04/02/13 PRESENTATION: STATEWIDE BEHAVIORIAL HEALTH DISTANCE BASED TRAINING AND DELIVERY SYSTEM

<TARGET><BILL></BILL><SUBJECT>04-02-13 PRESENTATION STATEWIDE BEHAVIORIAL HEALTH DISTANCE BASED TRAINING AND DELIVERY SYSTEM</SUBJECT><COMM>HHSS28</COMM></TARGET>

Statewide Behavioral Health Distance Based Training and Delivery System

My name is Denis McCarville. I am President and CEO of Alaska Children's Services, a non-profit organization dedicated to the wellbeing of all Alaska's children. We have focused on serving one child and family at a time since we began as the Jesse Lee Home in Unalaska in 1890. I am here today with longtime Board Member and Past President of Alaska Children's Services, Mary Ann Pease.

I have been in Alaska for a relatively short time, just a bit over two years. During that time I have been struck by the number of children and families Alaska Children's Services has treated from all parts of our great state. Beyond being struck, I read the life stories of these young people and their families and cannot hold back the tears. What always gets to me is the amount of suffering that they must go through just to get to our treatment, and I think --- I know --- it doesn't have to be that way.

I am not naïve, I do know that what I am seeing are generations and generations of patterns that will not be changed with one program and one provider of services. What I do know is that we cannot sit by and wait for things to change – too much suffering is at stake.

Our proposal presents
~~The proposal before you is~~ a chance to do something. We at Alaska Children's Services are proposing that we take what we know to help the children we treat in Anchorage and start providing it in villages that are interested in the services we provide.

Let me state it clearly -- Alaska Children's Services has been very successful treating children from villages for many years, but that

success comes with a price. Each child and family must first get to Anchorage. The price they pay in suffering is only eclipsed by the price they pay in loss of culture, family and community relationships. The response I have heard to this statement has been -- "we do not have treatment providers in all villages nor is it feasible with our state's workforce development issues." We believe that this is no longer a good answer since we have both transportation and technology advances that can overcome these obstacles.

Alaska Children's Services trains over 300 individuals in Anchorage and over 200 other employees of residential providers throughout the state each year. The latter group is trained by our staff through a RCCY (Residential Care for Children and Youth) Training Grant provided to us by the Division of Behavioral Health. We offer the same training to the parents of our children that is offered to our staff. Most of the individuals we train are not professionals but rather people who want to give back, people who are natural helpers and want to help. Many are young people with high school diplomas who are interested in seeking a degree in the helping profession; still others are people who just have a knack for helping. When you look at this group, they do not have the credentials to show the kind of success they are able to achieve with the troubled youth and families they encounter each day.

The proposal before you is to take that training and the clinical support that we provide every day and move it in to the villages where we can prevent and/or intervene early. Get the knowledge that the field of health and human services has gathered and provide it where it can most help. We now have the technology that allows us to do this, and it is time to act.

The **Statewide Behavioral Health Distance Based Training and Delivery System** would offer training and support to elders, grandparents, aunties, teachers, other interested parties and the children themselves living in villages who invite us in. Our objective is to work in collaboration with people in the villages to wrap troubled youth and families with informed clinically supported individuals who can make a difference early, when problems are just becoming evident. We believe each village and each family's needs will be different, but as we are there to help them, we will also be preparing a group of knowledgeable individuals to help not only that family, but the next that appears with the same or similar issues.

Our goals are to take the training that we use in Anchorage and throughout the state and blend it with the culture of each village. Our approach will be to provide a combination of in-person and distance based services, in collaboration with people on the ground such as Behavioral Health Aids. Our staff will travel to villages to build relationships and provide services and then augment this with distance based training and clinical support. We plan to stay with a village as long as the invitation is extended with a goal of leaving behind the knowledge base that will be helpful in the future. The goal is to build villages that have adapted the trainings that we have provided to meet their needs now and in the future.

The list of trainings that we believe will be helpful and that we are ready to adapt to village needs and interest are the following:

ANTHC

Mental Health First Aid
Gatekeepers Training (suicide prevention)
Brain Based Trauma Informed Training
Source of Strength (youth focused suicide prevention)
Trauma 101
Parenting with Love and Logic
Presley Ridge Treatment Foster Home Curriculum
Fetal Alcohol Spectrum Training

Other areas that are trained and can be adapted to village needs

Managing Aggressive Behaviors
Building Therapeutic Relationships
Core Competencies for Direct Care
Basic Counselor Training
Bullying Interventions

While distance and in-person training is the foundation of the services we will provide, we believe another key element of our success with troubled young people and their families is the ability to provide clinical support twenty four hours a day, seven days a week and three hundred and sixty five days a year. Since we are always open with staff working around the clock we currently provide 24/7 services for youth and families throughout the Anchorage area through both telephonic and in-person intervention. Although distance will prevent emergency in-person intervention in the villages, the **Statewide Behavioral Health Distance Based Training and Delivery System** will provide tele-behavioral health assessments, individual and family therapy, and crisis

intervention either through tele-behavioral health networks, a laptop in a home, or anywhere with a wi-fi connection. Other services that will be available will be 24/7 telephonic mentoring services using cell phone technology specifically geared to children with Fetal Alcohol Spectrum Disorders.

