



# DBH Grantee Newsletter

The Latest News, Updates, and Information for Grantee Agencies!

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## New staff and focus areas at DBH:

### ***New Deputy Director – Andrea Mueca***

“I am pleased to welcome Andrea Mueca to the Division of Behavioral Health team as our new Deputy Director. Ms. Mueca comes to us from the Division of Retirement and Benefits where she holds the position of Health Operations Manager. In this role she serves as the subject matter expert for Alaska Care Health Benefits including ASO management, data and reporting, and member eligibility. She has experience transitioning insurance vendors which will be an asset to the Division as we evaluate our future Administrative Services Organization needs. She holds a bachelor’s degree in international studies with an emphasis on World Relations. Having worked for the State of Alaska since 2011, Ms. Mueca has a broad range of experience in state government which will help us move forward the priorities of the division, department, and administration. She will begin in the position on November 6, 2023, based in the Juneau Office. Please join me in welcoming her to the DBH team.”

-Tracy Dompeling, Director of Division of Behavioral Health

### ***Primary Care Behavioral Health Integration***

For many years integration of medical and behavioral health services has been a priority and goal at DBH. This year the division was able to further its efforts in this pursuit by developing a dedicated position to spearhead this effort. Anastasia (Stacey) Larion, Health Program Manager 2 comes to DBH with over 10 years of nursing experience in hospitals, long term care, pediatric, and primary care

settings. Additionally, Stacey has managed successful grant programs, and worked in family services, advocacy, and care coordination. Stacey's primary role in this position is to research, develop, and implement strategies to improve integration of services, and access to integrated care for Alaskans.

This position is currently focused on researching current integration efforts being made in Alaska, meeting with stakeholders to identify challenges, service gaps, and opportunities to collaborate. This position is also responsible for grant program management of agencies providing integrated services and identifying and applying for grants to provide further resources and funding opportunities for agencies in the state who desire to develop or build upon integrated services. DBH is taking a bidirectional approach to integration through collaboration with both primary care and behavioral health providers and engaging with our partners at Public Health and Health Care Services to meet this goal.

Stacey is here to help if you need screening recourses and is a subject matter expert on Certified Community Behavioral Health Clinics (CCBHCs). This position is still developing and DBH welcomes input from grantees regarding ways we can support you in integration efforts, or help you work through challenges. Stacey can be contacted via email at [anastasia.larion@alaska.gov](mailto:anastasia.larion@alaska.gov) or phone at 907-344-2397.

### ***Trauma Informed Care and Behavioral Health Equity***

Rick Rau serves as the DBH grantee dedicated point of contact for information and training resources as they relate to trauma informed care and behavioral health equity. If you work with individuals with disabilities, cognitive delays and/or mental health needs, those in psychiatric care, substance use care, residential, or outpatient and you would like links to programs focusing on trauma informed care approaches or methodologies, please contact Rick.

Rick's position also serves as the DBH grantee dedicated point of contact for healthcare access equity. Rick has served rural Alaskan and international communities for several years, working in equality-based programs and advocating in all capacities for equal opportunity at the federal level. Rick is currently focused on initiatives to improve access to services for our Native Alaskan neighbors and LGBTQ+ populations, leveraging his contacts within the Substance Abuse Mental Health Services Administration (SAMHSA) and National Association of State Mental Health Program Directors (NASMHPD) to identify gaps and reduce barriers for these communities within the State of Alaska. If you need cultural resources and training to support your work throughout the rural areas of Alaska, he can provide resources for evidence-based practices in communication and collaborations.

Be on the lookout for more information on data driven initiatives that focus on equitable access as well as highlighted services from our grantees relating to trauma informed care practices. Rick can be contacted by email ([rick.rau@alaska.gov](mailto:rick.rau@alaska.gov)) and by phone at (907) 538-5523.



