Southcentral Foundation Rural Behavioral Health Services

2018 NIHB AI/AN Behavioral Health Conference Samantha Gunes, Behavioral Services Division Administrator Nicole Tracy, Clinical Supervisor

65,000 voices



Welcome!



Vision

A Native Community that enjoys physical, mental, emotional and spiritual wellness

Mission

Working together with the Native Community to achieve wellness through health and related services

Operational Principles

Goals

Shared Responsibility

Commitment to Quality Family Wellness

R elationships between customer-owner, family and provider must be fostered and supported E mphasis on wellness of the whole person, family and community (physical, mental, emotional and spiritual wellness) L ocations convenient for customer-owners with minimal stops to get all their needs addressed A ccess optimized and waiting times limited T ogether with the customer-owner as an active partner Intentional whole-system design to maximize coordination and minimize duplication O utcome and process measures continuously evaluated and improved N ot complicated but simple and easy to use **S** ervices financially sustainable and viable H ub of the system is the family P opulation-Based systems and services **S** ervices and systems build on the strengths of Alaska Native cultures

Customer-Ownership



Work together in relationship to learn and grow E ncourage understanding L isten with an open mind L augh and enjoy humor throughout the day N otice the dignity and value of ourselves and others E ngage others with compassion S hare our stories and our hearts S trive to honor and respect ourselves and others

Core Concepts

P ractice and encourage self-improvement believing there is good in every person

- Leadership Principles
- **O** perate from the strength of Alaska Native cultures and traditions of leadership.
- W III stand in the gap to align and achieve the mission and vision.
- **N** urture an environment of trust that encourages buy-in, systematic growth and change.
- E ncourage ownership of responsible, calculated risk taking.
- R espect and grow the skills of future generations to drive initiatives and improvements.
- 5 hare and listen to personal life stories in order to be transparent and accountable.
- H edge people in by creating a safe environment where spiritual, ethical and personal beliefs are honored.

Malcolm Baldrige National Quality Award

2011 & 2017 Award Recipient

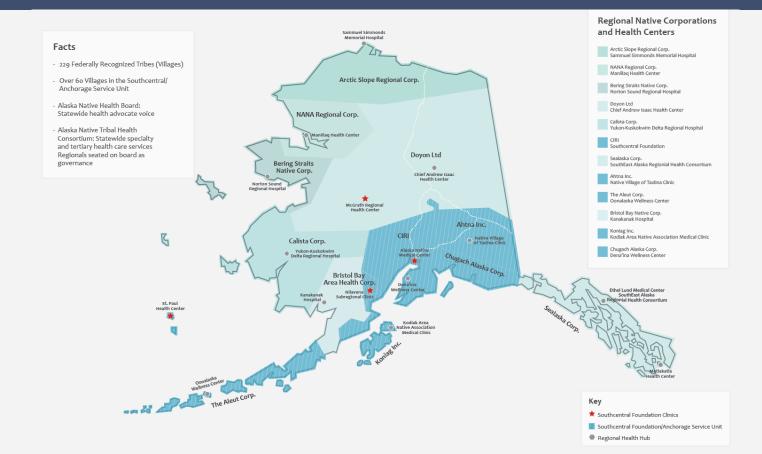
Learning Objectives

- Review the core elements of Southcentral Foundations integrated rural behavioral health care system
- Identify the unique challenges in the provision of behavioral health care in remote rural areas as well as potential solutions to those challenges as exemplified by Southcentral Foundation
- Describe key elements of the rural behavioral health care systems in which you practice and identify opportunities for improvement

Alaska Is Larger Than Texas, California and Montana Combined 591,000 Square Miles



Tribes and SCF's Coverage





Rural Alaska Transportation



Rural Behavioral Health Integration

Key Elements

- Flexible communication
- Recruiting and training
- Orientation and training of primary care providers
- Medical and behavioral charting
- Proximity

- Maintain strong connection between behavioral and medical health
- Level of consultation and referral
- Operational
- Consistent communication with Tribal Leaders

Rural Medical Staff

Clinic staffing may include:
Physician Assistant or Nurse Practitioner
Community Health Aide
Behavioral Health Aide
Administrative Staff

Rural Behavioral Health Staff

Rural Behavioral Health staffing includes:
Rural Clinician
Behavioral Health Case Manager
Behavioral Health Aide
Psychiatric Med Provider
Clinical Supervisor

Rural Behavioral Health Services

- Rural Clinicians spend approximately 2 weeks out of the month in the region they support unless living in the area
- Rural Clinicians provide:
 - brief intervention services
 - individual therapy
 - substance abuse treatment
 - learning circles
 - medical assisted treatment
 - crisis intervention
 - tele-behavioral health
 - CISM

Brief Intervention

- Time limited counseling encounters focused on targeted behavior
 - Risk/benefit to change
 - Self efficacy
 - Responsibility to change
 - Skill building
 - Empathetic but directive

Communication emphasis:

- Honor culture
- Promote goal setting
- Problem solving

Brief Therapy

Focused process relies on

- Assessment of need(s)
- Client engagement
- Implementation of change strategies
- Duration of encounters and sessions vary
- Is not an episodic form of long term therapy
- Emphasis on advanced approaches:
 - Motivational interviewing
 - Cognitive behavioral approach problem solving

