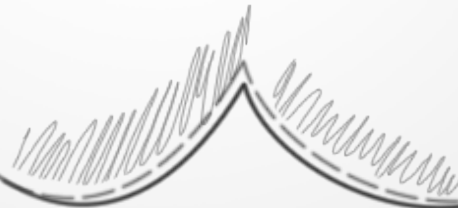
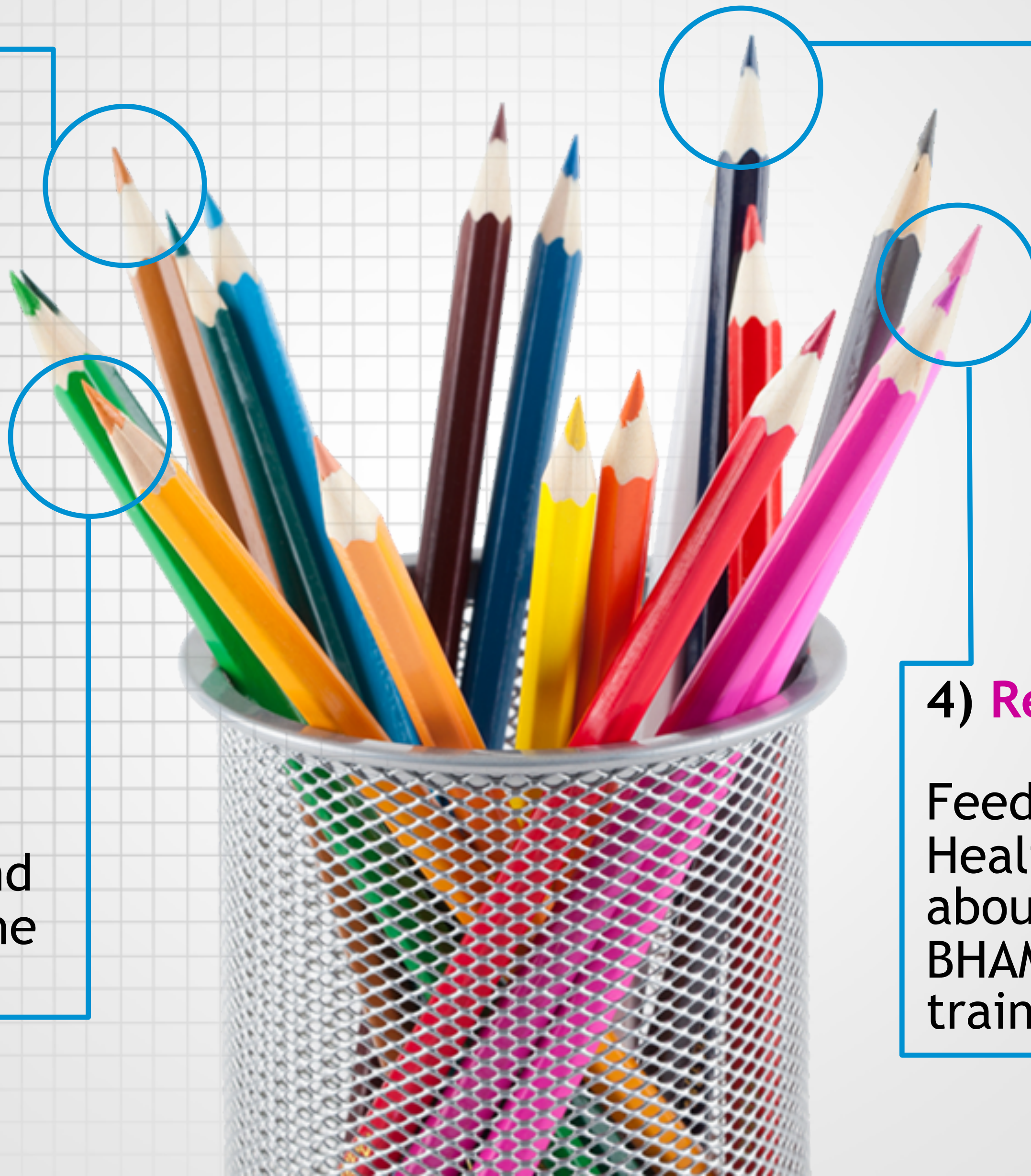
Development & Implementation of the Behavioral Health Aide Manual in Alaska