We are aware that our services may be limited by the reach of technology but also know that each year more and more technology is available at the fingertips of youth and families living in villages. Some might say that this technology has been harmful to the ways of the people living in rural Alaska to this point in history. We recognize this harm and believe that this same technology can be part of the solution to heal that harm by providing the needed care and treatment where people need the help the most -- in the home.

Thank you for the time today, I know your time is valuable and do not wish to waste a minute of it but please know the time to act is now. I would be very happy to answer questions.

Our prospesal today is A 8.5 million Dollar Capital Request
Just think if we can prevent 65 young people ending up [illegible] RTC
We've asked to appear before you. You are the Committee that specializes in these matters - if you agree with what we presented here today - I would ask that you communicate this to the House Finance Committee member who are writing the Capital Budget

we Pant for this [illegible]

Statewide Behavioral Health Distance Based Training and Delivery System

Alaska Children's Services

Total Cost: $8,540,000

Program Objectives:

1. Reduce the number of violent deaths and suicides in Alaska
2. Provide training to recognize potentially violent mentally ill people and provide training and resources to intervene before violence occurs
3. Provide early intervention treatment for children with Fetal Alcohol Spectrum Disorders
4. Provide early intervention for families experiencing children with behavioral health issues
5. Collaborate with Village Elders in communities where youth are experiencing behavioral health issues such as violence to self or others
6. Train local community based treatment providers, school personnel and other providers in rural communities using applied research and best practice approaches.
7. Expand the behavioral health knowledge base in rural Alaska

Facility Program Goals:

1. Keep Children and family intact when they experience behavioral health issues.
2. Reduce the need to move children away from family and home community
3. Reduce the need of sending children out of state for treatment for behavioral health services
4. Reduce the overall cost of providing services to children in need of behavioral health treatment

Background:

Alaska Children's Services has a long history of providing high quality services to Alaska's Children and Families. This was true at the very beginning, when we were simply known as the Jesse Lee Home in Unalaska. It was true when we moved to Seward and expanded our services. I was true in the 1970's with the merger of the three original institutions that formed the organization that we now call Alaska Children's Service. It is true today as we seek to provide the very best services to the children and families of Alaska in new and creative ways.

Today Alaska Children's Services is recognized nationally as one of the "cutting edge" treatment service providers for young people in the country. We are known for being an early adopter of best practice treatments and applying these treatment modalities to our everyday practices. We have worked collaboratively with other organization in the Northwest and throughout the country to incorporate treatment services for both community based and residential services. Our training department trains programs throughout the state to advance treatment services for the young people in Alaska no matter where they live.

The Alaska children's Services training department works hand in hand with the State of Alaska's Division of Behavioral Health (DBH), the University of Alaska Anchorage (UAA) and a host of nonprofit agencies throughout the state. We manage and facilitate the Residential Care for Children and Youth Training Grant for the Division of Behavioral Health, which intern empowers us to provide training and consultation to thirteen organizations across Alaska. The effort benefits over 400 children and youth daily who receive 24-hour care or home-based treatment through the training and technical support of 1000 staff and foster parents who serve them. We collaborate with the University's Center for Behavioral Health Research Services Division, which includes the Fetal Alcohol Spectrum Disorder's Regional Training Center (FASD RTC), UAA Integrated Suicide Prevention initiative (UAA ISPI), and Community Clinical Psychology intern Program. Alaska Children's Services staff serve as adjunct faculty on the FASD RTC, as well as providing suicide prevention training to the UAA ISPI staff. In addition, the Alaska Children's Services training department collaborate with the Alaska Child Trauma Center, Alaska Center for Resource Families, Alaska Youth and Family Network, Stone Soup Group, and Chugachmiut. In working with these organizations, Alaska Children's Services is able to offer evidenced-based and informed practices that delivers a strong foundation of training and support for staff and families. Curricula regularly trained include: Attachment, Self-Regulation and Competency (ARC) trauma training; Gatekeeper Suicide Prevention and intervention training; Pressley Ridge Treatment Foster Care curriculum; Positive Behavioral Support; *Brainwise* critical thinking skills; FASD Into Action and will soon be equipped to train Mental Health First Aid for Youth which was just released late last year and the first train the trainers class graduates in February 2113.

