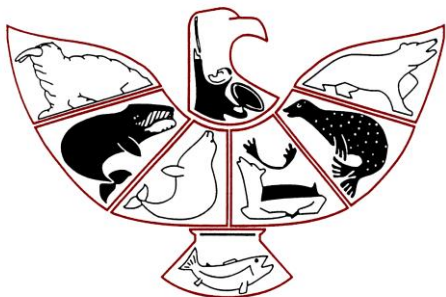


The Alaska Tribal Health System and Behavioral Health

Alberta Unok, President and CEO, Alaska Native Health Board

April Kyle, President and CEO, Southcentral Foundation



ALASKA NATIVE
HEALTH BOARD



Overview

- Alaska Tribal Health System
- Alaska Native Health Board (ANHB)
- Southcentral Foundation (SCF)
- Behavioral Health Issues important to tribal health

ALASKA TRIBAL HEALTH SYSTEM HISTORY

1953-1997

- Alaska Native Hospital built in 1953
- Built to care for Alaska Native people suffering from tuberculosis, a huge epidemic in rural Alaska at the time
- Formerly operated by IHS

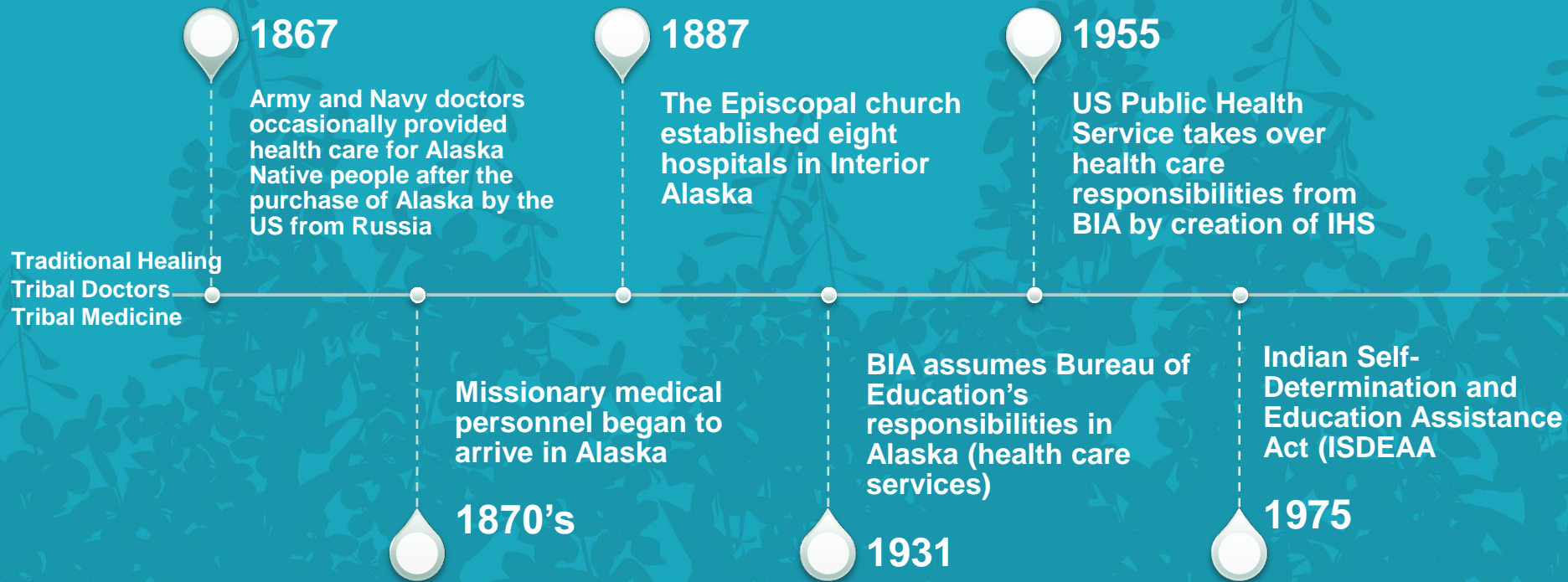


1953



1997

History of Alaska Native Health



Indian Self-Determination and Education Assistance Act 1975

Summary of Congressional Findings:

Prolonged federal domination of Indian Health Service programs has:

- Served to retard rather than enhance progress of Indian people and their communities
- Denied an effective voice in the planning and implementation of programs that respond to the true needs of the people

“From the time of European occupation and colonization through the 20th century, policies and practices of the United States caused and/or contributed to the severe health conditions of Indians.”

Government recognized that:

If the people receiving the health services are involved in the decision-making processes — better yet, if they own their own health care — programs and services have a potential for enhancement and the people and their health statistics will improve



Self Determination

The right of indigenous people to freely determine their political status and freely pursue their economic, social and cultural development.



Prepaid Health Care

- The U.S. government must provide health care services to Alaska Native and American Indian individuals, indefinitely by a legal, contractual obligation initiated through a purchase agreement
- The organizational vehicle for fulfilling this obligation is IHS
- Alaska Native and American Indian individuals and communities have purchased basic services (that include health care) through government-to-government agreements with the U.S., captured in numerous treaties and legislation
- In essence, health care for indigenous peoples in the U.S. has been 'prepaid' by agreements related to land and resources



Contracting and Compacting

- Contracting is the first step in Tribes exercising self-determination in healthcare by taking on limited contracts to provide specific services for a specific dollar amount.
- Compacting is the ability of Indian Tribes to have autonomy and to assume the responsibility for programs and services administered to them on behalf of the Secretary of the Interior through contractual agreements.