Alaska Native Tribal Health Consoritum



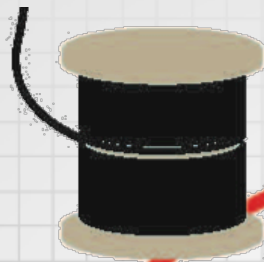
Behavioral Health Aide Manual

Child and Adolescent Edition


1) Need
Current Alaska Behavioral Health System
2) Response
ANTHC's development of the BHAM
3) Action
Distibution and training for the BHAM
4) Results
Feedback from Health Aides about the BHAM and training

Need

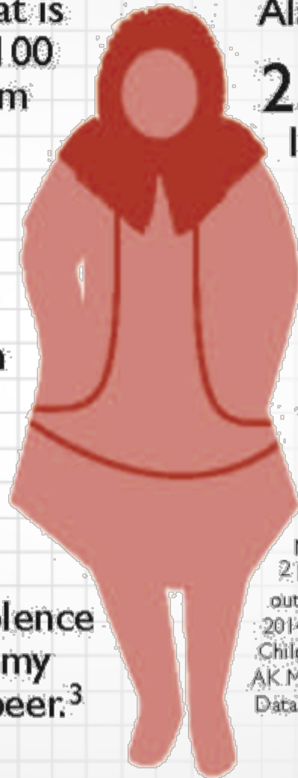
If I am Alaska Native, I am...



12 times more likely than a non-Alaska Native to live in a village that is located more than 100 air or water miles from a hospital.[1]

2.4 times more likely to complete suicide than non-Alaska Natives.[1]

6 times more likely to be placed in out-of-home care by the Office of Child Services, if I am a child than my non-Alaska Native peers.[2]



2.7 times more likely to be hospitalized for unintentional alcohol poisoning if I am 10-17 years old than a non-Alaska Native peer.[1]

8 times more likely to report that my child has witnessed domestic violence if I am a mother than my non-Alaska Native peer.[3]

2.1 times more likely to die from unintentional injuries as non-Alaska Natives.[1]

1 Alaska Native Injury Atlas, March 2014
2 Based on number of children in out-of-home care on March 28, 2014, On-line Resources for the Children of Alaska (ORCA)
3 AK Maternal Child Health Data Book 2011 p95

Need

Alaska's Tribal Behavioral Health System

The current system has many assets but high need, propensity toward treatment outside of one's community and culture, insufficient Behavioral Health Aide training, and communication gaps exist. These challenges lead to the fragmented, at times ineffective, and costly patchwork we see today.

VILLAGES

- Behavioral health needs can be overwhelming
- Acute episodes are common
- Alaska's 150 BHAs are essential but must be adequately trained
- Returning patients struggle with after care
- Prevention activities promote healthy behaviors

Emergency transport and crisis response are extremely costly.

SMALL/MEDIUM POPULATION CENTERS

- Outpatient services
- Masters level clinicians are flooded with direct service needs
- Use of telebehavioral health is becoming more common

Implications of providing treatment outside one's community are far reaching.

The farther away from community, the greater the disconnect between culture and treatment.

LARGE POPULATION CENTERS

- Inpatient residential and hospital based care
- Emergency transport and stabilization system is confusing, costly and typically requires moving client out of region
- Lack of inpatient beds places strain on regions
- Discharge plans do not reflect local realities
- Local care teams not advised of release or after care needs

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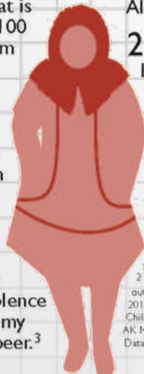

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STATE LEVEL

- BHA training program produces too few certified BHAs
- No shared vision for system
- Communication gaps remain between Tribal and State systems
- Mental health and substance use disorder programs are not integrated
- Medicaid Billing regulations present barriers and opportunities
- Encouragement of Patient Centered Medical Home in its initial stages
- Difficult to demonstrate return on investment