The Physical Structure and Associated Equipment

Building Square Footage: 14,925

All land, building operating costs and maintenance provided by Alaska Children's Services.

Whether it is violence towards another or violence aimed inwardly or both, the nation and our state is witnessing a dramatic increase in violence by young people below 25 years of age. Much of this violence can be prevented if we are able to intervene early. Early intervention comes in a variety of forms; the earliest is geared towards the parents and other members of the family. This early intervention seeks to put knowledge and tools in the hands of the individuals most likely to spot trouble and be in the position to intervene at the first signs. Giving family members and educators the right tools and skills can prevent a lifetime of hardship on the part of the individual, his or her family and all the people who live within their range of harm.

The vision behind the Statewide Behavioral Health Outreach and Training Center was born from a variety of sources. First and foremost, the vision was born out of a desire to reach more children and families in need of high quality treatment services. There is a commonly held maxim in the behavioral health field that proclaims that it takes a minimum of eight years before well-research treatment technology are introduced to the providers of treatment services. This eight year maxim doesn't even take into account the extended length of time and effort to translate and adapt services developed for Caucasian clientele living in an urban setting into services that meets the needs of rural communities

and culturally diverse populations. By having this Center, Alaska Children's Services will be able to dramatically reduce the amount of time it takes Alaskans to receive the very best treatment adapted to the unique needs of Alaska's people.

We believe that far too many families in Alaska ultimately have to settle for out of home, out of community and out of state treatment. This reality results in delays in treatment services that both take a toll on valuable time and emotional hardship for children and families and the overall cost to the state of Alaska financially. We seek to provide training and mentoring to individuals who wish to provide treatment and care in their own village, where treatment is most effective and the least expensive. We are all too familiar with the limitations in workforce resource so we are clearly targeting the most logical individuals; family members, elders, clergy, school personnel and the occasional professional or Para-professional.

Oftentimes children with behavioral health issues, such as Fetal Alcohol Spectrum Disorder, Attachment Disorder, Trauma Disorders and early onsite of mental illness progressively need specialized services that are not available to them in their villages due to the lack of training opportunities for teachers, other professionals and family members. Even if the training were available, training without deliberate follow up and mentoring would fall short of the expertise needed to meet the sometimes complex requirements necessary to sustain the adequate care to keep the child at home and in his or her community. This is why along side of the training and we will provide outreach that will augment training with clinical back up using technology such as cell phones and tele-behavioral health. As a 24/7 facility we are prepared to manage crisis or simply to answer behavioral health questions any time night or day. We believe that by having the Statewide Outreach and Training Center, Alaska Children's Services will dramatically reduce the amount of time in takes Alaskans to receive the very best treatment available.

Our goal is to significantly expand the number of trained individuals in Alaska who will be equipped to intervene and support young people grappling with issues of violence, suicide, Fetal Alcohol Spectrum Disorder, trauma based disorders, Autism Spectrum Disorder and attachment disorders. By providing individuals throughout the state with the tools and skills necessary to both identify problems early and meet the needs of these behavioral health issues in the home and home communities, we can dramatically reduce the effects of these and other behavioral health disorders on fellow Alaskans and on the lives of the next generation.

We believe that the co-location of this center and our active treatment program bring efficiency and practicality to this project. By housing the Statewide Behavioral Health Outreach and Training Center alongside of our community and residential treatment services, our training will be more applicable to families and providers in Alaska. By using staff who work daily with children from all parts of the state as trainers we are able to use hands-on examples to better illustrate the practical application of well research techniques. We believe that we may get just one invitation to a community and we believe we will have a better chance of reaching people with tried-and-true menthol rather than offering training that has not been vetted and tailored to the community settings in Alaska.

Youth and Family Statewide Behavioral Health Outreach and Training Center

The Facility itself has been designed with a dual purpose: an active treatment setting with state of the art treatment modalities in mind with in-person and Tele-behavioral health components and a training facility for professional and parent with a focus on in- house, in- community and distance learning. This will necessitate the flexible use of space geared toward multimedia production equipment what will permit activity within the facility to be recorded. This dual function will give trainees hands-on experience as well as provide others with real time examples of how various techniques and modalities are to be implemented.

This facility is estimated to require approximately 14,925square feet, at a cost of approximately $8,540,000. The facility will house multipurpose training rooms with movable partitions to create on sizable space, for both large and small groups. In addition to this multipurpose training area, there will be classrooms to treat and educate young people and families from throughout the state both in person and connected electronically. Like the rest of the facility, this space will be used to provide ongoing treatment services to young people and training for families while supplying demonstration for training purpose on line and in various digitally recorded modes. A full kitchen will be available to prep food for facility based training as well as serve as a teaching kitchen to better assist young people in learning daily living skills.