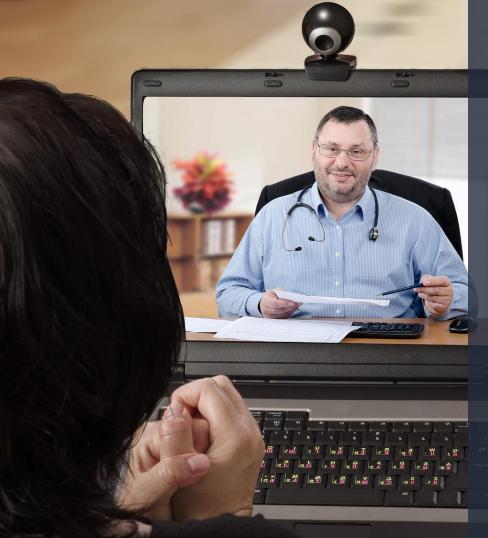
Individual Therapy Services

Individual therapy (weekly) 60 min appointments

- Addresses long term goals and problems in depth
- Can be associated with depression, anxiety, complex trauma and/or co-occurring disorders
- Provides substance abuse treatment individually tailored based on customer need / American Society of Addiction Medicine criteria

Integrated assessment

- Treatment plan developed and reviewed every 90-135 days
- Progress is tracked through plan and progress note included in transition/discharge plan
- Additional services are added to plan as necessary



Rural Behavioral Health Services

Behavioral Health Case Manager is based in Anchorage:

- Provides case management
- Telephonic support
- Outreach
- Scheduling
- Referrals

- Networking in our system
- Coordinates residential services
 - Co-facilitates learning circles



Learning Circles

Facilitation
Topics
Open & Closed Circles

Rural Behavioral Health Services



Behavioral Health Aids

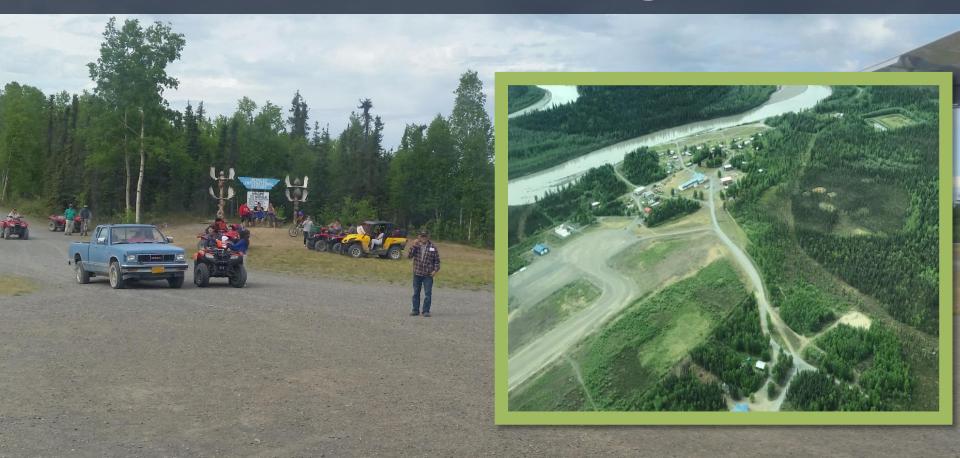
- Village-based counselors who are given training to address behavioral health needs in their communities
- Issues addressed:
 - Alcohol, drug, and tobacco use
 - Grief, depression, suicide, and related issues
- Levels are Trainee, I, II, III, and Practitioner
 - Education ranges form CDC to Masters Level Clinician
- Goal is to have all certified statewide
- BHA program facilitated through ANTHC's Behavioral Health Dept., with approx. 100 BHAs statewide

Rural Behavioral Health Services

Clinical Supervisor is based in Anchorage:

- Provides weekly clinical supervision
- Clinical staff meeting weekly to staff cases
- Communications with tribes, clinic staff and managers, and collaborates with multiple clinical teams
- Trains staff on clinical documentation, standards of practice and specific considerations for remote clinical workflow
- Fills in for clinicians Often keeps a small case load
- Participates in CISM TEAM

Life in the Village



Cultural Considerations

- Varying native cultures
- Native hiring preference uniqueness to this team
- Subsistence Lifestyle
- Historical Trauma
- Role of Elders
- Using Story as a tool
- Relationships Differ (Aunts/Uncles/Cousins)
- Honoring Customer meeting them where they are

C'eyiits' Hwnax Life House Community Health Center

Challenges

- Very Remote Locations
- Limited resources, jobs, and opportunities
- Wet/Dry Villages
- Unique conflicts of interests, boundaries, ethical considerations
- Limited availability to services
- Limited support
- Political considerations/tribal relations
- Higher rates of substance abuse, suicide rates, sexual abuse, domestic violence
- Stigma of behavioral health

McGrath Regional Health Center



St. Paul Health Clinic



Tyonek Health Clinic





Lessons Learned

- Providing care with limited technology is a challenge
- Working to ensure continuity of care in rural areas helps build relationships
- Consistent staff is critical for those relationships
- Be flexible and creative with solutions

Questions?

Thank You!

Qaĝaasakung Aleut

Mahsi' Gwich'in Athabascan **Quyanaa** Alutiiq Quyanaq Inupiaq Awa'ahdah _{Eyak}

Igamsiqanaghalek Siberian Yupik Háw'aa Haida

Quyana Yup'ik T'oyaxsm Tsimshian Gunalchéesh Tlingit

Tsin'aen Ahtna Athabascan **Chin'an** Dena'ina Athabascan