Alaska Tribal Health Compact Co-Signers

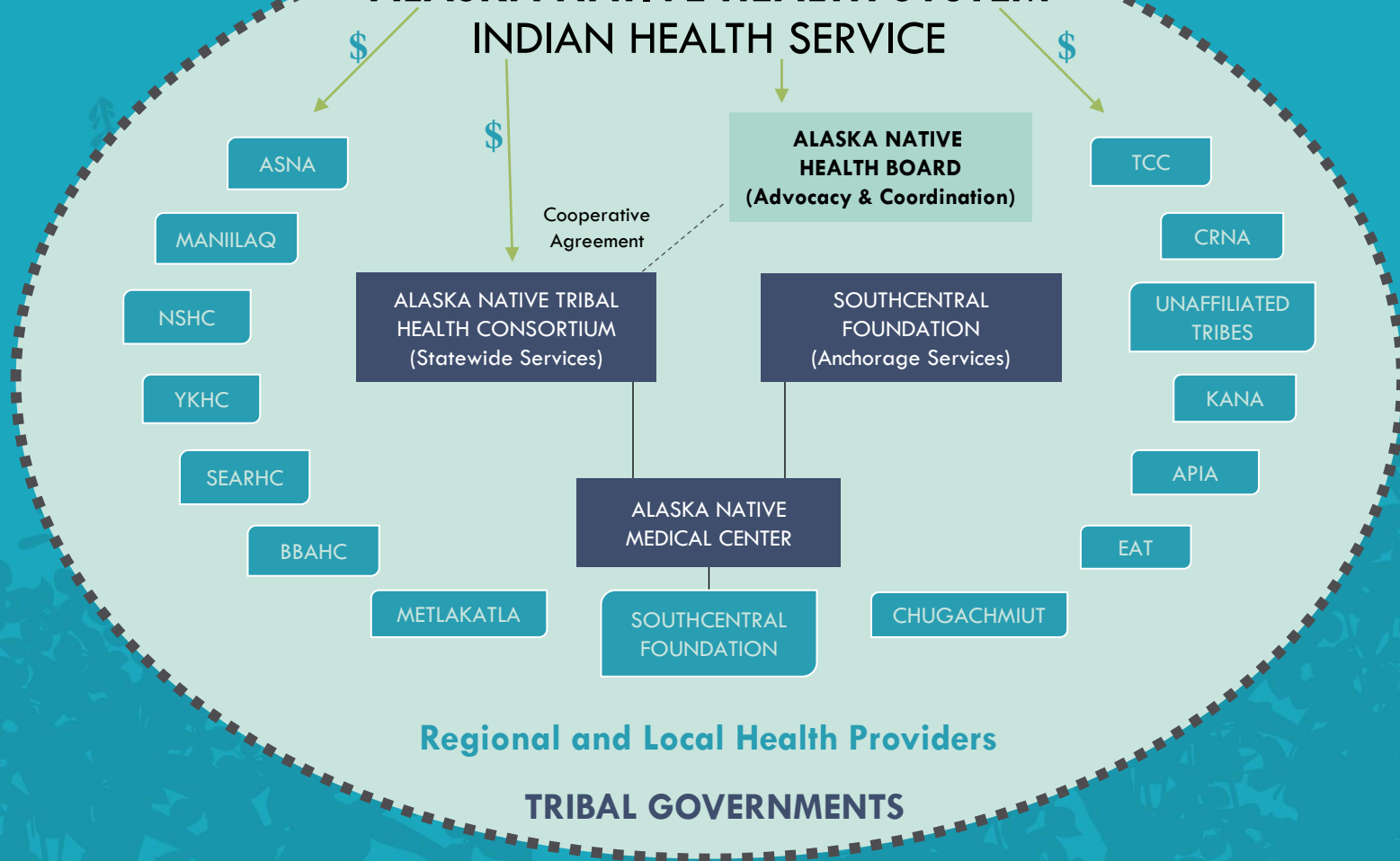
Alaska Native Tribal Health Consortium (1999)	Kenaitze Indian Tribe (2006)	Native Village of Tanana (2022)
Aleutian/Pribilof Islands Association, Inc. (1995)	Ketchikan Indian Corporation (1998)	Norton Sound Health Corporation (1995)
Arctic Slope Native Association, Ltd. (1998)	Knik Tribal Council (2009)	Seldovia Village Tribe (1995)
Bristol Bay Area Health Corporation (1995)	Kodiak Area Native Association (1995)	Southcentral Foundation (1995)
Chickaloon Native Village (2011)	Maniilaq Association (1995)	SouthEast Alaska Regional Health Consortium (1995)
Chugachmiut (1995)	Metlakatla Indian Community (1997)	Tanana Chiefs Conference, Inc. (1995)
Copper River Native Association (1995)	Mount Sanford Tribal Consortium (2000)	Yakutat Tlingit Tribe (2003)
Council of Athabascan Tribal Governments (2000)	Native Village of Eklutna (1995)	Yukon-Kuskokwim Health Corporation (1995)
Eastern Aleutian Tribes, Inc. (1997)	Native Village of Eyak (2011)	

