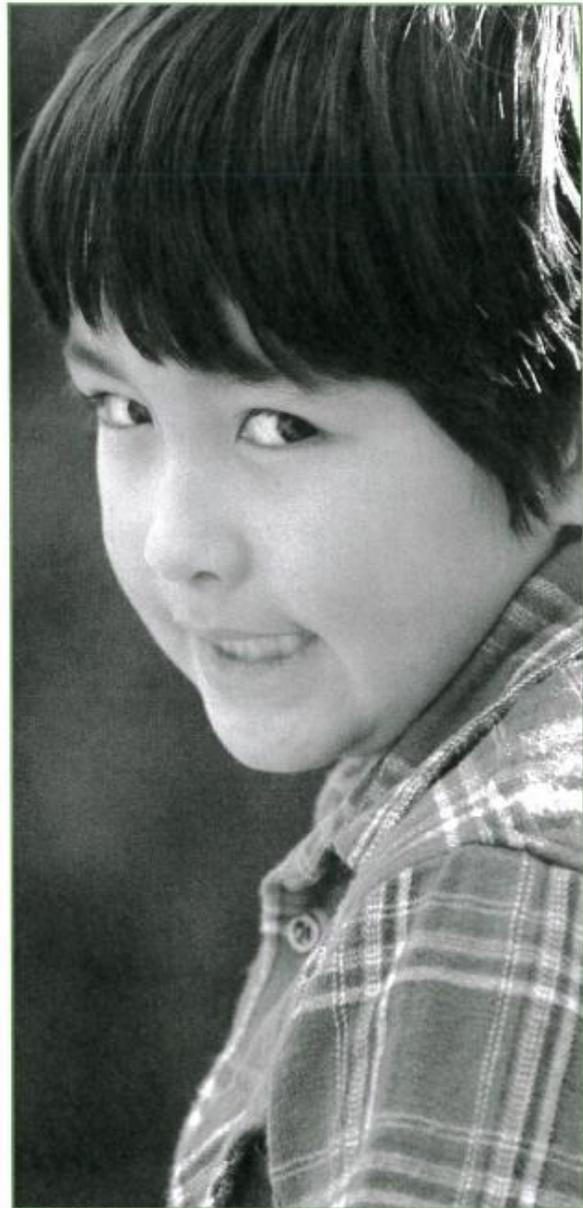
Strategy Four — Data, Outcomes and Reporting

	FY12				FY13			
	MHTAAR	GF/MH	Other	Total	MHTAAR	GF/MH	Other	Total
Total:	\$205.0	\$0.0	\$0.0	\$205.0	\$100.0	\$0.0	\$0.0	\$100.0

Strategy 4: Improving reporting mechanisms to monitor system access, outcomes and service utilization.

In preparation for ending BTKH, DHSS will continue to monitor the characteristics and trends of children in RPTC and their families and will set up long-term monitoring. In addition, DHSS will establish structures to maintain system development and collaborative oversight. Over the next two years we will:

- a. Implement client satisfaction and functional improvement measures within RPTC.
- b. Establish a single site to track availability of all in-state residential behavioral health beds.
- c. Clearly define residential levels of care.
- d. Implement a decision-support tool for residential placement.
- e. Continue evaluation of BTKH projects and use this data to guide system development.
- f. Institutionalize long-term indicators to monitor system performance.
- g. If possible, include mechanisms to gather data on outcomes 10 years post discharge.
- h. Formalize agreements to transition Bring the Kids Home activities into business as usual:
 - Continuing ongoing projects.
 - Cross-system planning and system development.
 - Managing BTKH resources in DHSS.
 - Joint oversight of long-term indicators.
 - Ongoing stakeholder input into behavioral health system development.



Strategy Five — Collaboration and Partnerships

	FY12				FY13			
	MHTAAR	GF/MH	Other	Total	MHTAAR	GF/MH	Other	Total
Total:	\$125.0	\$150.0	\$0.0	\$275.0	\$150.0	\$100.0	\$0.0	\$250.0

Strategy 5: Developing partnerships with communities and in-state providers to organize the resources and assistance needed to serve children experiencing severe disturbances and their families.

During fiscal year 2008 and fiscal year 2009, BTKH Planning Summits were held in communities across Alaska. These informed training and technical assistance strategies. BTKH has supported community teams to collaborate to address the needs of youth with challenging presentations. Over the next two years, we will:

- a. Continue to address issues from BTKH summits and those voiced by providers and stakeholders.
(online version links)
[2008 Summit, summary](#)
[2007 Summit, summary](#)
[2007 Summit](#)
[Anchorage Summit](#)
- b. Continue collaboration with tribal behavioral health directors and rural service expansion.
- c. Support community collaborations to expand school-based behavioral health services.
- d. Support collaborations to implement the Transition to Independence Process.
- e. Support development of community BTKH planning teams.
- f. Increase integration of parents and youth in service planning and in system development and evaluation.
- g. Improve management of psychiatric medications by primary care doctors by providing psychiatric consultation through Alaska Psychiatric Institute (API).

Strategy Six — Workforce Development

Workforce Development Funded in WF Development Focus Area or in Other Project Areas

Strategy 6: Implementing strategies to develop and maintain a skilled in-state work force.

A new focus area has been established with primary responsibility for statewide health and behavioral health work force development. The majority of BTKH workforce development will be through the work of this group. However, over the next two years we will continue strategies to expand expertise in specific areas related to BTKH through technical assistance, training, startup grants and contracts.

[Workforce Development Focus Area](#) *(online version)*

Assurances – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the face page (SF-424) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s website with the RFA and provided in the application package.

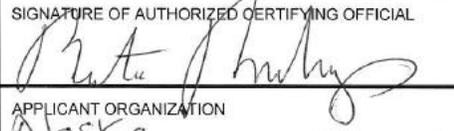
**ASSURANCE
of Compliance with SAMHSA Charitable Choice
Statutes and Regulations
SMA 170**

**REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND
SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES**

SAMHSA’s two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Health Program Manager IV
APPLICANT ORGANIZATION Alaska Dept. Health & Social Services	DATE SUBMITTED 5/15/13