The Statewide Behavioral Health Outreach and Training Center will be on the properly already owned by Alaska Children's Service which will not only assist in initial cost savings but continues to provide for cost savings with ongoing maintenance. All maintenance required for the Statewide Behavioral Health Outreach and Training Center will be provided by an existing maintenance team with years of experience in all aspects of preventive maintenance , facility repair and safety preservation. The ongoing maintenance plan will insure that the Center will be maintained and functional for many generations to come

In closing, research provided though the Center for Disease Control has revolutionized children's behavioral health treatment by tying together behavioral health and the effects of adverse childhood experiences. The cold facts are that young people with behavioral health issues will live significantly shorter and more traumatic lives than the general populations unless we can intervene in their live before lifelong maladaptive coping mechanism are ingrained in their way of life. The Statewide Behavioral Health Outreach and Training Center purpose is to intervene early to disrupt these potential patterns. Simply stated our intent is to intervene in the lives of children where they live before the use of violence against self and others or drug and alcohol use becomes their knee jerk reaction to any and all stress in their lives.

Project Title: Alaska Children's Services - Statewide Behavioral Health Distance Based Training and Delivery System

TPS Number: 60560

Priority: 1

Agency: Commerce, Community and Economic Development
Grants to Named Recipient (AS 37.05.316)

Federal Tax ID: 92-0038588

Grant Recipient: Alaska Children's Services

FY2014 State Funding Request: $8,540,000

One-Time Need

Brief Project Description:

Facility and equipment to provide distance based behavioral health training and support to local service providers to reduce institutionalization of rural youth with behavioral problems and to recognize potentially violent people with mental health issues and how to intervene before violence occurs.

Funding Plan:

Total Project Cost:	$8,790,000
Funding Already Secured:	($250,000)
FY2014 State Funding Request:	($8,540,000)
Project Deficit:	$0

Explanation of Other Funds:

Although this is a new project, Alaska Children's Services owns and will contribute the land for this project.

Detailed Project Description and Justification:

For decades, Alaska Children's Services (ACS) has been Alaska's leading provider of services for disabled and behaviorally impaired children. This includes a range of services from community based up to full institutionalization in the most severe cases. These children come from all over the state and they have a range of conditions including genetic defects, FAS, suicide risks, substance abuse and various psychological disorders.

ACS now proposes to apply what they have learned about treatment and life management of these children in a distance based training and support system to local providers and parents. This program is intended to provide home based and local services to children in order to allow them to remain in their communities, stay with their families and reduce the need and cost on institutionalization. Most of these children qualify for medicaid. Institutional care sots the State of Alaska $370.00 per day per child, approximately $135,000 per year. If only 70 children could be supported locally without institutionalization, it would totally pay for the cost of the capital appropriation.

This system will provide a training center, distance based materials production facility and the necessary equipment to transmit these materials to local providers. The system will also include a 24/7 emergency support system utilizing existing ACS staff.

One of the training modules will be the recognition of potentially violent mentally ill people and training in intervention before violence occurs.

ACS will provide all maintenance and operational costs of the facility. ACS wil also provide the land for the project.

Project Timeline:

Project will begin construction in 2013 following final engineering and design, the majority of the funding will be spent during the construction season of 2014

Entity Reponsible for the Ongoing Operation and Maintenance of this Project:

Alaska Children's Services

Grant Recipient Contact Information:

Name:	Denis McCarville
Address:	4600 Abbot Road
	Anchorage, AK 99501
Phone Number:	(907)242-1686
Email:	dmccarville@akchild.org

This project has not been through a public review process at the local level and it is not a community priority.

Health Care Model Comparison

	Alaska**	Massachusetts (2010)*
# of insured	82%	98.1%
# of children insured	87%	99.8%
# of seniors		99.6%

*Massachusetts Division of Health Care Finance and Policy
**Kaiser Family Foundation

