



Alaska Tribal Health System

Alberta Unok

Chief Operating Officer

Alaska Native Health Board

Presentation Overview

- ▶ History of Alaska Native Health Care (brief)
- ▶ Introduction to the Alaska Tribal Health System (ATHS)
- ▶ ATHS Map - referral pattern and telehealth network
- ▶ ATHS Economic Impact
- ▶ Alaska Tribal Health Compact
- ▶ Alaska Native Health Board
- ▶ Alaska Tribal Health Directors



Alaska Native Health Board

History

1990-1970: Health care for Alaska Native people was provided by the U.S. government

- ▶ 1966 Alaska Federation of Natives
- ▶ 1968 Alaska Native Health Board

1970-2004: Under self-governance legislation Alaska Tribes created health care organizations and gradually assumed health care services at the regional and community/village level

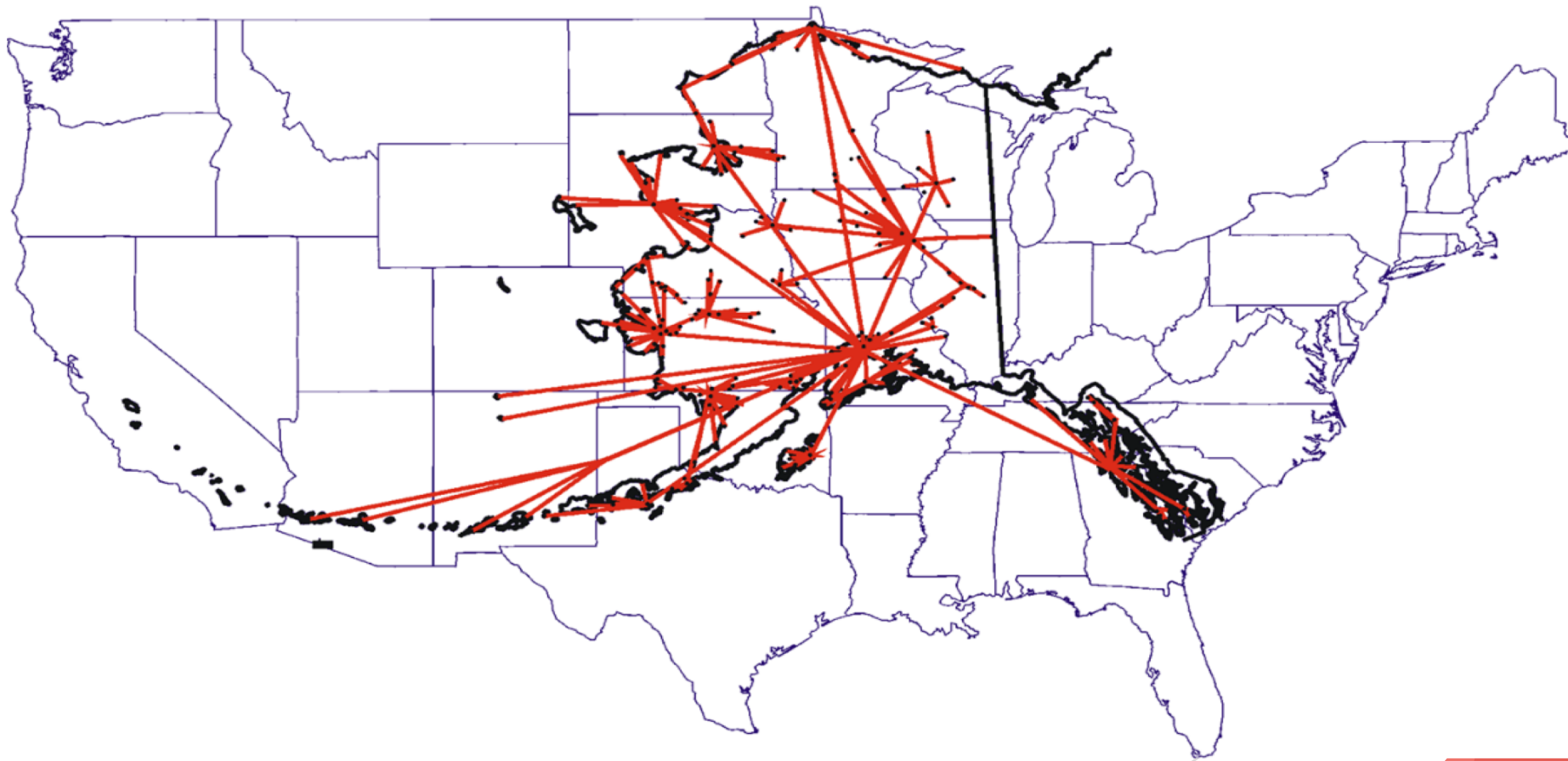
- ▶ 1970 First regional tribal health organizations (YKHC & NSHC) created and begin the process of contracting the CHAP program in 1972
- ▶ 1995 Alaska Tribal Health Compact
- ▶ 1997 Alaska Native Tribal Health Consortium
- ▶ 1999 ownership of Alaska Native Medical Center transferred to ANTHC and Southcentral Foundation in the creation of the Joint Operating Board
- ▶ 2002 ANHB Statewide Native Health Plan
- ▶ 2004 AHS Memo of Understanding