Alaska Tribal Health Compact Final Negotiations – May 2022

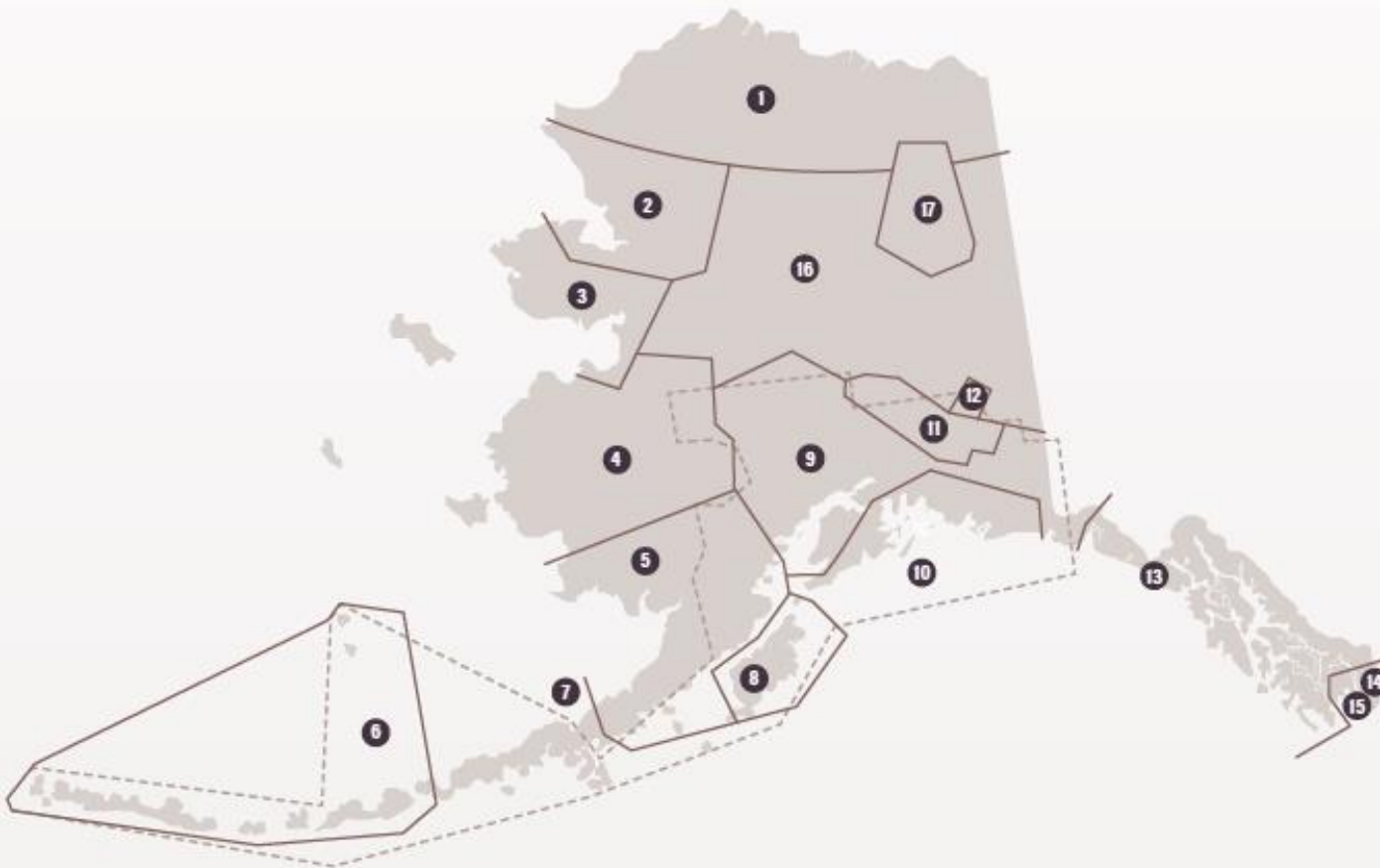


ALASKA NATIVE HEALTH SYSTEM

INDIAN HEALTH SERVICE



Regional Tribal Health Locations



1. Arctic Slope Native Association
2. Maniilaq Association
3. Norton Sound Health Corporation
4. Yukon-Kuskokwim Health Corporation
5. Bristol Bay Area Health Corporation
6. Aleutian Pribilof Island Association
7. Eastern Aleutian Tribes
8. Kodiak Area Native Association
9. Southcentral Foundation (dotted line)
10. Chugachmiut
11. Copper River Native Association
12. Mt. Sanford Tribal Consortium
13. SouthEast Alaska Regional Health Consortium
14. Ketchikan Indian Community
15. Metlakatla Indian Community
16. Tanana Chiefs Conference
17. Council of Athabascan Tribal Government



