DIVISION *of*

# *Behavioral Health*

**MISSION:**
*... to provide an integrated behavioral health system.*

*Cristy Willer was appointed Behavioral Health Division Director effective Oct. 1, 2005. Bill Hogan was Division Director during the 2003-05 period of this report. Hogan was named Deputy Commissioner of Health and Social Services effective Oct. 1, 2005.*

***"The key is to create a system where Alaskans with both mental health and substance abuse problems can get the kinds of service they need quickly and efficiently."***

*—Bill Hogan, Director 2003-05*

The **Division of Behavioral Health** was created by integrating the programs and services previously delivered through the mental health portion of the former Division of Mental Health and Developmental Disabilities, the former Division of Alcoholism and Drug Abuse and the Office of Fetal Alcohol Syndrome.

The reorganization created Alaska's first truly integrated behavioral health system, recognizing that a significant number of clients entering substance abuse programs, mental health facilities and community mental health programs have co-occurring mental health and chemical dependency disorders, known as co-occurring disorders. The division has been leading workgroups to develop a set of competencies for behavioral health practitioners statewide, with the goal of establishing a system that allows agencies the fullest possible range of qualified, certified clinicians who treat clients with combined diagnoses of mental illness and substance abuse disorders.

The division works with individuals, families and communities through prevention, early intervention, treatment and recovery programs. It also establishes and administers standards for the services, and organizes and promotes training for service providers to ensure the effectiveness of all programs and services.

The division collaborates and coordinates with other government agencies, private organizations and communities to develop and support local prevention, intervention, treatment and recovery efforts.

Based on a continuous quality improvement approach, using sound policy development, these programs, services and support structures help people with mental health and substance abuse problems become self-sufficient and contributing members of society.

Among the division's many accomplishments since 2003 are the opening of the new Alaska Psychiatric Institute, with patient participation in wellness planning; encouragement of village participation in suicide prevention; development of a "continuum of care" model for rural and urban care systems; and training and certification of providers statewide who work with clients diagnosed with co-occurring disorders — substance abuse and mental health.

API's replacement facility provides beds for local, acute, short-term care and for consumers whose needs are so significant or complex that they cannot be provided for in their own community. It also provides longer-term care for patients with highly complex or higher security needs. The facility also includes a newly established Family and Consumer office within the hospital, to help families become part of the treatment plan.

Another highlight is the realization of the Bring The Kids Home project, a $5 million initiative, which was fully funded for fiscal year 2006 by the Legislature. The initiative sets in motion a plan to treat Alaska's troubled children either in their homes or close to their families — as adequate Alaska services become available — instead of sending them to residential treatment facilities Outside. See page 7 for more details.

In May 2004, the University of Alaska, the Alaska Mental Health Trust Authority and the Division of Behavioral Health developed a strategic plan with the goal of increasing the supply of qualified behavioral health workers in Alaska, particularly in rural areas. To help achieve this, the partners committed a combined $4.2 billion over the next four years, through fiscal year 2008. The funds are used to hire local village-based counselors and support their attendance and completion of the Rural Human Services program through the University of Alaska Fairbanks. The goal is to have a counselor in every village. As of June 2005, more than 200 students had graduated from the program at university campuses in Fairbanks, Bethel, Nome and Kotzebue. In fiscal year 2006, the grant program will provide services to 13 agencies, providing local counselors in approximately 90 villages.

## Accomplishments 2003-05

### Highlights

In the last two years:

- 96 villages have taken part in the Community-Based Suicide Prevention Program and more than 120 people have participated in Suicide Prevention Coordinators conferences.
- A "continuum of care" matrix was developed for delivery of behavioral health services, describing levels of community, levels of service and regional systems of care.
- Under the Bring The Kids Home Initiative, the number of Medicaid-qualified children receiving out-of-state residential psychiatric treatment decreased 3.7 percent in fiscal year 2005. There was a corresponding increase in children receiving in-state care of 30.1 percent. See page 7 for details.
- The Fetal Alcohol Syndrome prevention project was extended to help diagnose an expected 200 FAS cases in 2006.