Alaska Native Health Board

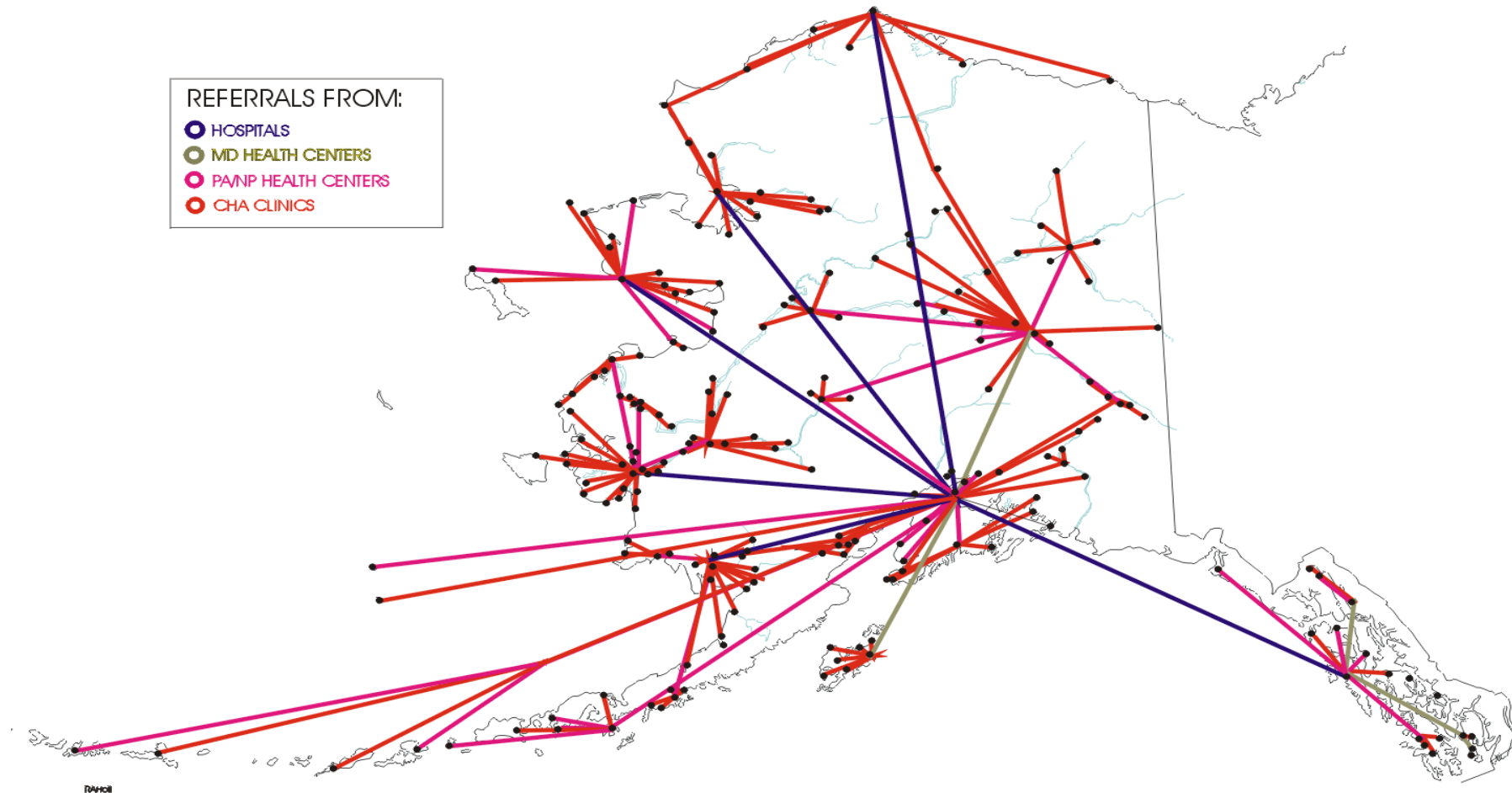
Alaska Native Health Care System Referral Pattern and Telehealth Network

Same Scale Comparison - Alaska Area to Lower 48 States



THE ALASKA NATIVE HEALTH CARE SYSTEM

Typical Referral Patterns



ATHS Economic Impact

- ▶ The ATHS generates 18,000 jobs for Alaskans, and contributes a total economic output of \$2.4 billion in the state, much of which is an intake to the state economy.
- ▶ Due to its service population and statewide reach, the ATHS represents a large part of Alaska's economy. In 2017, the ATHS, as a collective, was 5% of the entire Alaska economy.
- ▶ The ATHS is a larger sector of the state economy than the retail trade, the construction industry, the professional business and technical services sector, all arts and entertainment, all manufacturing, the information sector, utilities, and the agriculture/forestry sector.
- ▶ As a vital part of the Alaska Public Health System, the ATHS has served as a pillar for the state economy and as a partner with the State of Alaska as it pursues policy and health care coverage. That partnership has not only generated net economic impact for the state, but it has also helped produce massive savings to the state budget in the form of Medicaid federal offsets.
- ▶ As of FY2019, the ATHS has helped save the state budget \$152 million.