ALASKA NATIVE
MEDICAL CENTER

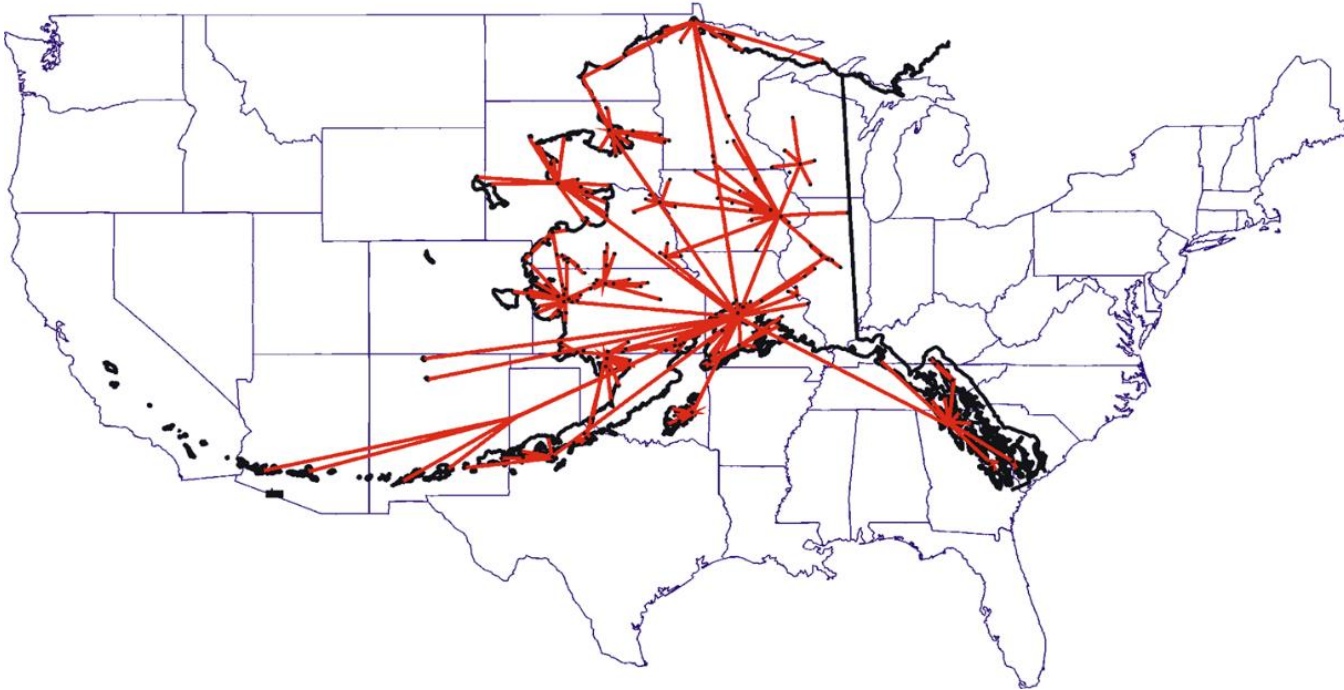


Co-managed by the Alaska Native Tribal Health
Consortium and Southcentral Foundation

ALASKA TRIBAL HEALTH SYSTEM

Referral Pattern and Telehealth Network

Same Scale Comparison - Alaska Area to Lower 48 States



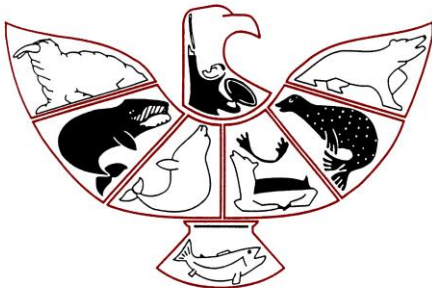
ATHS Strengths

- Working as one – keeping the connection, unity, pride, collaboration, community, “together we are stronger”
- Honors Tribal Sovereignty and Tribal Self-Determination
- 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

The background is a solid teal color with a subtle, repeating pattern of white floral and leaf motifs. The pattern consists of stylized, five-petaled flowers and elongated leaves, arranged in a way that creates a sense of depth and texture. The text "Pause for Questions" is centered horizontally and vertically in a bold, white, sans-serif font.

Pause for Questions

Alaska Native Health Board



ALASKA NATIVE
HEALTH BOARD

- **Established in 1968:** Celebrating 55 years
- **Advocacy:** Recognized as the Voice for Tribal Health
- **Mission:** To promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people
- **Honors:** Tribal Self-Governance & Self-Determination

Impact of Alaska Tribal Health System

Alaska Native Health Board 2017 ATHS Economic Impact Study

Economic

- Accounts for 5% of jobs in AK
- Generates over \$1.1 billion in annual income
- Roughly \$2.6 billion in economic output annually

Voice

- Voice of Alaska Native people guides what we do
- Set direction
- Change laws where needed

Healthcare Service Levels

Community Health Aides/Practitioners

Alaska Health Aide Programs

- Community Health Aide/Practitioner – CHA/P
- Behavioral Health Aide/Practitioner – BHA/P
- Dental Health Aide/Therapist – DHA/T



Tribal Behavioral Health Directors

- Committee of the Alaska Native Health Board
- Behavioral health leaders from across the Tribal Health System
- Collaboration to learn, plan and advocate together

The background is a solid teal color with a subtle, repeating pattern of white floral and leaf motifs. The pattern consists of small, five-petaled flowers and elongated leaves, creating a delicate, lace-like texture across the entire slide.