## Continuity of Care Updates

### ***New Opioid Treatment Program***

Alaska currently has eight Opioid Treatment Programs (OTP) across five organizations and now, five communities. Southeast Alaska Regional Health Consortium (SEARHC) just opened its third OTP in Klawock, which totals its OTPs to three (to include Sitka and Juneau). There are additional OTPs in Anchorage and in Fairbanks. For more information about these OTPs, please visit the following website: <https://dpt2.samhsa.gov/treatment/directory.aspx>

### ***Bed Availability Portal***

Over two years ago, when DBH experienced a Cyber Attack, the Bed Availability App had to be removed from the DBH website. Finally, we are ready to re-install it. It can be accessed via the homepage of the DBH website in the right-hand column under Bed Availability.

There are two sections to the App; one is for Residential SUD programs and the other is for Residential Childrens Care and Youth facilities (RCCY). Both sections contain a list of all DBH approved providers of these services, their contact information, and a description of the program, often with photos, and/or a link to the provider's website. This allows other providers and the public to become familiar with the available resources, the number of beds each facility operates, current capacity and any bed availability, number of persons on the waitlist, and an estimated wait time.

The service providers receive daily e-mails requesting that they provide updates to their waitlists and estimated wait times, thus the information is current, accurate, and useful to anyone seeking treatment. If you have questions or are interested in having your agency's information included in this resource, please contact Joan Houlihan at [joan.houlihan@alaska.gov](mailto:joan.houlihan@alaska.gov).

<https://bedcount.health.alaska.gov/BedCount/statewide.aspx?ProgramType=SRT>

<https://bedcount.health.alaska.gov/BedCount/statewide.aspx?ProgramType=RCCY>



## Grant Reporting Updates

### ***Results Based Budgeting (RBB) guidance for CBHTR Outpatient awardees.***

The Division of Behavioral Health has posted a guidance document on the new RBB Measures for CBHTR outpatient grantees. The document can be found here:

<https://health.alaska.gov/dbh/Documents/TreatmentRecovery/FY24-Guidance-RBB.pdf>. In this document you will find instructions on how to calculate your RBB measures using your grant specific

AKAIMS Quarterly Summary report. If you have questions, difficulty with generating your AKAIMS Quarterly Summary or calculating your RBB Measures, please contact your program manager.

**Quarterly Summary Reports**

FY24 reporting for CBHTR grantees includes the requirement to upload the Quarterly Summary report generated from AKAIMS. The Quarterly Summary report not only provides the basis for your metric calculations, but also serves as a quality assurance tool for your agency to validate that AKAIMS accurately reflects the count of clients served in your program(s). While the program managers at DBH have access to the AKAIMS reports, they are unable to gauge the completeness of the data entry without agency representatives comparing the summary reports against the internal systems of record. Data entered into AKAIMS provides the state with valuable information for assessing programmatic gaps in our statewide continuum of behavioral health care and satisfies federal Substance Abuse Mental Health Services Administration (SAMHSA) reporting obligations.

The Division has received multiple messages from SAMHSA noting the steady decline in our Treatment Episode Data Set (TEDS) annual counts of clients served. Recognizing the impact of both a cyberattack and the COVID-19 pandemic Public Health Emergency on our behavioral health system, the Division has provided various temporary reductions and flexibilities for fulfilling data obligations. However, as the State moves through the Public Health Emergency unwinding period, SAMHSA has expressed an expectation that TEDS counts return to previous baselines. The tables below were provided to the Division by our SAMHSA reporting contacts on 10/03/2023 to illustrate the noted downward trend in both annual reported client admissions and discharges:

**Admissions**

<u>Year</u>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<u>2019</u>	710	613	684	723	736	661	843	699	727	785	641	692	<b>8,514</b>
<u>2020</u>	696	671	671	590	607	733	664	661	605	653	506	576	<b>7,633</b>
<u>2021</u>	643	641	668	665	561	549	471	574	529	508	519	493	<b>6,821</b>
<u>2022</u>	458	486	650	543	505	404	423	496	517	452	529	518	<b>5,981</b>
<u>2023</u>	581	500	579	503	484	407	47						<b>3,101</b>

**Discharges**

<u>Year</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>
<u>2019</u>	683	642	661	702	753	743	715	655	624	669	548	687	<b>8,082</b>
<u>2020</u>	624	592	653	561	554	655	673	540	557	529	464	540	<b>6,912</b>
<u>2021</u>	573	494	662	573	524	526	467	482	391	395	421	468	<b>5,976</b>
<u>2022</u>	402	392	524	473	469	421	412	426	412	404	442	440	<b>5,217</b>
<u>2023</u>	449	484	514	468	479	416	53						<b>2,860</b>