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ATHS and ANHB

- ▶ Represents 229 Tribes
- ▶ Serves over 175,000 American Indian/Alaska Native people
- ▶ 586,412 square miles of predominantly road-less land
- ▶ Shared advocacy lead by ANHB - with 28 T/THOs
 - ▶ Alaska Tribal Health Directors serve as technical advisors
 - ▶ Formed committees: Standing, Legislative, CHAP Directors, TBHDC, etc.
- ▶ One compact and unified voiced
- ▶ Strong inter-tribal health network



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ATHS Strengths

- ▶ Working as one - keeping the connection, unity, pride, collaboration, community “together we are stronger”
- ▶ Honor Sovereignty
- ▶ Clear common vision and values, dream big
- ▶ Clear roles and accountability
- ▶ Set up strong technical support, use of committees to tackle hard issues
- ▶ Communication and strong advocacy role by bringing key political stakeholders to the table
- ▶ Utilize ground rules that centers on respect and inter-tribal relationships
- ▶ Create “tribal caucus” a closed space to resolve key issues
- ▶ Sharing of success models and innovations to address unique needs
- ▶ **The ATHS is an extraordinary resource**



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Alaska Native Tribal Health System & Alaska Native Tribal Health Consortium

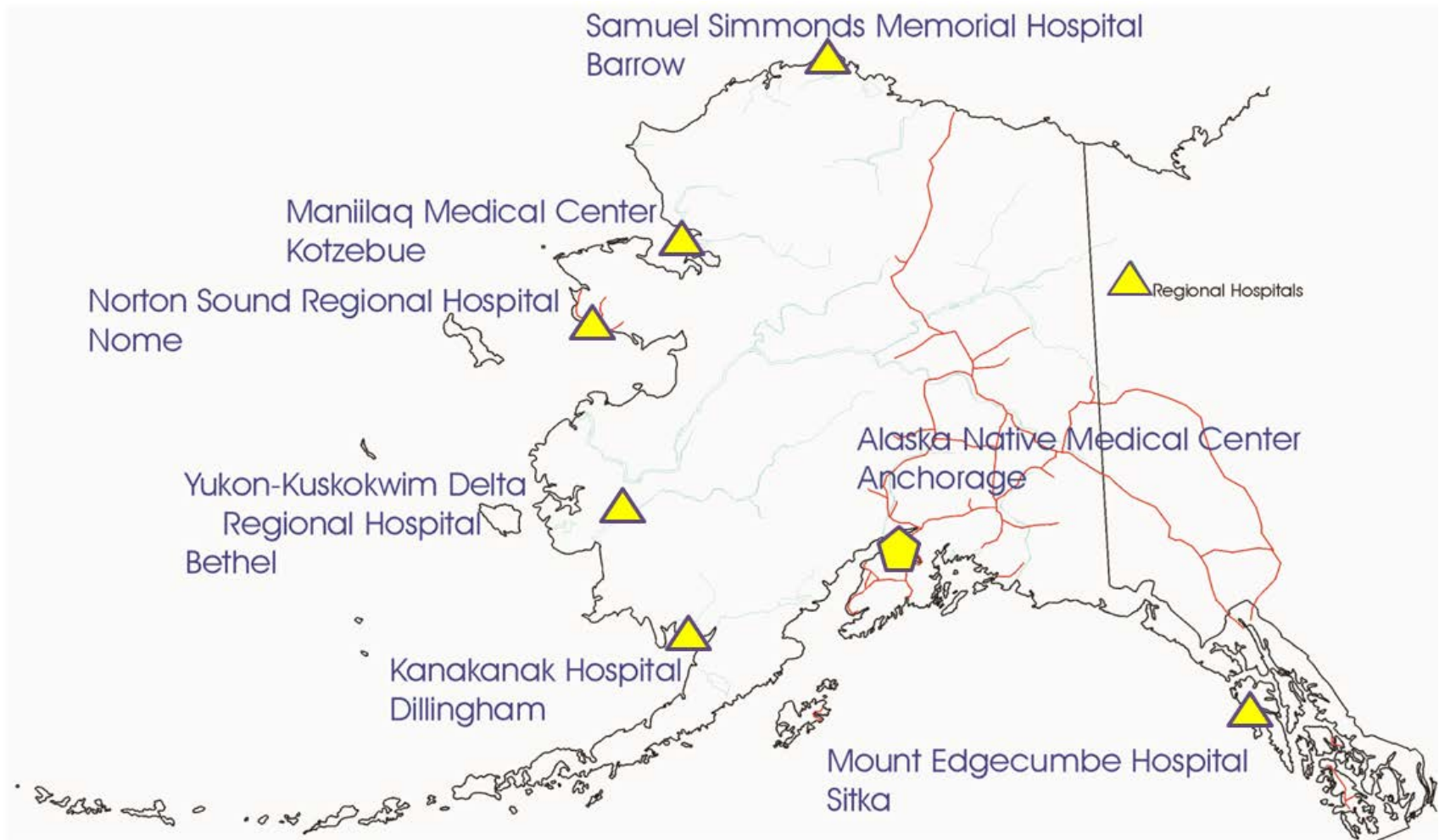


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OUR VISION:

Alaska Native people are the
healthiest people in the world.