### What we continue to work on

The division is working to increase by 10 percent annually the number of tribal organizations providing behavioral health services to Alaska Natives for each of the next four years. It makes sense that healing can better take place in culturally appropriate environments. All Native health corporations provide behavioral health services, and four are currently working on residential psychiatric treatment centers or group home development for the division's Bring The Kids Home project. They are Kenaitze Indian Tribe of Kenai; Kodiak Area Native Association; Ketchikan Indian Corporation; and the Council of Athabascan Tribal governments of Fort Yukon.

Another goal is the full integration of the state's behavioral health service system over the next four years by developing the Alaska Automated Information Management System, known as AKAIMS. With the improved data collection system, the division will be able to better track client outcomes in the areas of alcohol abuse, drug abuse and mental health. When the system is in place and fully operational, Alaska will be the first state to use this Web-based management information system to collect integrated behavioral health information.

# Telepsychiatry bridges state's vast distances

The disturbed woman was wandering the streets in a small Alaska town, talking to herself, behaving strangely. She had lost touch with reality and refused help. Instead of the police putting her in jail for her own protection, or sending her to Alaska Psychiatric Institute in Anchorage under sedation and with an escort —1,000 miles away — officials dialed up API and arranged for a forensic psychologist to examine the woman and complete an immediate mental assessment by videoconference. As a result, the confused woman was diagnosed and arrangements were quickly made for local treatment without the trauma of forcing her to leave her community.

The woman's story may not have turned out so well if API 's CEO Ron Adler hadn't gotten curious about some boxes he found in the facility's basement in spring 2003 shortly after he was hired.

"I went into a supply room where I found six crated Polycom units just sitting there collecting dust," Adler says. "Apparently the Mental Health Trust Authority had purchased them some time earlier with hopes of developing a statewide system for telepsychiatry."

*API CEO Ron Adler, right, observes Dr. Wandal Winn, medical coordinator for the TeleBehavioral Health project.*

For Adler, who came to API from Ketchikan where he was executive director of the Gateway Center for Human Services, it was like finding an old friend. Adler had recently helped establish a successful telepsychiatry closed circuit connection between Ketchikan, Metlakatla and Juneau, which had a board-certified psychiatrist.

If his experience with telepsychiatry in Ketchikan taught him anything, Adler learned that patients — especially families — often preferred using technology to a face-to-face visit.

When Adler arrived at API in March 2003, there was a rudimentary setup between API and the Edgar Nollner Health Center in Galena, with videoconferencing capability. "But it was used on a sporadic basis and the connectivity was not that great," Adler remembers.

Seeing that he had the Polycom equipment — Polycom is a telecommunications industry leader — Adler got a small $59,000 grant to start, which he calls a "shoestring." He then finagled six to 12 months of free connectivity from GCI for a demonstration site in Fort Yukon, and upgraded the equipment in Galena. Both locations successfully used telepsychiatry.

"I know of one case that, without the connectivity, a patient would have been returned to API twice on an involuntary basis, which is never pleasant," Adler says. "The rural clinician knew this person was beginning to get symptomatic again and just dialed us up. The doctor at API was able to reconnect with the patient, convince the patient to get back on medication, and we avoided rehospitalization."

At that point, the division and the Department of Health and Social Services were willing to give API a leadership role to increase services to rural and remote areas. Adler also applied for $392,000 in federal funds, which will be distributed this year. "Every little bit helps," Adler says.

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*— Ron Adler, CEO, API*

The project has expanded to the Tanana Chief's Conference, in collaboration with the Alaska Native Tribal Health Consortium. Telepsychiatry is also being used at Mount Sanford Tribal Health Center in Chistochina, and API is in the process of connecting with Dena'ina Health Center in Kenai. Joining the system soon will be Nome, through Norton Sound Health Center, and discussions are underway with the Yukon-Kuskokwim Health Center.

Many areas of Alaska are underserved when it comes to psychiatry, Adler says, and itinerant medical services are always a problem because of inconsistency, weather delays, and all the challenges that come from traveling in the Bush. The use of telecommunications will also provide support and continuing education to professionals in outlying areas "who often feel isolated and a lack of collegial support," Adler says.

Another bonus with telepsychiatry is its use in discharge planning for patients from rural areas leaving API and returning home. Videoconferencing with families and providers in patients' home communities to plan for ongoing care will help prevent rehospitalizations, Adler predicts.