	Obamacare	Romneycare
Individual Mandate	Yes	Yes
Penalty for not buying insurance	Minimum of $695 a year***	Minimum of $1200 a year
Employer mandate	Yes, for companies more than 50 employees	Yes, for companies with more than 11 employees
Penalties for employers not providing insurance	$750 per employee for companies with over 50 employees	$295 per employee for companies with over 11 employees
Subsidized insurance	Yes; for anyone earning up to 400% poverty level	Yes; for anyone earning up to 300% poverty level. Free for anyone earning up to 150% of poverty level
Young Adults	Children stay on parents' plan until 26	Children can stay on parents' plan until 26 or until they have not been a dependent for 2 years – whichever is sooner
Benefit limits	Forbidden on both annual and lifetime basis	Not forbidden, although most MA insurers do not place limits
Retroactive rescinding of coverage	Forbidden	Forbidden
Pre-existing conditions	Insurers required to cover	Insurers required to cover, but can limit coverage of certain conditions to 6 months
Preventative Care	Free	Co-pay, but must be covered without a deductible
Effective Date	March 23, 2010 – Specific provisions phased in through 2020	April 12, 2006

Distributed by Rep. Geran Tarr

WONKBLOG

N. Korea to restart nuclear reactor

mandate

Posted by Ezra Klein at 02:00 PM ET, 05/12/2011

Newt Gingrich (Getty Images)

Yesterday, David at the Blue Mass Group uncovered a 1994 New Republic article in which then-Senate candidate Mitt Romney told John Judis that if he were elected, he'd support John Chafee's health-care reforms — which included a national individual mandate. Today, Huffington Post's Sam Stein follows up with an article arguing that Newt Gingrich also has a long paper record attesting to his support for an individual mandate.

I'd suggest we shouldn't act so surprised: The individual mandate was a Republican policy idea. It was developed as a defense against single-payer health care. It was endorsed by the Heritage Foundation. George H.W. Bush put together a plan with an individual mandate, but left it on the shelf because there was no way it'd pass in a Democratic Congress. It was present in the two main health-care proposals that Republicans released as alternatives to Bill Clinton's health-care reforms. This wasn't policy that a few Republican heretics were curious about. It was something that about half of the Republicans in the Senate affirmatively signed onto, policy that the most important Republican think tank backed, policy that a Republican president considered proposing. I won't go so far as to say it was official Republican Party policy, but it was pretty close. Look at the co-sponsors from the Health Equity and Access Reform Today Act, the legislation that Romney spoke favorably of back in 1994. I've bolded the names of all the Republicans who were active in health-care reform during the last two years.

> **Robert Bennett [R-UT], Christopher Bond [R-MO]**, David Boren [D-OK], William Cohen [R-ME], John Danforth [R-MO], **Robert Dole [R-KS]**, Pete Domenici [R-NM], David Durenberger [R-MN], Duncan Faircloth [R-NC], Slade Gorton [R-WA], **Charles Grassley [R-IA], Orrin Hatch [R-UT],** Mark Hatfield [R-OR], Nancy Kassebaum [R-KS], Robert Kerrey [D-NE], **Richard Lugar [R-IN], Alan Simpson [R-WY], Arlen Specter [R-PA],** Ted Stevens [R-AK], John Warner [R-VA].

And then there was the Consumer Choice Health Security Act of 1994, which included signatures from:

> **Robert Bennett [R-UT]**, George Brown [R-CO], Conrad Burns [R-MT], **Daniel Coats [R-IN]**, Thad Cochran [R-MS], Paul Coverdell [R-GA], Larry Craig [R-ID], **Robert Dole [R-KS],** Duncan Faircloth [R-NC], **Charles Grassley [R-IA], Judd Gregg [R-NH], Orrin Hatch [R-UT]**, Jesse Helms [R-NC], **Kay Hutchison [R-TX],** Dirk Kempthorne [R-ID], Trent Lott [R-MS], **Richard Lugar [R-IN]**, Connie Mack [R-FL], Frank Murkowski [R-AK], **Alan Simpson [R-WY]**, Bob Smith [R-NH], Ted Stevens [R-AK], Strom Thurmond [R-SC], Malcolm Wallop [R-WY].

Blog Contributors

Ezra Klein

Ezra Klein is the editor of Wonkblog and a columnist at the Washington Post, as well as a contributor to MSNBC and Bloomberg. His work focuses on domestic and economic policymaking, as well as the political system that's constantly screwing it up. He really likes graphs, and is on Twitter, Google+ and Facebook. E-mail him here.

Neil Irwin

Neil Irwin is a Washington Post columnist and the economics editor of Wonkblog. Each weekday morning his Econ Agenda column reports and explains the latest trends in economics, finance, and the policies that shape both. He is the author of "The Alchemists: Three Central Bankers and a World on Fire." Follow him on Twitter here. Email him here.

Sarah Kliff

Sarah Kliff covers health policy, focusing on Medicare, Medicaid and the health reform law. She tries to fit in some reproductive health and education policy coverage, too, alongside an occasional hockey reference. Her work has appeared in Newsweek, Politico, and the BBC. She is on Twitter and Facebook.