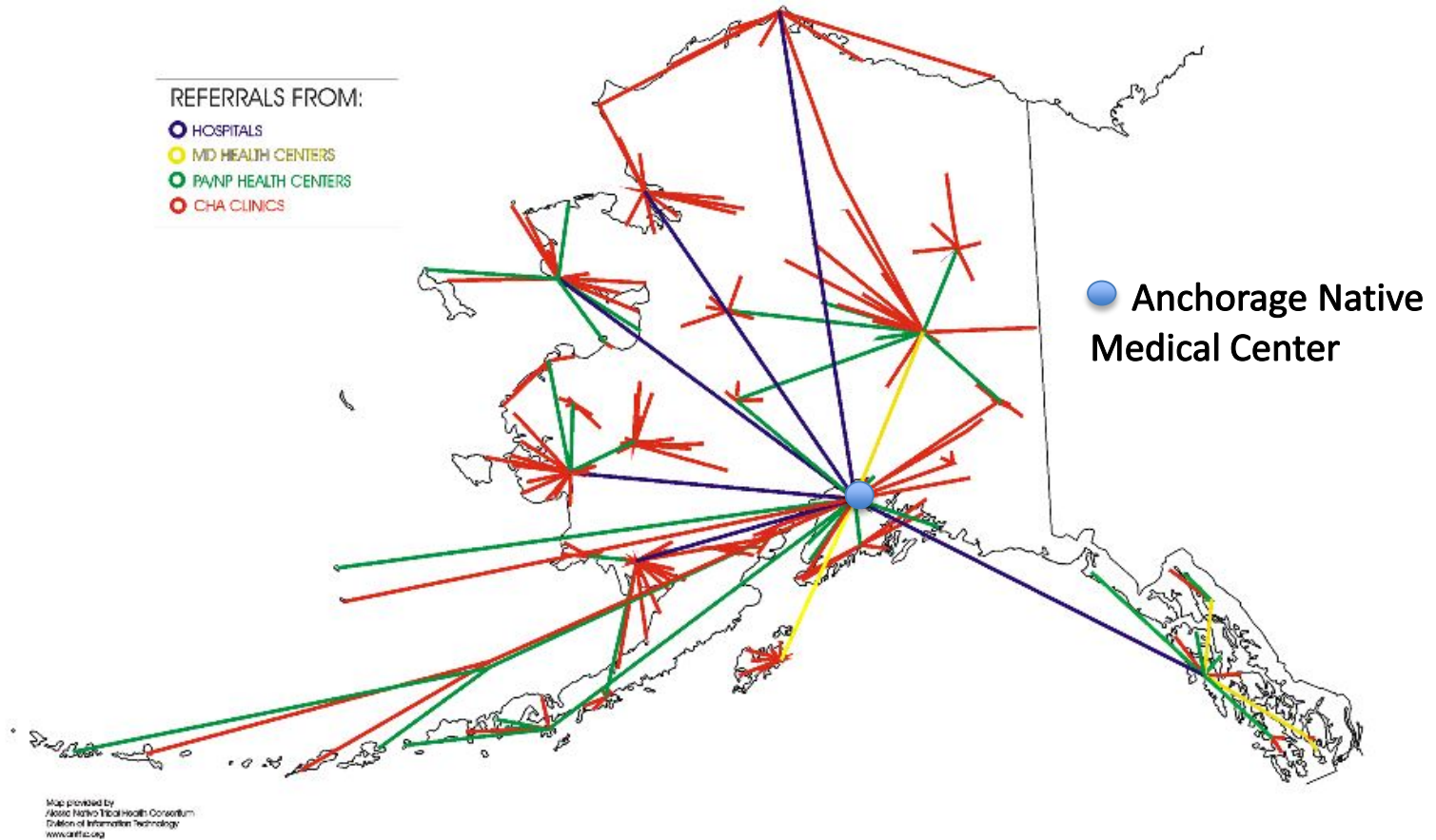
Alaska Tribal Health System



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Alaska Tribal Health System (ATHS)

Typical Referral Patterns



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Community Health Aide Clinics