REGIONAL HEALTH CORPORATIONS

- Clinicians are typically outsiders with short tenure
- BHA role is unclear
- Lack of certified BHAs precludes Medicaid billing
- Insufficient BHA training options is debilitating
- BHA position is taxing and turnover is high
- Crisis inundation overwhelms efforts to build BHA capacity
- Increasing pressure to demonstrate results
- Patient Centered Medical Home presents new opportunities
- Difficult to measure impact of community prevention programs

Response

Our vision A future system that is characterized by strong communication, a focus on community-based prevention, treatment, and after care, and certified BHAs who make access to services in every village a reality.

BHAs have the skills and support they need to bring treatment to the community!

VILLAGES

- Access to services in every village
- All BHAs are certified
- Clinicians coach and serve as support to BHAs
- BHAs provide treatment services and coordinate outside care
- Prevention programs improve health and behavioral health outcomes

SMALL/MEDIUM POPULATION CENTERS

- Outpatient services
- Masters level clinicians train BHAs to provide direct services
- Clinicians conduct periodic visits to villages and support BHA case management
- Telebehavioral health widespread

LARGE POPULATION CENTERS

- Inpatient residential and hospital based care
- Discharge plans are created through collaboration with the local care team
- Universal commitment to treating clients as close to their community and culture as possible

Happy, Healthy

Communities!

STATE LEVEL

- Comprehensive BHA training program makes certification and advancement attainable
- Shared vision
- Increased communication between Tribal and State systems
- Medicaid Billing regulations alleviate barriers to billing in rural areas
- Patient Centered Medical Home improves quality of and access to services
- Statewide reporting system makes it easy to track progress and demonstrate return on investment

REGIONAL HEALTH CORPORATIONS

- Clinicians provide on-the-job coaching to BHAs
- BHA identity is strong
- Quality BHA training is readily available
- Certified BHAs bill Medicaid
- Patient Centered Medical Home destigmatizes behavioral health issues and improves aftercare
- Regions are seeing results

AGNEW::BECK

Designed by Agnew::Beck Consulting

Response

Alaska Mental Health Trust Authority
Alaska Native Justice Center • Alaska Native Tribal Health Consortium
ANTHC Behavioral Health • ANTHC Business Resource Center • ANTHC Community Health Aide Program •
ANTHC Legal Services ANTHC Wellness and Prevention • Alaska Peer Support Consortium • Aleutian Pribilof Islands Association, Inc. Anchorage Community Mental Health Services, Inc. • Child and Family Services • Arctic Slope Native Association • Avante Medical Center • Bristol Bay Area Health Corporation • Chugachmiut • Copper River Native Association •
Council of Athabascan Tribal Governments • Emily Autenrieth: Writer, Editor, Writing Coach • Freeman Design •
Kodiak Area Native Association • Landis, Ed • Loudon Associates • Maniilaq Association •
Native Village of Tyonek • Ninilchik Traditional Council • Norton Sound Health Corporation
•State of Alaska Department of Health and Social Services, Division of Behavioral Health •
Southcentral Foundation • SouthEast Alaska Regional Health Consortium • SR Prinz Consulting •
University of Alaska Anchorage • UAA Center for Behavioral Health Research and Services •
UAA Department of Psychology • University of Alaska Fairbanks, Rural Human Services •
University of Washington, Department of Psychiatry •
Yukon-Kuskokwim Health Corporation

Response

BHAM Development

Statewide committee

Planning

Write, Review, Edit

Write, Review, Edit

Approve. Approve. Approve.

Pilot. Feedback. Update.

Response

B. Professional Orientation

C. Working with Children and Adolescents

D. Client Care Chapters

E. Glossary

Action

Distribute and provide training

Action

The
BHA/P
is in.