In asking your agency to generate and validate your AKAIMS Quarterly Summary report(s), the following can only be accomplished with accurate data entry from the Agencies:

<b>The Division</b>	<b>At a federal level</b>	<b>At a state level,</b>
Can ensure the valuable services your Agency provides are accurately reflected at the state and federal level.	Clients served metrics are part of the population-based methodology that determines future grant funding awarded to Division.	The data is used during legislative session to demonstrate a statewide view of activities provided by behavioral health providers.  Questions such as how many SMI, SED, or SUD clients are seen across the state, or approximately how many treatment beds are available, are a few of the many types of questions which can be answered by the TEDS dataset

With your help, we can improve data integrity to strengthen future grant funding requests and inform key stakeholders and legislative members of the amazing work you and your organizations accomplish each day. Thank you for taking time to generate and review the AKAIMS Quarterly Summary for accuracy against your agency's internal records.

**This requirement is for the following grant programs:**

- CBHTR Outpatient,
- CBHTR Residential and Withdrawal Management,
- CBHTR Peer and Consumer Support,
- Permanent Supported Housing Assertive Community Treatment,
- Residential Care for Children and Youth.

**The Quarterly summary is not required for** most of the grant programs including:

Community Behavioral Health Prevention Early Intervention  
Rural and Human Services  
Alcohol Safety Action Programs  
Supported Employment,  
Pregnant and Parenting Women,  
Recidivism Reduction,  
State Opioid Response Recovery Residences,  
Adult Rural Peer Support,  
CBHTR Drop in Model,  
CBHTR Clubhouse Model,  
Therapeutic Court Palmer,  
CINA Therapeutic Court, and  
PATH Permanent Supported Housing,  
Mobile Outreach Crisis Response,  
Crisis Stabilization and Residential,  
Bethel Community Service Patrol and Sobering Center.

### ***Quality Improvement***

In support of our commitment to continuous quality improvement, DBH is in process with disseminating a survey to all CBHTR grant program applicants to obtain feedback on current processes. Results of the survey will be shared in a future newsletter and will be used to inform the planning of FY25 grant programs and potential restructuring of the CBHTR grant program. We appreciate your engagement and thank you for the time spent providing thoughtful response.



### **Grant Awardee Updates**

#### ***State funded grant programs***

Presbyterian Hospitality House established the Chena Hot Springs Sex Offender Program in July 2023 (FY24). Chena Hot Springs is a Level III treatment program offering 24-hour basic care and treatment for adolescent males, 12-18, who have sexually offended and have Co-occurring Disorders such as FASD, ADHD, and Conduct Disorders. Most youth are in the custody of the State of Alaska; however, the program does also accept private family placement. Youth admitted to this program are typically two years or more behind their peers and are labeled severely emotionally disturbed. Clinical assessments, individual and group therapy, provided by our clinical staff result in measurable improvement. Details and contact information for program staff is available online at:

<https://health.alaska.gov/dbh/Pages/Residentialcare/facilities/ChenaHS.aspx>

### ***Federal funded grant programs***

The State of Alaska Division of Behavioral Health applied for and was awarded the Children’s Mental Health Initiative funding for FY24-26. This grant is designed to augment and promote more focus on aiding children on their path through the behavioral and mental health systems of care. Some of the primary focuses of the initiative are Crisis Response and Respite Care. Currently, the initiative is in the early phase of development and the DBH staff is linking these grant activities and funding toward meeting needs identified in various recommendations, landscape assessments, workgroups, and other reports. In working with the multiple divisions within Alaska’s Department of Health, we have a great opportunity to direct this funding to programs that will keep our children in Alaska receiving the best evidence-based mental healthcare. Please be sure to subscribe to receive public notices and grant and contract solicitations when they are posted. <https://aws.state.ak.us/OnlinePublicNotices/>.