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Sub-Regional Clinics

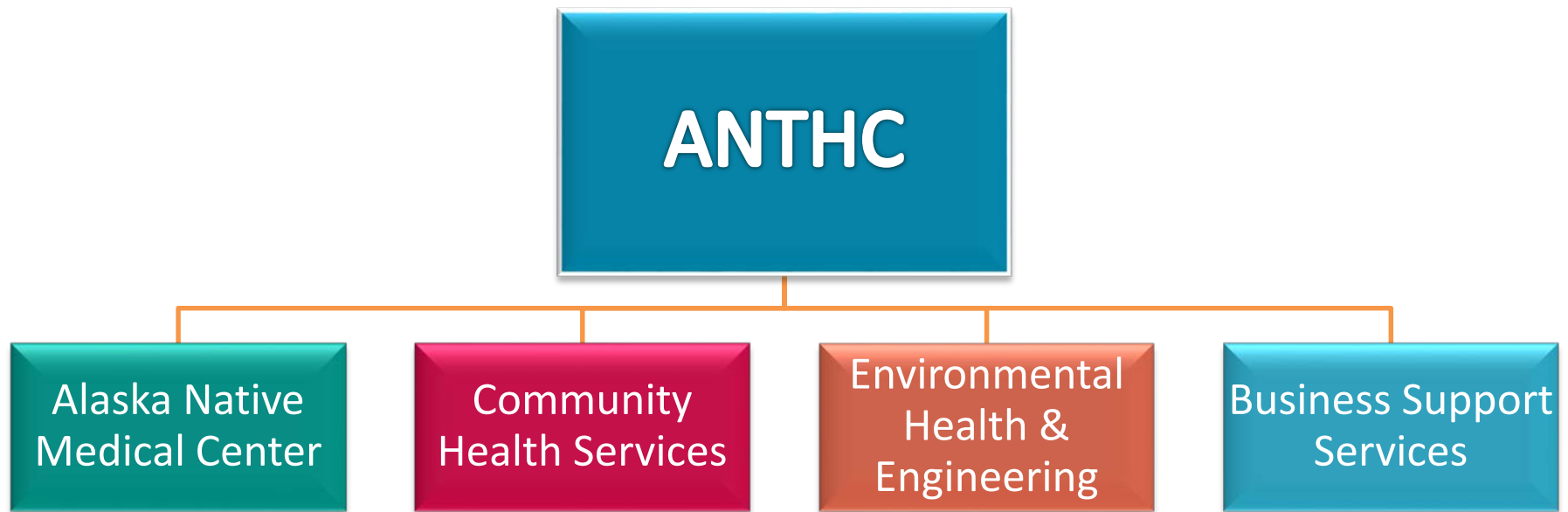


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Alaska Native Medical Center (ANMC)



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Community Health Services (CHS)



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Partnering to promote health equity
across the lifespan.



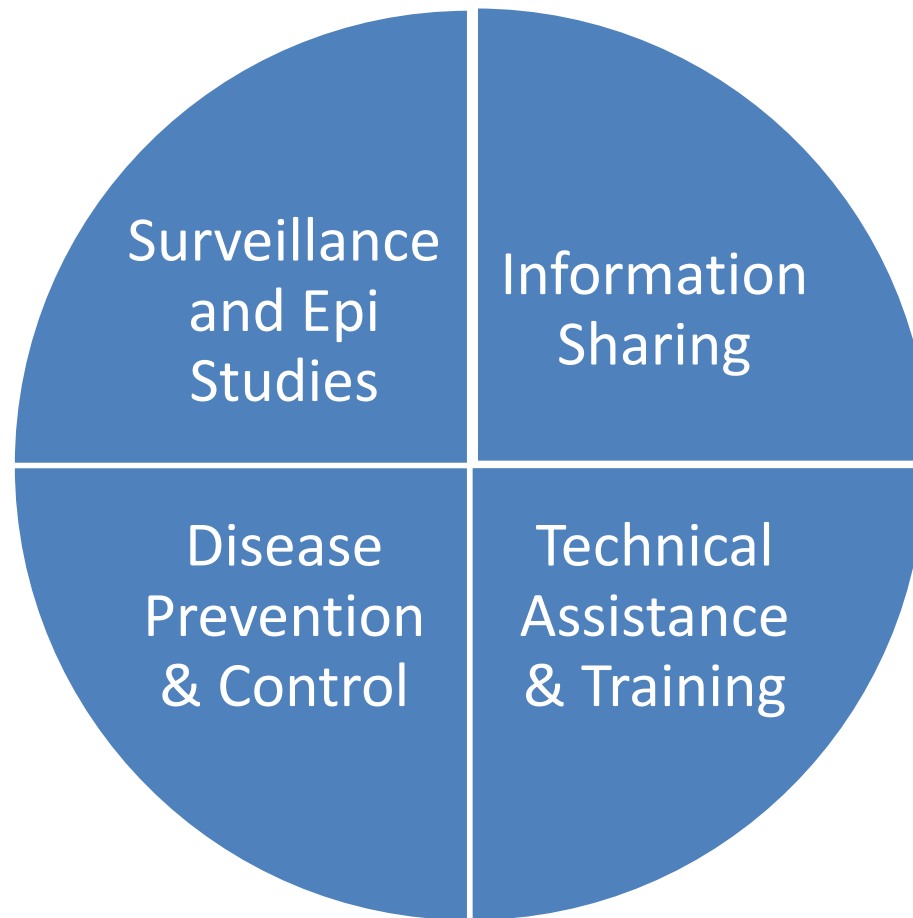
The Alaska Native Epidemiology Center

Using data to improve health

ANTHC Alaska Native Epidemiology Center
anepicenter@anthc.org
(907) 729-4567 | anthctoday.org/epicenter



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Wellness and Prevention

Promoting wellness through culturally responsive prevention services



ANTHC Wellness and Prevention Services
dadiehl@anthc.org
anthc.org/wellness/



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Clinical and Research Services

Research to improve health



ANTHC Clinical and Research Services
(907) 729-2945 | research@anthc.org
anthc.org/research/



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Community Environment and Health

To achieve safe, healthy and sustainable
Alaska communities.



ANTHC Community Environment and Health
(907) 729-4043 or (907) 729-3430 | ceh@anthc.org
anthc.org/what-we-do/community-environment-and-health

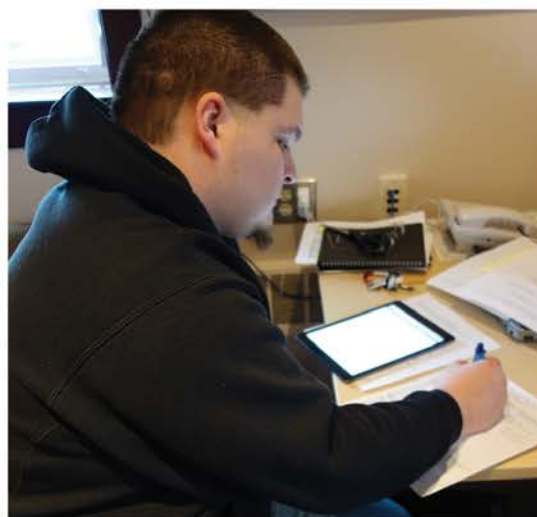


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Distance Learning Network

Increasing access to health care training throughout Alaska



ANTHC Distance Learning Network
(907) 729-3490 | CHAPDistanceLearningNet@anthc.org
anthc.remote-learner.net/