Brad Plumer

Brad Plumer is a reporter focusing on energy and environmental issues. He was previously an associate editor at The New Republic. Follow him on Twitter. Email him here.

Suzy Khimm

Suzy Khimm covers the budget, economic policy, and financial regulatory reform. Before coming to Washington, she was based in Brazil and Southeast Asia, where she wrote for the Economist, Slate, and the Wall Street Journal Asia. Follow her on Twitter here, and email her here.

Dylan Matthews

Dylan Matthews covers taxes, poverty, campaign finance, higher education, and all things data. He has also written for The New Republic, Salon, Slate, and The American Prospect. Follow him on Twitter here. Email him here.

Distributed by Rep Gerald Tarr

That's a lot of Republicans who remain in perfectly good standing today. The idea that past support for the individual mandate is some weird quirk of Gingrich or Romney's past just isn't accurate. If you're talking about Republicans who were in any way active during the 1990s, there's a very good chance you're talking about Republicans who either supported or said nice things about bills that included an individual mandate.

Tags

Older >

Expensive batteries are holding back electric cars. Here's how that can change.

22 Comments

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gavrojames wrote:
2/28/2012 4:22 PM GMT-0900

oohh scary. Thanks for proving Ezra's point about polarization too. He also already wrote an article about how many Repubs supported the individual mandate:

http://www.washingtonpost.com/blogs/ezra-klein/post/a-lot-of-republicans-supported-the-individual-mandate/2011/05/09/AFi26Z0G_blog.html

and 2 of your candidates supported it too though they won't admit it:

Like Liked by 6 readers · Share · Flag

stephenghowe wrote:
11/19/2011 12:26 PM GMT-0900

A lot of Republicans supported the individual mandate
http://www.washingtonpost.com/blogs/ezra-klein/post/a-lot-of-republicans-supported-the-individual-mandate/2011/05/09/AFi26Z0G_blog.html

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ozma1 responds:
11/19/2011 12:29 PM GMT-0900

Once again, reality shows its liberal bias.

Like Liked by 1 reader · Flag

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
Behavioral Health Department
4000 Ambassador Drive (HCB)
Anchorage, Alaska 99508
Telephone: 907-729-4594
Facsimile: 907-729-2924

April 1, 2013

To Whom it May Concern
I am writing on behalf of The Alaska Native Tribal Health Consortium- Behavioral Health Department to express support of Alaska Children's Services effort to expand its services to working in rural Alaska. ANTHC- Behavioral Health provides program support and technical assistance to all tribal behavioral health providers in the state and manages the Behavioral Health Aide certification program.

I am aware of Alaska Children's Services efforts to build a Statewide Behavioral Health Distance Based Training and Delivery System. As I understand it The Behavioral Health Distance Based Training and Delivery System being planned by Alaska Children's Services will support local assets by training families, children, informal supports, educators and professional working throughout rural Alaska. The program will both augment the services already provided and meet unmet needs where voids exist.

I applaud the staff of Alaska Children's Services for reaching beyond their tradition services in an attempt to meet the needs of the children and families outside of the Anchorage area. Furthermore, I support any attempt to keep kids safely in their home and home community. By providing prevention and early intervention services in the villages Alaska Children's Services has as its primary goal to work with village elders, family members, youth and others to provide needed services before situations are such that requires an out of home placement. Their sensitivity to cultural norms and stated goal of participating on in villages where they are invited speaks to their understanding of Alaska village culture.

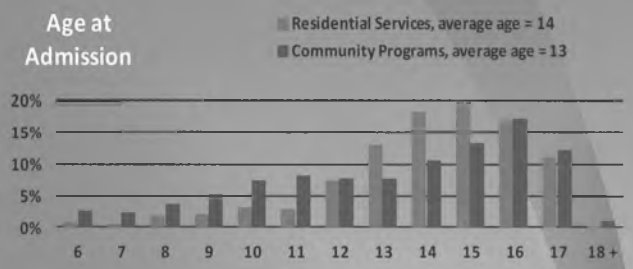
Alaska Children's Services has a long record of successfully providing culturally appropriate services to children and families of Alaska. In reaching out beyond their historical boarders, I am hopeful that this will promote more services to children and families outside of the larger population centers. Given a history of excellence in connecting with other providers throughout the state, I feel that this program may have an impact far beyond the sum of its parts.