NEW CLIENT VISIT

QUESTIONS INSIDE THE FRONT COVER

Action

Client Care Chapters

- Substance Use and Abuse
- Abuse and Neglect
- Past Abuse and Neglect
- Trauma and Posttraumatic Stress
- Suicidal Thoughts and Plans
- Self Harm and Self-Injury
- Mood Problems (Depression and Mania)
- Anxiety and Worry
- Hallucinations and Delusional Thoughts (Psychosis)
- Learning and Cognitive Disorders
- Developmental Disorders
- Hyperactivity & Problems with Attention
- Verbal and Physical Aggression
- Sexual Aggression
- Conduct Problems
- Conduct Disorder
- Communication Problems
- Temper Tantrums
- Urinary Accidents
- Stool or Bowel Movement Accidents
- Sleep Problems
- Emotional Eating Problems
- Sibling Rivalry
- Media, Technology & Social Networking
- Transitions of Life, Family & Community

Action

Action

Mock Client

- 43 year old woman; has one young child.
- Hx of substance abuse since her teenage years.
- She reported using alcohol to feel numb.
- OCS removed her son from her custody and sent him to live with family in another village.
- Mary completed a residential treatment program.
- She has been referred to her local BHA to complete outpatient substance use treatment, before she can regain custody of her son.

Results

RESULTS

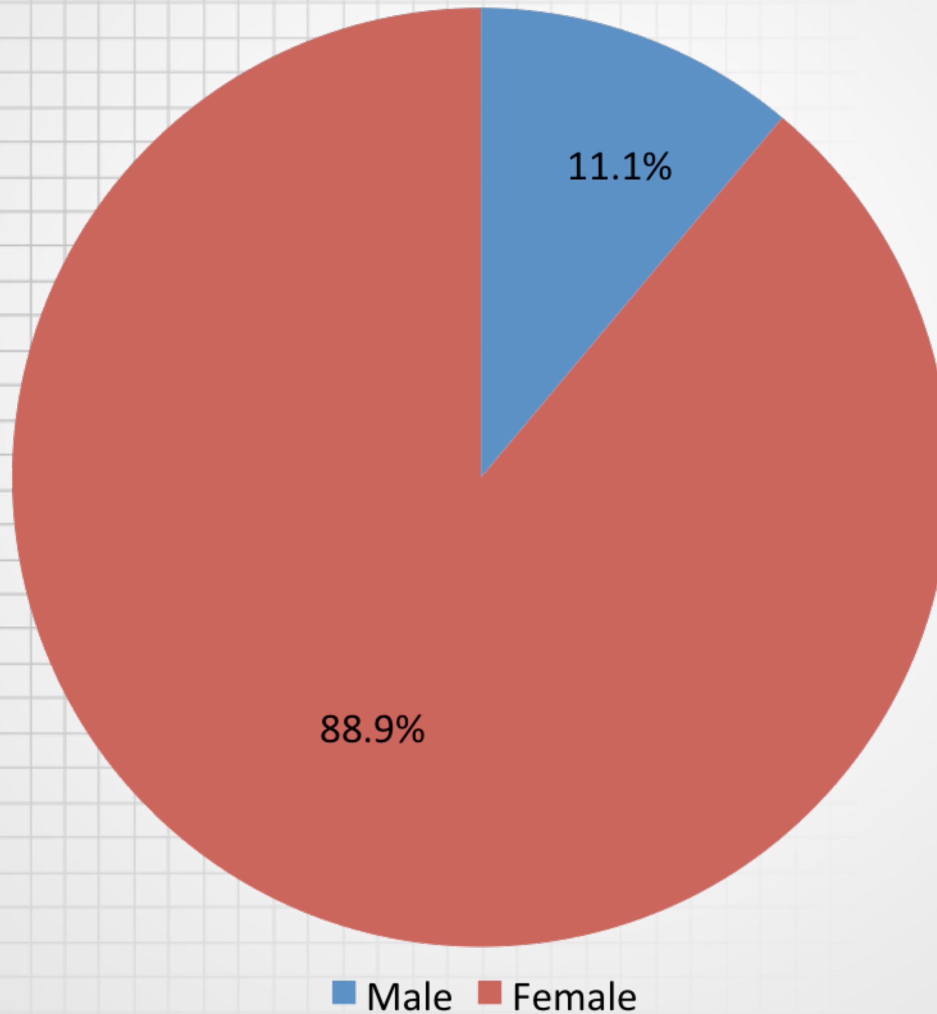
Overall:

- 201 BHAMs distributed
- 20.9 % (n=42) of BHAM recipients have complete the training
- 28 provided feedback via an anonymous online evaluation

Results

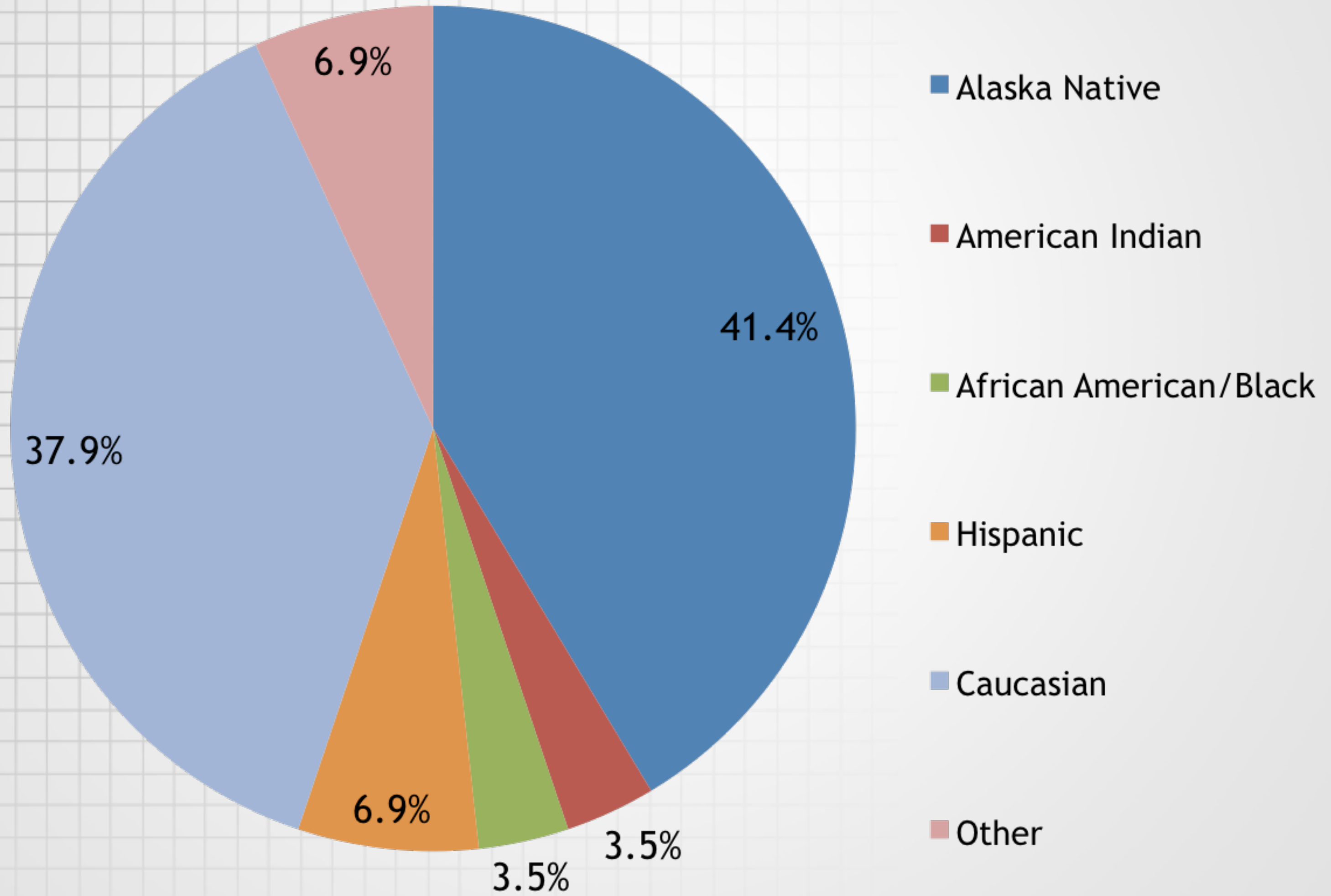
Demographics

Gender of Attendees (N=28)