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Community Health Aide Program

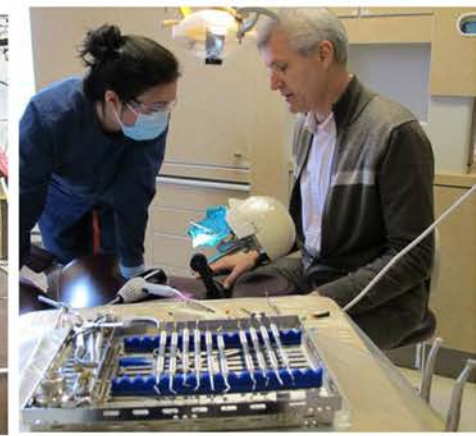
Frontline of health care in rural Alaska



ANTHC CHAP, Office of Statewide Services
(907) 729-4584 | akchap@anthc.org
www.akchap.org



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Alaska Dental Therapy Educational Program

Healthy smiles for all Alaska Native people



ANTHC Department of Oral Health Promotion
(907) 729-5600 | akadhat@anthc.org
anthc.org/dental-health-aide/



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Behavioral Health Aide Program

Whole-body wellness for Alaska Native people



Behavioral Health Aide Program
(907) 729-2431 | behavioralhealth@anhc.org
anhc.org/behavioral-health-aide-program/



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Standards and Procedures: Behavioral Health Aide Program

- Scope of practice
 - Culturally-informed, community-based, clinical services
 - Behavioral health prevention, intervention, aftercare, and postvention
- Certification requirements
 - Training
 - Practicum
 - # of work hours
 - Competencies
 - 40 CEUs every 2 years



Standards and Procedures: Behavioral Health Aide Program

- Employed by tribe or tribal organization
- Administrative oversight (Licensed)
- Clinical supervision (Licensed or unlicensed)
- Four levels of certification
 - BHA-I, BHA-II, BHA-III, BHP



BHA Scope of Practice

Based on level of certification

- Behavioral health screening
- Screening and brief intervention
- Short-term crisis stabilization
- Individual, group, and family therapy
- Substance abuse assessment and treatment
- Case management and referrals
- Peer support services



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Who do BHAs provide services to?



The Blues & the News

Elders



Alaska Native Tribal Health Consortium

Youth



National Geographic

Families

Individuals



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BHAs also serve their communities



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Training & Certification

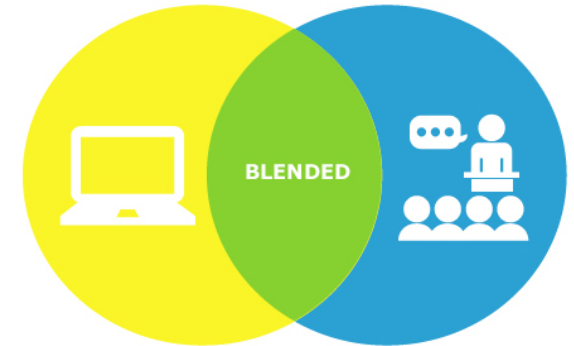
Behavioral Health Aide program



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BHA-I Training

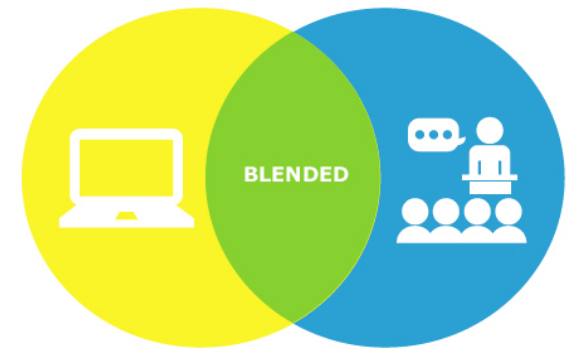
- General Orientation (28)
- Orientation to Village-based BH Services (8)
- Ethics & Consent (6)
- Confidentiality & Privacy (6)
- Intro to Behavioral Health (24)
- Intro to Counseling (12)
- Intro to Documentation (12)
- Survey of Community Resources & Case Management (8)
- Working with Diverse Populations (12)
- Intro to Group Counseling (8)
- Crisis Intervention (16)
- HIV/AIDS & Blood-Borne Pathogens (8)
- Community Approach to Promoting Behavioral Health (8)
- Family Systems I (16)
- Recovery, Health, Wellness, & Balance (8)



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BHA-II Training

- Psycho-physiology & Behavioral Health (16)
- Intro to Co-Occurring Disorders (8)
- Tobacco Dependency Treatment (8)
- DSM Practice Application (12)
- Advance Interviewing Skills (16)
- ASAM Practice Application (12)
- Case Studies & Clinical Case Management (8)
- Traditional Health Based Practices (8)
- Intermediate Therapeutic Groups Counseling (16)
- Applied Crisis Management (8)
- Community Development Approach to Prevention (12)
- Family Systems II (16)



BHA-III

- Treatment of Co-Occurring Disorders (12)
- Advanced Behavioral Health Clinical Care (40)
- Documentation & Quality Assurance (16)
- Intro to Case Management Supervision (16)
- Applied Case Studies in Alaska Native Culture Based Issues (8)
- Behavioral Health Clinical Team Building (12)
- Intro to Supervision (8)