Pause for Questions

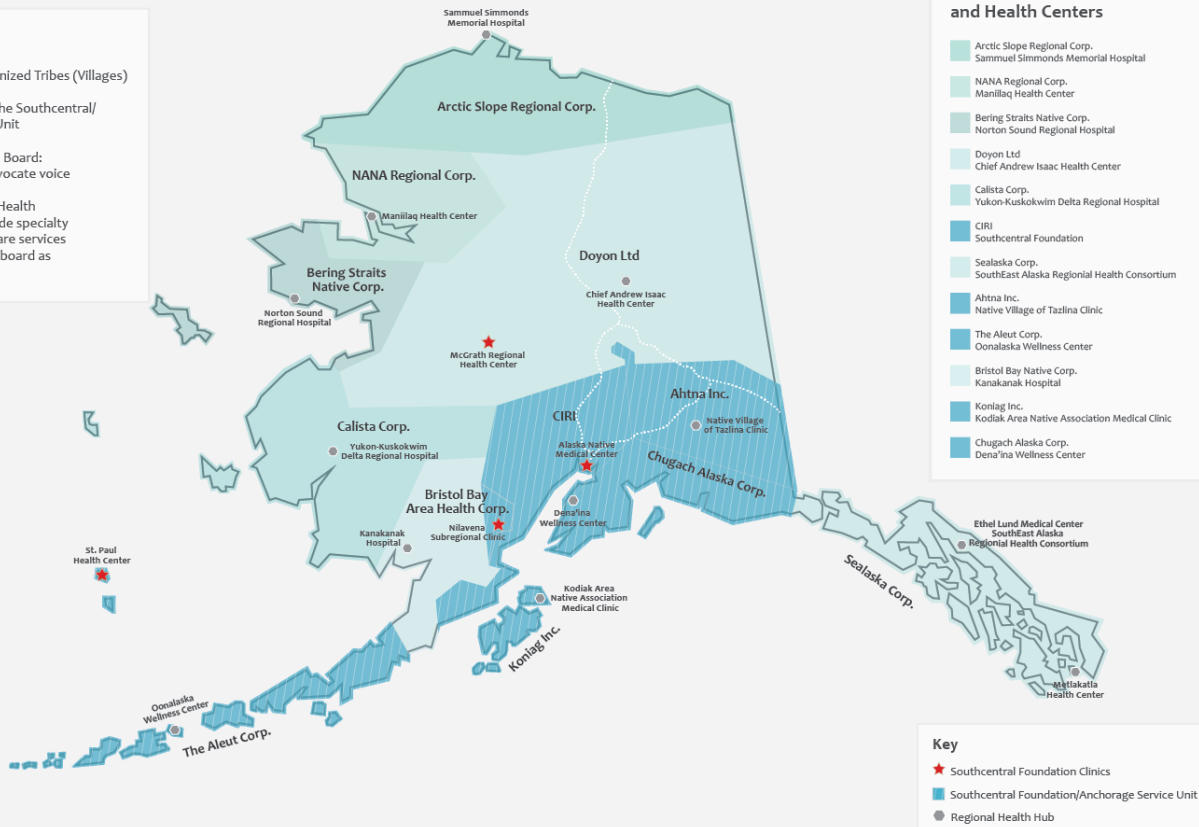
Southcentral Foundation

*An example of one part of the
tribal health system*

Alaska Health System

Facts

- 229 Federally Recognized Tribes (Villages)
- Over 60 Villages in the Southcentral/Anchorage Service Unit
- Alaska Native Health Board: Statewide health advocate voice
- Alaska Native Tribal Health Consortium: Statewide specialty and tertiary health care services
Regionals seated on board as governance



The background of the slide is a scenic landscape. In the foreground, there are tall, vibrant pink and yellow wildflowers. In the middle ground, a calm lake reflects the surrounding scenery. In the background, there are majestic mountains with patches of snow under a clear blue sky.

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

Customer-Ownership



The background is a solid teal color with a faint, repeating pattern of stylized floral and leaf motifs in a slightly darker shade of teal. The text is centered and reads:

We Asked the Customer-Owner
We Asked the Employees

Community - Top Needs



1993

Domestic Violence
Child Abuse
Child Neglect
Behavioral Health
Addictions

2018

Alcohol, Drug, and Tobacco
Oral Health
Behavioral Health
Food, Nutrition, and Obesity
Cardiovascular Health and Heart Disease