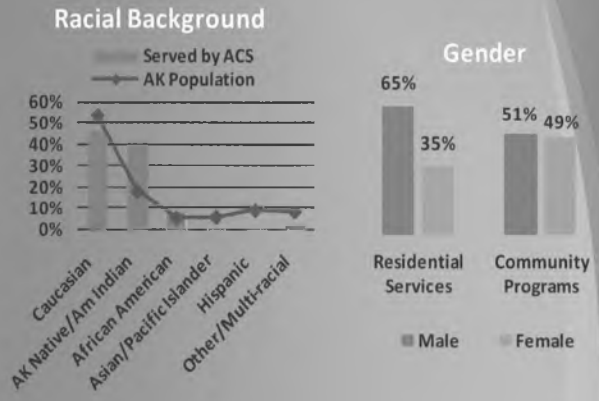
Sincerely,

Laura Báez, LCSW, LPC
BH Director

OUR STUDENTS

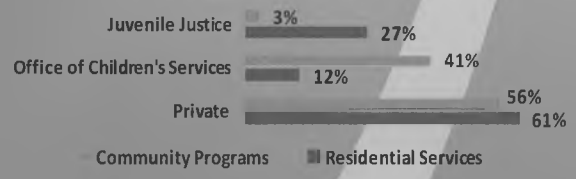
July 2006 - June 2011





Home Region

Community Programs	Region	Residential Services
84%	Southcentral	75%
70%	*Anchorage Bowl*	*55%*
5%	*Matanuska-Susitna*	*9%*
7%	*Kenai Peninsula*	*8%*
2%	*Glennallen-Valdez*	*3%*
4%	Interior	5%
8%	Southwestern	10%
0%	Southeastern	3%
4%	Far North	6%



WHAT OUR STUDENTS *are saying...*

"I am learning to control my anger a lot more and use my coping skills."

"I have been able to accomplish more than I ever thought I could."

"If not for the staff, I would not have made it this far."

"They have been helping me get back into my family."

"Staff have shown tremendous support with my unique situation."

"Staff have treated me with respect and kept me safe and I feel like I can now do something good for my life."

"They have shown me how to show more empathy for others."

"The staff are tough, but it is really helpful in the end."

"Staff are determined to help us with our lives."

"The work I've done here has made me be able to accomplish more things than I thought I could ever do. The staff are tough, but it's really helpful in the end."

"The staff understand me and are there for me."

"I am receiving trust, respect, and support."

OUTCOMES *management*

The outcomes management program at Alaska Children's Services measures how the agency meets its stated mission to "provide quality care and treatment to children and families in Alaska who need special assistance to develop self-esteem and the ability to live in harmony with others."

By analyzing the impact of treatment on the lives of our clients and their families, we are better able to assess student and family needs, guide the development of our treatment programs, shape staff training, and set agency priorities.

The data presented in this brochure covers a five-year span from July 2006 through June 2011.

Alaska Children's Services

For more information about the contents of this brochure or about our treatment outcomes program, please contact us.

Arlene Wilson
awilson@akchild.org

Alaska Children's Services
4600 Abbott Road
Anchorage, AK 99507
(907) 346-2101

ALASKA CHILDREN'S SERVICES

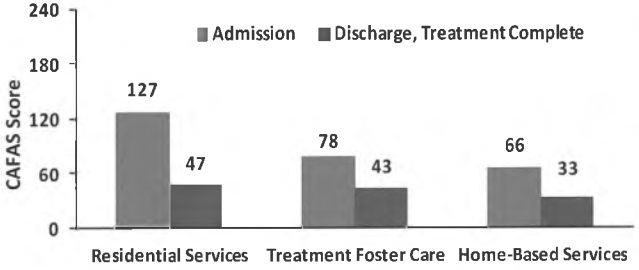
Measuring Success

Treatment Outcomes

July 2006 - June 2011

ASSESSING FUNCTIONING

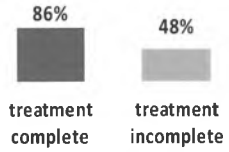
Alaska Children's Services uses the 240-item Child and Adolescent Functional Assessment Scale (CAFAS) to assess how our students function around eight life domains: Home, School, Community, Behavior to Others, Moods and Emotions, Self-Harm, Substance Use, and Thinking.



The reduction of impairment upon completing treatment

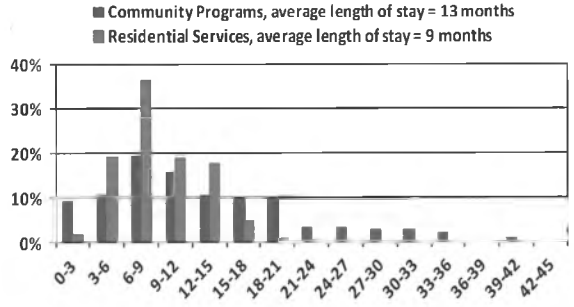
Youth entering our programs have assessment scores that reflect a need for the intensive level of care offered by Alaska Children's Services. As our students progress through treatment, statistically significant decreases in their scores are a reflection of a reduction of mental health symptoms as well as an increased ability to stay safe in their homes, schools, and communities.

