

**Norton Sound Health Corporation**  
**Behavioral Health Services**

**Information for Community First Choice and Home and Community-Based Services**  
**Waivers**

**Provided by BHS' Behavioral Health Aides**

Several decades ago, Norton Sound Health Corporation funded an outreach effort for the region's village communities. The focus of this effort was to promote prevention activities in the home communities of the behavioral health aides. While these village-based counselors worked in conjunction with Behavioral Health's traveling clinicians in mental health and substance use treatment services, the behavioral health aides also worked with their sovereign tribes to identify prevention efforts specifically for their village members.

As time has passed, the contributions of and the programs developed by the behavioral health aides have quietly supported the village communities in a manner that is culturally comfortable and, at times, very exhausting for these providers.

As the State of Alaska considers changes to the waiver programs to include mental health, behavioral health issues, Elders' issues, and other community-based supportive activities, the behavioral health aides were asked to identify their activities for inclusion in the state's planning.

The responses of these providers include the following activities:

- Training provided in village communities to support the needs of persons there; for example, village communities appreciate learning information together, in the past villages have learned together about suicide prevention, grief, etc. The village-based counselors have coordinated this training in their communities to meet the specific identified training needs of their villages; funding for village-based training would assist this opportunity
- Sharing the wealth of on-going trainings; for example, a Headstart teacher asked to attend specific trainings provided by BHS with the village-based counselor to improve the school's response to "at risk" students in conjunction with BHS activities; if funding could be provided for village school personnel to join BHS staff members in specific training, the community benefits
- Being available to support lonely, sad, and/or vulnerable persons who do not want to become official BHS clients but who need support is a primary function of the village-based counselor; this "visit" proactively reduces the level of crisis in small communities
- Coordinated discharge/transitional planning between facilities, BHS on-call staff members and village-based counselors needs to be enhanced to promote a better outcome for community members who have to leave their homes for API, medical care/suicide

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assessment, etc.; greater coordination of the discharge/transition home creates appropriate services and monitoring

- Checking with Elders on a daily, weekly, or random schedule prevents the sudden crises caused by no heat in the home, no food, medication errors, etc.; for example, an Elder with mental health concerns in one of the villages is checked on routinely and has not had to leave the village for API in years and years; this community member trusts the village response completely
- Coordinating a more timely assessment for village clients was noted; for example, a village client needing an assessment may wait a month for an assessment or contact with the psychiatrist and, while the village-based counselor meets weekly with the person to support the interim, more could be provided; the recently returned village member could begin treatment services for maintained sobriety and wellness sooner, if available
- Advocacy and coordination is needed to support the specialty clinic needs of village communities; for example, a couple in one of the villages has been waiting for a neurology appointment to address the symptoms of TBI in the male partner; the village-based counselor provides the emotional support for the family, check-ins, and comfort to the family as the wait continues; a plan of care monitored by a coordinator could cut through the barriers encountered in this situation
- Communication between the village health aides and behavioral health aides would strengthen integrated care in small communities
- If supervised carefully, the position to provide specialized services for Elders could be filled with a reliable and healthy person (this is hard to do internally in some small villages)
- Having funding for case managers in the village clinics would provide for improved medication management, transitional care back to the community, and improved “social work” activities, i.e., assistance with applications for public assistance, energy assistance, SSI, etc., and would change hopelessness to helping consumers manage their lives
- Medication management (making sure that persons are taking their prescribed medications properly) immediately raises that person’s ability to function adequately; village health aides may be brought to the home to help the person actually take their medications or to explain the medication’s use or side effects; additionally, checking for the use of medications and alcohol may provide an intervention early in a relapse episode rather than after a crisis has occurred; medication management may be a family responsibility to some and the family members can be supported by services, either the village-based counselor or someone known in the community, to learn about the medications, the side effects, serious reactions, etc.
- Review the existing program in this region, Rainbow Services, to expand the services to persons with mental health concerns or for those with only minimal hours of service

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- Monitoring food, shelter, benefits for “at risk” individuals will decrease crisis and subsequent arrests, hospitalizations, etc.
- Make certain that volunteer Fee Agents for DPA are trained and available; in larger villages, there may need to be several fee agents to meet the demand; waiting to complete applications when your children are hungry is impossible
- A broader focus for these volunteer fee agents or a care coordinator in this role should include helping with SSI determinations, SSA paperwork, and burial assistance applications; families desperately need assistance in all of these situations; assisting families holistically decreases the stress encountered by the family members and supports their movement towards appropriate grieving
- At times the village-based counselors are part of the village’s first responders and have taken on the role of cleaning up the site of the injury/death or in preparing the body for burial; these first responders need to be supported over the course of several weeks or months to alleviate trauma and potential burnout; funding for these services would support the response and add further value to this stressful role
- Working with youth, village-based counselors could work with youth if things were not going well at home; we can be the supportive person who can listen to their concerns
- Create public advocate and cultural coordinator positions in communities; the public advocate could help people who need paperwork assistance but who do not want to talk with the village-based counselor for services; the public advocate could do more home visit types of work to assist community members; the cultural coordinator would plan events for the community to celebrate traditional activities

It is without a doubt that these noted activities are taking place in village communities in northwest Alaska each day due to the commitment of the village-based counselors. Their suggestions merely reflect the need to make the responses more wide-spread and inclusive. Coordination and funding will provide support for these hard working community-advocates in their activities by “sharing” the responsibilities with others and by allowing them greater accomplishments in their communities.

We greatly appreciate your careful consideration of the needs of this region and your attention to the unmet mental health needs proposed in these new waiver prospects.