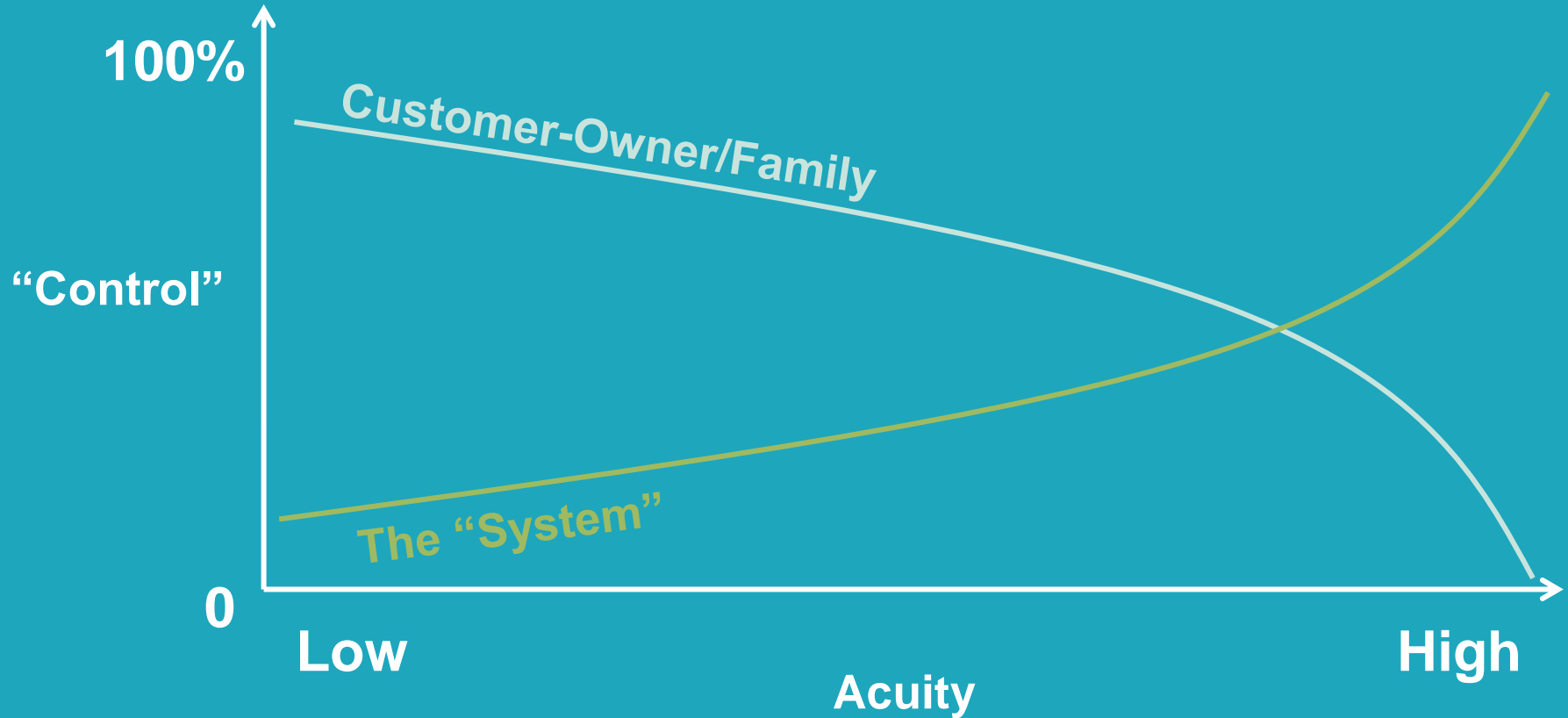


We Changed Everything



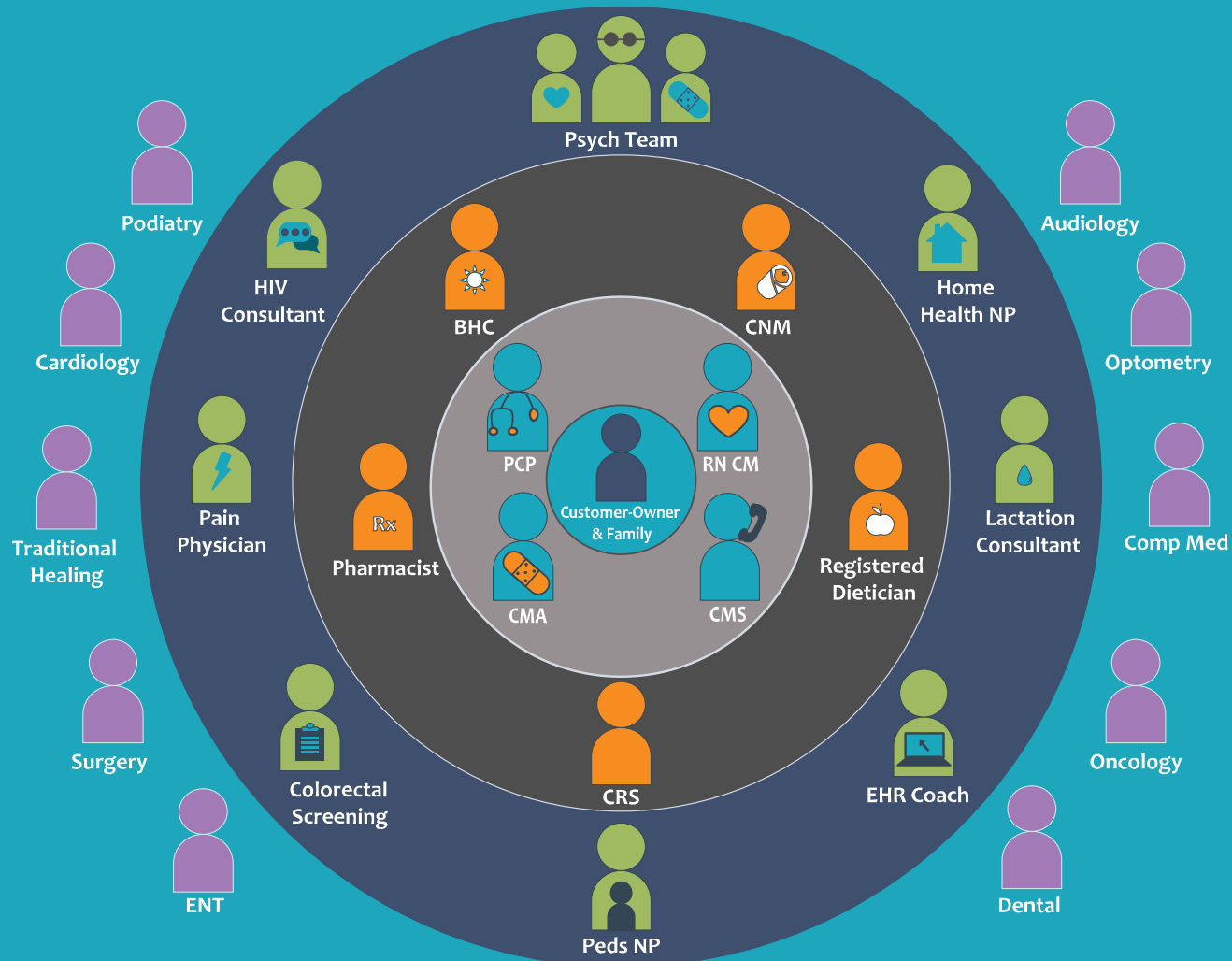
**Medical Culture Replaced by
Relationship, Shared Responsibility,
Customer-Ownership, Story, &
Complex Adaptive System**