Clinically significant change is seen when a student's overall score improves by at least 20 points. Students who completed treatment at Alaska Children's Services realized the most significant gains, but even those who did not complete treatment achieved some improvement in their functioning.



Rate of youth with clinically sianificant change at discharge

LENGTH OF TREATMENT



Average rate of students discharging, treatment complete, over 3 month periods

"I am very satisfied with treatment. My child's social skills are greatly improved. My child now plays with friends of the same age and has a best friend in our neighborhood. You have provided my child with tools for anger management."
...a parent, during a post-discharge interview

"My child is doing excellent and has finished counseling, is on the honor roll, and is using constructive coping skills and more communication. We have implemented some structure and discipline."
...a parent, in a post-discharge interview

"Thank-you for all your help. My child used to have explosive episodes when things went wrong. ACS was beneficial and taught my child coping skills and behavior strategies that are productive."
...a parent, during a post-discharge interview

"I am very thankful for your safe, compassionate, caring, knowledgeable environment. This is my child's third treatment center in three years and by far the best. Thank you.
...a parent, during a post-discharge interview

"ACS is a wonderful place. My child has become able to confront issues and become a better person. I have also learned a lot. The staff is great. I appreciate you all for being there in our time of need. I can't thank you enough."
...a parent, in a client satisfaction survey

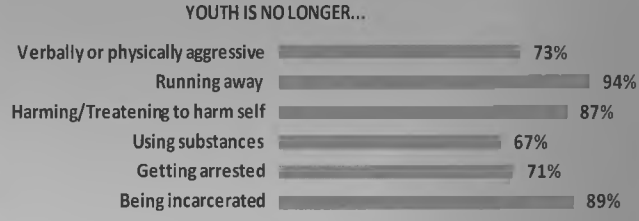
INDICATORS OF SUCCESS

...what parents/guardians are telling us...

The expectations of our students, families, staff, communities, funders, and referral sources is that our students will function better in their homes, schools, and communities as a result of our treatment services. To assess long-range progress, we interview parents and guardians six, twelve, and eighteen months after discharge.

HIGH RISK BEHAVIORS

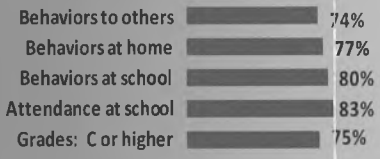
High-risk behaviors prevent youth from being successful in their homes or other less-restrictive settings. Responses from these interviews show that our students have had significant success in reducing these behaviors.



18 months after discharge: Rate of students no longer engaging in behaviors identified at admission

BEHAVIOR TO OTHERS

Our students are frequently unable to establish and maintain healthy interpersonal relationships. Part of their treatment involves learning social skills. Eighteen months after discharge, parents and guardians report that 74% of our students no longer have problems in their relationships with others.



18 months after discharge: Rate of students with minimal impairment in specified behaviors

FOLLOWING RULES

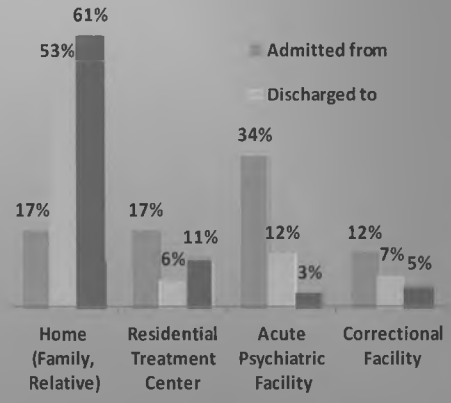
For youth with emotional/behavioral disorders, listening to those in authority and following the rules at home and in school is often difficult, leading to placement in specialized settings to ensure their safety or the safety of others. Parents and guardians report that our students, eighteen months after discharge, show significant improvement.

EDUCATION

The highly structured nature of school requires a level of focus and thinking that can be challenging for our students, often resulting in lower grades, course failure, suspensions, expulsions, and dropping out. With increased support and/or specialized education settings, many of our students begin to turn a pattern of failure around. Eighteen months after discharge, many parents and guardians report that their children have satisfactory grades and regular attendance.

LIVING ENVIRONMENT

Over 60% of our students admit to the agency from psychiatric hospitals, correctional facilities, and varying levels of residential treatment. At discharge, 53% return to family or relative homes. Eighteen months after discharge, parents or guardians report that an additional 8% have returned to live with their families.



Living environments of youth at admission, discharge, and 18 months after discharge