BHP

- Issues In Village-Based Behavioral Health Care (40)
- Special Issues in Behavioral Health Services (16)
- Competencies for Village-Based Supervision (16)
- Principals & Practice of Clinical Supervision (40)



Learning from our Partners - Challenges



Waitlists



Economies
of Scale



Staffing



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Continuum of Care Snap-Shot

| | Outpatient SUD/MH* | Intensive Outpatient SUD | Residential SUD | Inpatient Detox | Social Detox / Sobering Center | Transitional Housing | Facility or Hospital Psychiatric Crisis Support | Inpatient Psychiatric |
|--------------------|-----------------------|--------------------------------|---------------------------|--------------------|---|-------------------------|---|--------------------------|
| BBAHC | Available | Available | Available | Via Hospital | | | | |
| Chugachmuit | Available | | | | | | | |
| CRNA | Available | | | | | | | |
| KANA | Available | Available | | | | | | |
| Maniilaq | Available | Available | | | | | Available | |
| MSTC | Available via CRNA | | | | | | | |
| NSHC | Available | Available | | Via Hospital | Available | | Available | In Develop- ment |
| SCF | Available | Available | Available – Women Only | Available | | | Available – delivered at ANMC | |
| SEARHC | Available | Available | Available – Youth only | Via Hospital | | Available | Via Sitka Hospital | |
| TCC | Available | Available | Available | Via FNA | | | | |
| YKHC | Available | Available | Available | Via Hospital | Available | Available | Available | Available Fall 2020 |

Learning from our Community

“...we can get you in for an intake assessment in about 3 weeks...”

“Thank you for coming in today...can you fill out this 17 page intake packet...”

“...you meet criteria for residential treatment, soonest bed available is about 2-3 weeks out”



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Learning from our Partners - Success

**Growing BH
Departments**

**Focus on
Youth and
Families**

**Expanding
Continuum
of Care**



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Learning from our Partners - Strategies

Didgwalic Wellness Center – Swinomish Tribe; Anacortes, WA



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Behavioral Health

BHA Program

Advocacy – Tribal BH Directors

Capacity Building & Tech Asst.

BH Research



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Capacity Building & Technical Assistance



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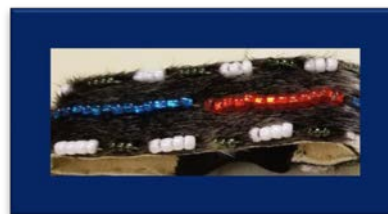
Connecting Cultural Activities in API

Outcomes

- Reduced patient symptoms
- Improved patient morale
- Increased patient engagement
- Improved staff and patient relationships
- Providers saw patients in “a new light”



'I was so angry I broke my own arm...you're helping me connect with the part of me I like about myself.'



'...he went from talking non-stop gibberish and agitated, to sitting still and saying 'thank you, this was helpful.'



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I want to help my loved one enter treatment.



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Alaska CRAFT Grant

- 5-year grant
- A new option for addressing substance misuse in Alaska

SAMHSA

Substance Abuse and Mental Health
Services Administration



APIA
ALEUTIAN PRIBILOF ISLANDS ASSOCIATION

What is CRAFT?

Community Reinforcement
and Family Training (CRAFT)