Who really makes the decisions?





Integrated Care Teams



Care Team Ratios



**1,100-1,400 Empaneled
Customer-Owners**

Integrated Care Clinic Team

**2 Behavioral Health
Consultants**

1 Pharmacist

1 Registered Dietitian

**1 Certified Nurse
Midwife**

**2 Coverage Physician
Assistants/Nurse
Practitioners**

**6
Primary
Care
Teams**



What is Behavioral Health Integration?

Integration Across SCF

Clinic	Number of Behavioral Health Consultants
Primary Care Clinics-Anchorage, AK	17
Primary Care Clinic-Mat-Su Valley - Wasilla	5
Primary Care Clinic-Pediatrics	6
Specialty Sites/Clinics (Detox, Dental, OB, etc)	7
Hospital	4
Rural Community Health Centers (CHC)	5

Clinical Levels of Integrated Care

LEVEL 1

Consultation
Brief targeted interventions in primary care setting

LEVEL 2

Time limited focused interventions in primary care

LEVEL 3

Referral for longer-term therapeutic interventions
in collaboration with primary care

The image shows the exterior of a modern building at night. The building features a prominent facade of vertical wooden slats, some of which are illuminated from within, creating a warm glow. Large glass windows on the right side of the building reveal the interior, which is brightly lit. The building is surrounded by some landscaping, including small trees and shrubs. The sky is dark blue, suggesting twilight.

Behavioral Health Services

- 525 employees
- 20 programs

Continuum of Behavioral Health Care

- **Substance Use Treatment**

- Dena A Coy
- Four Directions Anchorage
- Four Directions Valley
- SCF Detox Program

- **Youth**

- TRAILS
- The Pathway Home

- **Adult Intensive Services**

- Qu yana Clubhouse
- Intensive Case Management

- **Integrated Services**

- BHC's

- Primary Care Behavioral Health

- **Crisis / Supportive**

- Behavioral Urgent Response Team

- **Rural**

- Behavioral Health Aides
- Community Health Centers

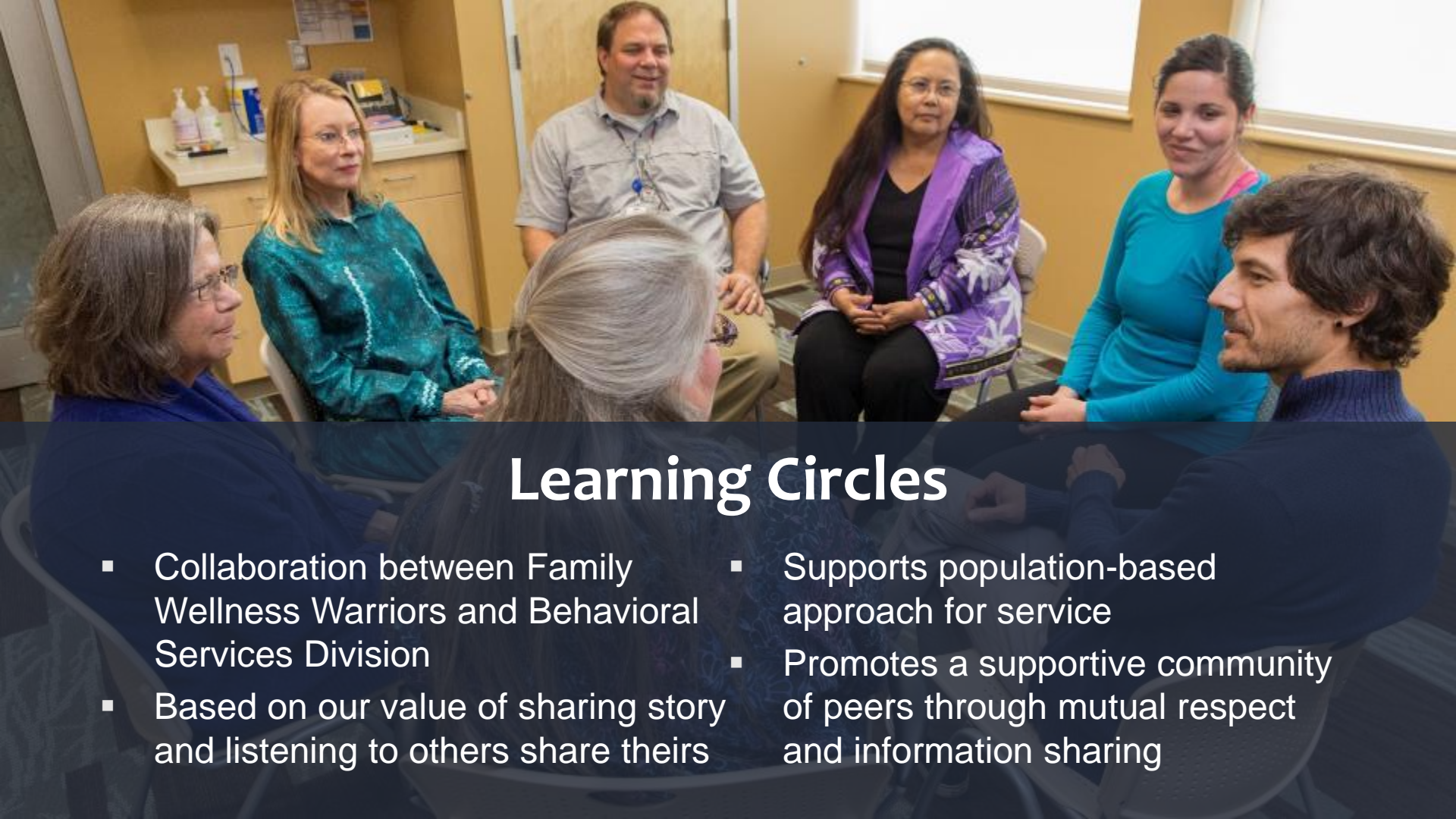
- **Outpatient Behavioral Health Services**

