

## **ALASKA AREA PROFILE**

The Alaska Tribal Health System (ATHS) is a voluntary affiliation of over 30 Tribes, Tribal organizations, and regional health corporations providing health services to AI/ANs in Alaska through a self-governance compact (\$574 million in FY 2010) with IHS. Each of the Tribal health organizations (THOs) within the ATHS is managed and operated independently, while remaining interconnected through the system's sophisticated pattern of referrals and their primary mission of improving the health status of Alaska's AI/AN population. The ATHS served 138,298 active users in 2009, representing 231 Federally recognized Tribes. The mission of the ATHS is to provide excellent healthcare to Alaska's AI/AN population, more than half of whom live in remote communities across Alaska's immense 586,412 square miles of mostly roadless land.

### **Overview of Behavioral Health Efforts in the Alaska Area**

Currently in Alaska, there is not a coordinated single system of behavioral healthcare for AI/ANs. Each THO provider of behavioral health services functions independently and determines the types and amounts of services to be made available in each region. The service level in different geographic areas of the State reflect the different capacities of various THOs, including individual funding capacity, different opportunities to maximize economies of scale, and the stability and vision of individual THO leadership.

Even so, most THOs operate multi-layered and complex behavioral health programs within their regions. Specific services offered in each geographical location are varied depending on regional needs, desires, funding, and capacities of individual THOs. They administer programs for mental health and substance abuse education and prevention, as well as outpatient mental health and substance abuse treatment, and residential treatment centers. In general, THOs provide behavioral health services across all levels of a community (e.g., small village communities, sub-regional centers, regional hubs, and urban areas), but not every village, sub-regional, or regional location offers all of the services described.

Limitations to service provision are often related to issues of financing and regulatory processes. For example, funding for services is challenged by inconsistent grant opportunities, performance-based funding, and inflexible financing processes (e.g., requirements for prior authorization). Furthermore, some of the most significant financial barriers are related to medical coverage and reimbursement for services. Across the continuum of care, particularly for those individuals who have high needs, there is a range of behavioral services that are not reimbursable (e.g., prevention and early intervention services). Throughout the ATHS, reimbursements are often limited to Medicaid-recognized providers, yet Medicaid reimbursement rates tend to be minimal and frequently restrict access to best practice models.

In addition to limited reimbursements for patient services, growth of the behavioral health workforce is limited by restrictions on reimbursable services for workforce staff (e.g., clinical supervision). Furthermore, despite attempts to increase the number of behavioral health workers serving in the ATHS, recruitment and retention efforts are regularly hindered by limited access to training, inadequate financial resources, and insufficient technological equipment needed to provide behavioral health services to individuals in rural communities. The organizational capacity of the ATHS behavioral health workforce is further strained by inadequate billing systems, non-integrated documentation policies, and the need to strengthen partnerships with external resources and organizational systems.

### **Overview of Behavioral Health Resources**

While Tribes provide a large variety and scope of behavioral health services, very little of their funding for behavioral health services is IHS funding designated for behavioral health services. Instead, Tribes use the authority under their compacts with the Federal government to reprogram IHS funds and merge them with funding from other sources, including State grants, third-party reimbursements, and private grants, to

carry out comprehensive behavioral health programs. The State of Alaska, Department of Health and Social Services (DHSS) is a critical source of financial support for behavioral health services in Alaska, including services provided to AI/AN beneficiaries. The State finances these services through a variety of funding mechanisms including grants to behavioral health service providers and Medicaid reimbursements to enrolled providers (both of which include Tribal providers), as well as direct services provided to AI/AN persons at the Alaska Psychiatric Institute, a State-operated inpatient psychiatric hospital.

Grant funding to urban THOs for mental health services is not proportionate to the number of Native people residing in those areas. Increasing in-migration of Alaska Native people from villages to more urban areas causes a greater cost burden not covered by reimbursement and grants to THOs in order to meet the primary healthcare demands of the population. The strain on IHS funds, in conjunction with inadequate State mental health grants and services reimbursement, creates serious shortfalls in the ability to meet patient needs.

### **Program Spotlight: Behavioral Health Aide Program**

The Behavioral Health Aide (BHA) Program is unique to Alaska and was developed to address behavioral healthcare needs within the AHS in communities with limited access to behavioral healthcare. The BHA Program promotes healthy individuals, families, and communities in rural Alaska by training local people (e.g., village-based individuals) to provide a full range of behavioral health services. The BHA Program has established standards and procedures for development, implemented a certification process, and developed assessment processes for ongoing training needs of BHAs. The program places emphasis on foundational knowledge and skills for working with clients of diverse ethnic or racial heritage, age, gender, lifestyle, or socioeconomic status. BHA certification is a multi-level provider model composed of a BHA trainee (non-certified), certified BHA I & II (offering primary function services), and the certified BHA III & BH Practitioner (who offer services for more complex behavioral health services).