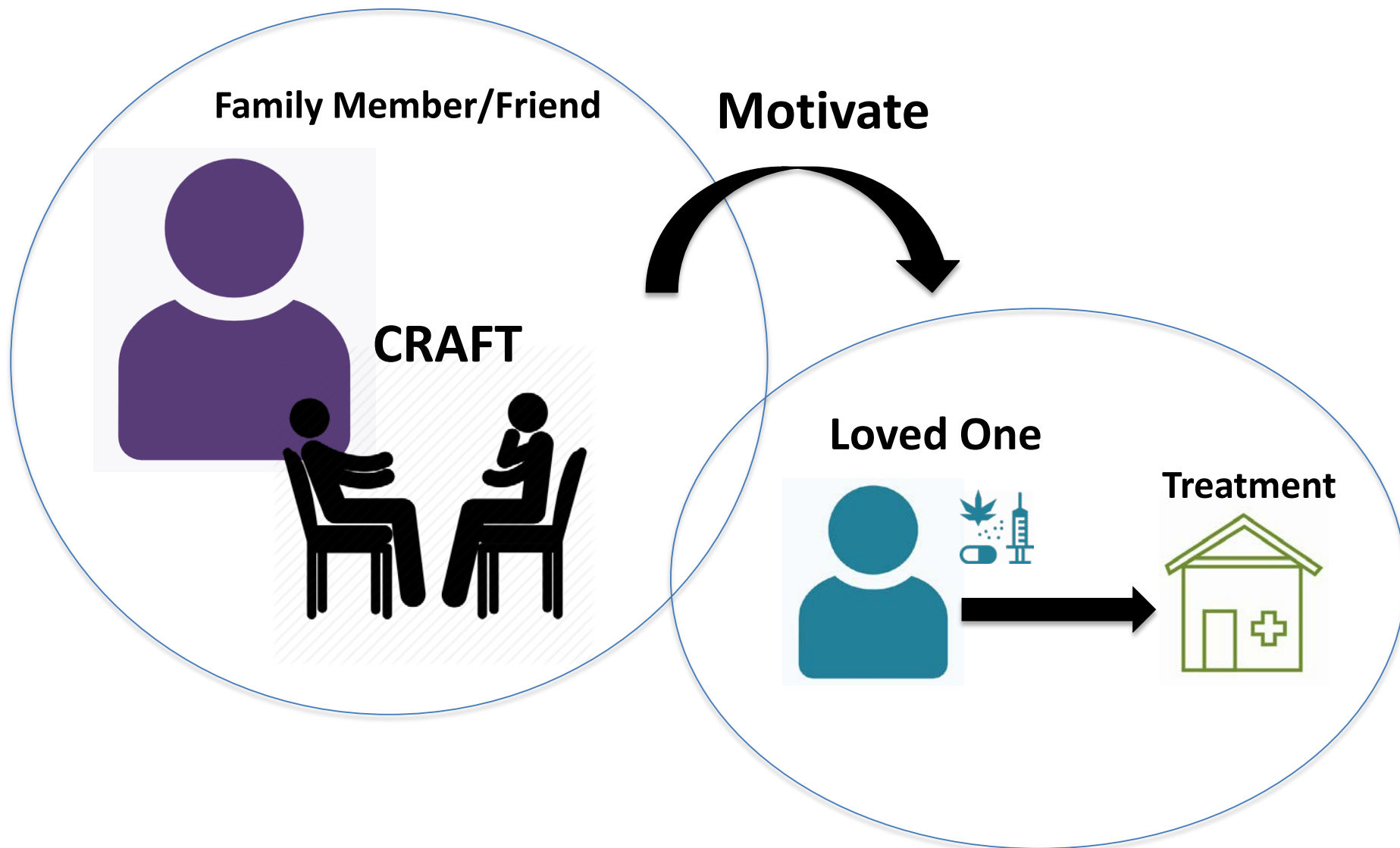
Reduce
Loved One's
Substance Use

Engage
Loved One into
Treatment

Improve
Family Member's
Wellbeing

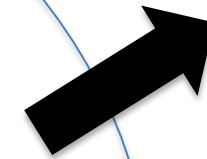
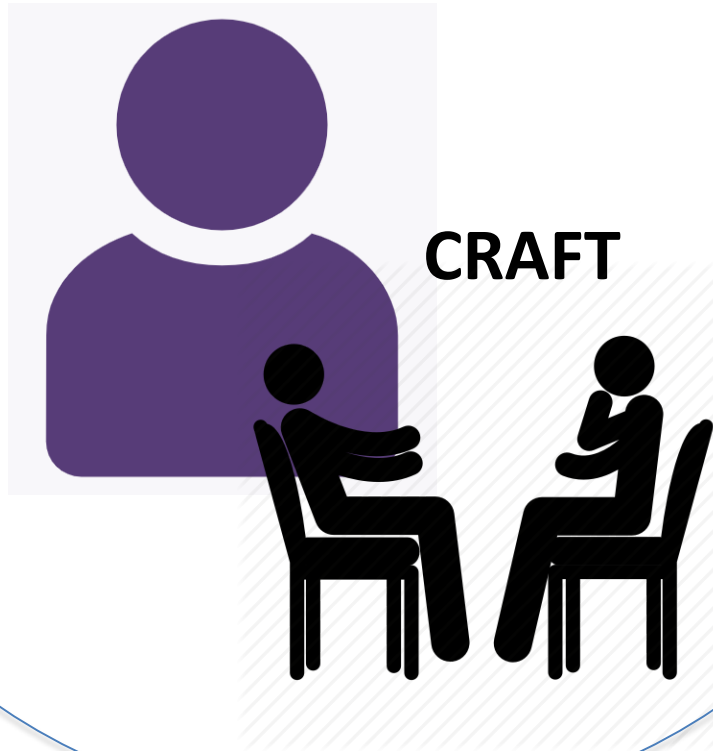


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Family Member/Friend

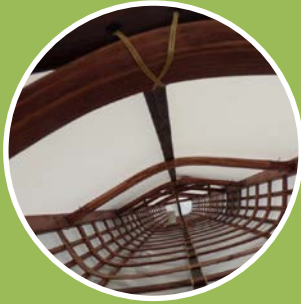


**Wife
Husband
Son
Daughter
Grandmother
Grandfather
Cousin
Aunt
Uncle
Foster Parent
Boyfriend
Girlfriend
Partner
Friend**



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CRAFT Helps Family Members...



Improve
Communication &
Problem Solving



Increase
Effective Helping
Behavior



Enhance
Family Member
Wellbeing



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Why are we using CRAFT?



**Trying Something Different
First in Alaska**

More Effective Than Other Interventions



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Why are we using CRAFT?

Works for diverse populations



Regardless if loved one enters treatment, family member personally benefits



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Alaska Blanket Exercise

Historical
Trauma

Generational
Trauma

Resilience &
Healing



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Alaska Blanket Exercise



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Alaska Blanket Exercise

“I understand historical trauma so much better.
It’s one thing to read about it, completely
different walking through this activity.”

“Being new to Alaska, I had no idea about
this history. So helpful to learn about the
past and have this experiential activity.”



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Addiction Medicine Capacity Building

**Rural MAT
Toolkit**

**Addiction
Medicine
Consultation**

**Addiction
Medicine ECHO**

**Population
Health Tools**



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