- Behavioral Health Fireweed
- Adult Outpatient - 999
- Child and Family Development Services
- Children and Family Services 2
- VNPCC Behavioral Health

A woman with short brown hair and bangs is shown in profile, looking towards a man whose back is to the camera. They appear to be in a clinical or office setting, with a whiteboard and a framed poster visible in the background. The woman is wearing a dark cardigan over a patterned top. The man has short grey hair and is wearing a dark shirt. A semi-transparent dark blue banner is overlaid on the bottom half of the image, containing white text.

Outpatient Behavioral Health Services

- Walk-in/Brief Intervention Services
- Individual Therapy
- Psychiatric Evaluations and Medication Management
- TRAILS (Teens Responsibly Accepting Individual Life Skills)



Learning Circles

- Collaboration between Family Wellness Warriors and Behavioral Services Division
- Based on our value of sharing story and listening to others share theirs
- Supports population-based approach for service
- Promotes a supportive community of peers through mutual respect and information sharing

Rural Behavioral Health

- Partner with tribes
- Flexible model
- Use of telehealth
- Growing community providers



Residential Substance Use Disorder Services

- Detox Services
- Dena A Coy Residential Treatment



Outpatient Substance Use Treatment

- Four Directions Anchorage
- Four Directions Valley



Supporting Adults with Severe & Persistent Mental Illness

- Quayana Clubhouse

Meeting People in the Community

- Intensive Case Management





Behavioral Health in the Hospital

- Behavioral Urgent Response Team
- Crisis, consult and brief interventions
- **Next: 23 Hour Crisis Stabilization!**

What's Next

Behavioral Health Needs to Keep Growing!

- Intensive case management expansions
- Crisis Continuum
 - 23 hour stabilization
 - Short term adult crisis residential
 - Youth 23-hour Crisis stabilization
 - Youth short term crisis residential
- Recent Outpatient expansions
 - Valley Four Directions
 - Anchorage Adult Outpatient Program
 - Anchorage Children and Family Outpatient Program
- Early Interventions for families
 - New Generations

The background is a solid teal color with a subtle, repeating pattern of white floral and leaf motifs. The pattern consists of small, five-petaled flowers and elongated leaves, creating a delicate, lace-like texture across the entire surface.

Pause for Questions

Behavioral Health Issues Important to Tribal Health

- 1115 Renewal
- Start-up and infrastructure funding needed to launch and expand mental health and addiction services
- Crisis Services (Crisis Now)
- Medicaid reimbursement for integrated Behavioral Health
- Increase Medicaid Reimbursement rates for 1115 Waiver Services
- Administrative Services Organization (ASO) contract – timely and accurate claims payment
- Greatly improve access to services for youth following DOJ findings

Behavioral Health Issues Important to Tribal Health

- Clinical and Administrative documentation parity for Behavioral Health Services.
- Travel parity for behavioral health emergencies
- Social determinates of Health Medicaid waivers happening in other states
- Workforce including flexibility for a variety of care provider types
- Funding and regulation changes to support workforce development
- Reduce barriers to care and overall complexity, such as service authorizations, multiple enrollments, and multiple data entry requirements



Questions?

Thank You!

Qa̕aasakung

Aleut

Quyanaa

Alutiiq

Quyanaq

Inupiaq

AwA'ahdah

Eyak

Mahsi'

Gwich'in Athabascan

Igamsiqanaghalek

Siberian Yupik

Háw'aa

Haida

Quyana

Yup'ik

T'oyaxsm

Tsimshian

Gunalchéesh

Tlingit

Tsin'aen

Ahtna Athabascan

Chin'an

Dena'ina Athabascan