BHAs are an integral part of the rural behavioral healthcare delivery system. This special group of workers is critical to rural behavioral health service delivery and to support prevention and early intervention activities to avoid more costly and higher-acuity of care. Rather than the approach that requires a diagnosis before treatment, this program promotes an approach that intervenes early and disrupts the cycle of maladaptive behaviors and poor choices that can lead to health problems. Most BHAs come from the community where they are providing services and are trusted by community members. BHAs make a lasting impact by providing culturally appropriate care where an entire family can be involved if needed. Culturally based care combined with family involvement is often the most effective way of treating Alaska's AI/AN clients.

## 5. SUMMARY

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The descriptive Area profiles of the previous chapter outline behavioral health efforts currently underway in every Area of the Indian Health System and identify challenges in behavioral healthcare in each Area. The program spotlights, which describe one particular behavioral health initiative in each Area, demonstrate a widespread commitment to innovative and culturally relevant approaches to addressing behavioral health issues. Transcending the limited concept of “treatment,” these approaches are focused on healing for individuals, families, and communities that are affected.

These varied approaches to behavioral health, in their innovation, their demonstrable successes, and strong cultural grounding, are points of hope that stand in stark contrast to the daunting evidence about prominent behavioral health issues. Alcohol and substance abuse, mental health disorders, suicide, violence, including domestic and sexual violence, and behavior-related chronic diseases continue to adversely impact AI/AN communities at rates disproportionately higher than the general population.

Demonstrating IHS commitment to a holistic approach to health and wellness, two groups have recently taken a role at the national level to identify strategic steps toward addressing behavioral health concerns in AI/AN communities. The National Tribal Advisory Committee on Behavioral Health (NTAC) serves as a policy and advocacy body on behavioral health issues for the IHS. The IHS Behavioral Health Work Group (BHWG), convened in 2007, is a technical group of experts in the field of behavioral health and/or substance abuse charged with providing guidance to the IHS in the development of programs and services for behavioral health for AI/AN communities. These groups have worked together within the IHS Headquarters Division of Behavioral Health to develop the AI/AN National Strategic Plans on Behavioral Health and Suicide Prevention. Both plans incorporate the input of Tribal leaders and behavioral health professionals working in Indian Country. Both plans are living documents, intended to be flexible and responsive to current developments in behavioral health as concerns and solutions evolve within AI/AN communities. Continued input from Tribal leaders, behavioral health professionals, and others is invited throughout the 5-year duration of the strategic plans. In an era of increased Tribal consultation between Federal agencies and AI/AN governing bodies, the behavioral health and suicide prevention strategic plans also communicate IHS priorities to partner agencies and highlights the critical importance of behavioral health issues in the IHS mission to raise the physical, mental, social, and spiritual health of AI/ANs to the highest level.

In disseminating the strategic plans on behavioral health and suicide prevention, along with this accompanying Briefing Book, the IHS hopes to take leadership in the critical area of behavioral health, to foster strong collaboration across the Indian Health System and with other Federal partners, and to recognize the innovative and tireless work of IHS, Tribal, and urban Indian healthcare professionals as they address the continuing needs of AI/AN communities.

The gravity of the behavioral health issues impacting AI/AN communities calls for an equally serious focus on addressing these problems. The documented connections between behavioral health issues such as mental health and suicide, or sexual violence and chronic diseases, among other examples, underscore the need for holistic and integrated solutions. Finding solutions will require sustained collaboration between Federal, Tribal, and urban Indian health programs, and policymaking bodies, as well as a willingness to thoughtfully engage deep issues in the field, including historical trauma, cultural renewal, and a readiness to include entire communities in healing work. The importance of integrated perspectives that include culture, cultural and traditional practices, and community-wide healing and wellness must not be underestimated.

We are at a historic moment where health policy bodies are increasing their recognition of the value of traditional and holistic approaches. Just as the IHS mission represents the IHS's commitment to addressing health and wellness holistically, the recently passed Indian Health Care Improvement Act specifically authorizes the use of cultural and traditional approaches, recognizing the importance of such approaches to overall AI/AN health. It can be hoped that these legislative and policy changes represent an ongoing shift in understanding toward a more integrated perspective and an acknowledgement of culture's key role in both prevention and treatment. This long-overdue recognition aligns with AI/AN historic and continuing reliance on elders, languages, community, and cultural and traditional practices as protective factors that restore balance and health. The behavioral health approach embraces the strength and resiliency of Native people and so must those of us who have dedicated ourselves to creating a shared vision for behavioral health and wellness.