## Upcoming Events and Trainings

### **State Events and Training**

#### ***Matrix Model Training – November 29 – December 1, 2023***

The Matrix Model evidence-based program demonstrates its efficacy with adults, particularly those who engage in stimulant use. The model includes more content aimed at parents and places strong emphasis on developing natural social supports to promote recovery. Matrix Model combines Cognitive Behavioral Therapy techniques, contingency management (including urinalysis) and Motivational Interviewing.

**REGISTER HERE:** <https://matrixmodelcore.eventbrite.com/>

#### ***Peer Centered Crisis Response Simulations – See links below for more details.***

This Peer Centered Crisis Response simulation experience intends to provide a safe learning environment for members of crisis response teams to collaboratively engage in their unique roles with community members in crisis who need supportive, compassionate, and least restrictive interventions and services. This simulation involves an “unfolding” scenario that incorporates the various settings and approaches through which clients can be supported by the Crisis Now model, including a Crisis Call Center, Mobile Crisis Response Team, and a Crisis Response Center.

[Click here for additional information and related training information](#)

[Click here to register for Peer Centered Crisis Response Training.](#)

#### ***2023 RCCY Summit- November 13-14: Held at the BP Energy Center in Anchorage.***

The summit is for children’s residential treatment providers to gather ideas, learn and express support for leaders. For additional information contact **Seg Lim** by email [slim@akchild.org](mailto:slim@akchild.org) or call at 907-268-7101

#### ***Introduction to Client Centered Counseling – November 30 – December 1, 2023***

The course will provide information of the characteristics of the effective counselor, establishing a counseling relationship, and defining counselor and client roles. Through applied exercises participants will be introduced to the practice of the client-centered approach, using communication skills such as listening, attending, reflection, paraphrasing, and summarizing. Cost - \$100. Instructor – Gloria Eldridge, PhD. Registration: Call Virginia at 907-563-9202 or email [radact3901@gmail.com](mailto:radact3901@gmail.com)

**Documentation 8 hours – January 10, 2024**

This course will provide information regarding the establishment and maintenance of a quality clinical/counseling record. The focus of the course will be the biopsychosocial assessment, and the principles of writing individualized treatment plans based on client assessment. Through hands on exercises participants will learn how to articulate clinical problem statements, formulate measurable treatment objectives that serve as benchmarks for obtaining clinical outcomes. Cost - \$50. Instructor – Timothy Brown, Mental Health Clinician III. Registration: Call Virginia at 907-563-9202 or email [radact3901@gmail.com](mailto:radact3901@gmail.com)

**MAT Conference**

MAT Conference recordings are available online! <https://matconference.com/resources/>

**The Collaborative Conference**

The Division of Behavioral Health previously held an annual conference for grantees titled the “Change Agent Conference.” When the Division contracted an Administrative Services Organization (ASO), OPTUM, to support 1115 Waiver activities in 2020, the planning and coordination of this conference was established as a contract deliverable. Since assuming responsibility, OPTUM has rebranded this annual conference as “The Collaborative” and engaged virtually with providers throughout the pandemic. Attendance at this conference is a requirement in the CBHTR grants; however, *this year the conference has been postponed*. Reschedule event information will be provided as it becomes available.

**Early Psychosis Intervention in Alaska**

Session 1 -Core Concepts and Practices: November 15<sup>th</sup>, 2023 – topics include - Early psychosis care in Alaska and across the U.S.; Schizophrenia and psychosis: How our thinking has changed; and creating the right supports for the right outcomes: Core concepts.

Session 2 -Making it Happen in Your Community: December 6<sup>th</sup>, 2023 - topics include - Applying early psychosis concepts and practices in your community; and creating a statewide vision for early psychosis care in Alaska

\*Both Sessions 9:00-11:30am Alaska Time Zone

Presenter: Tamara Sale, Director, EASA Center for Excellence

Register here: [https://ohsu.ca1.qualtrics.com/jfe/form/SV\\_81DYPX16fH5FFGu](https://ohsu.ca1.qualtrics.com/jfe/form/SV_81DYPX16fH5FFGu)

**Federal Events and Training**



***RX Summit – April 1 – 4, 2024:*** <https://www.hmpglobalevents.com/rx-summit>

***ASAM 55th Annual Conference - Innovations in Addiction Medicine and Science – April 4 – 7, 2024:***  
<https://annualconference.asam.org/>