Results

Demographics



Results

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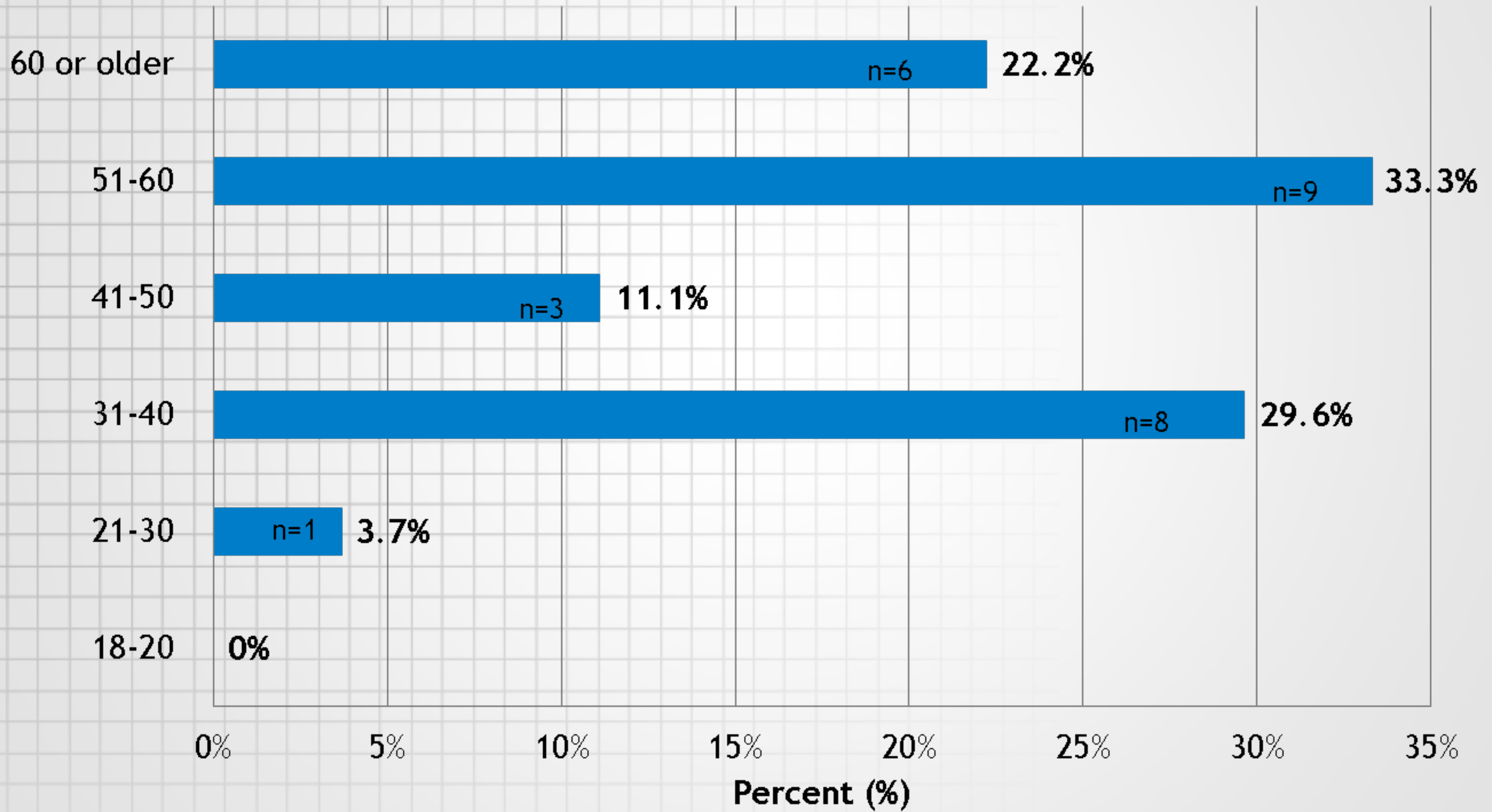
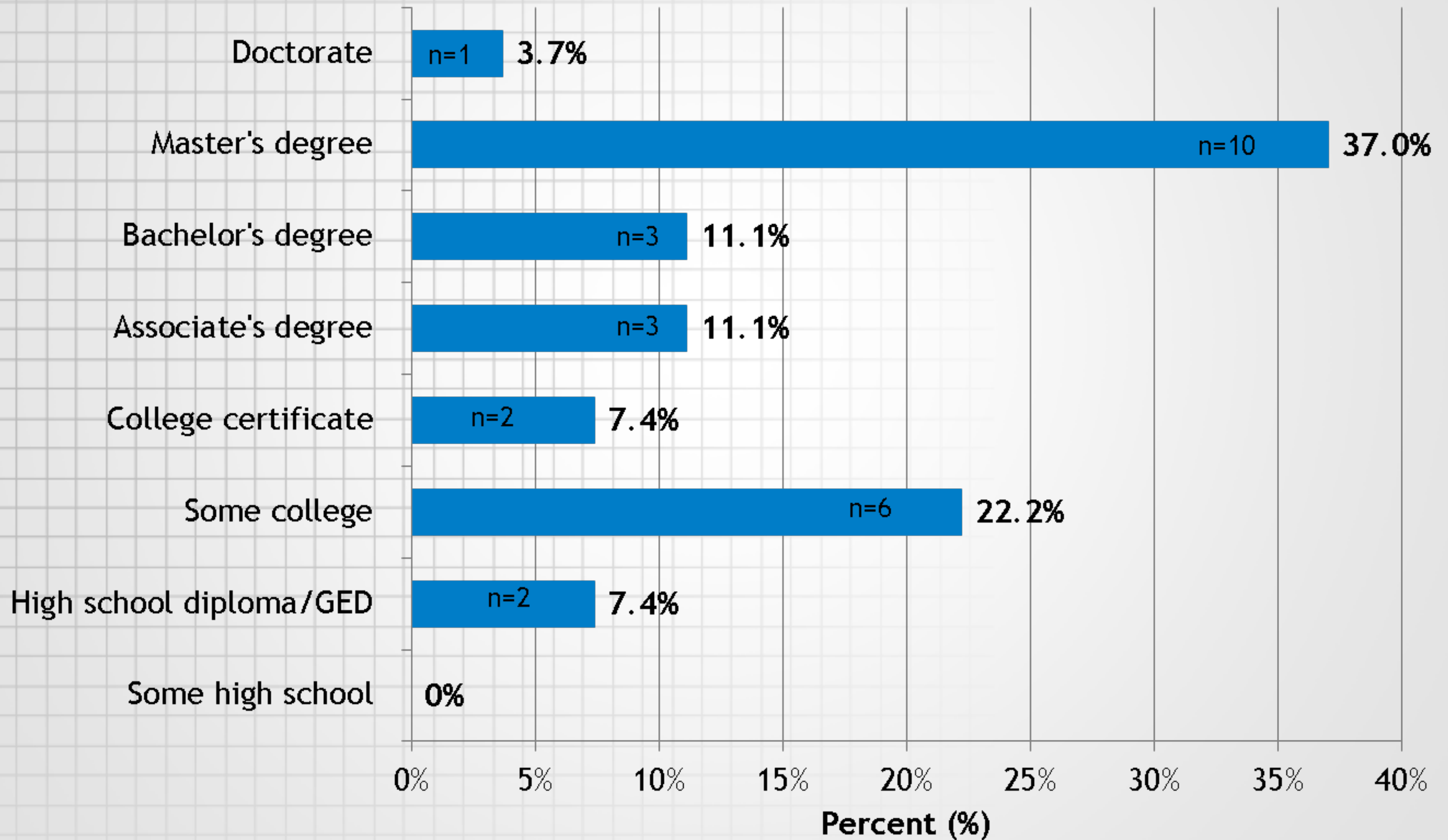


Results

Demographics



Results

Evaluation of the BHAM Orientation

- 85.7% (n=24) of attendees report enjoying the training
- 96.4% (n=27) of attendees report the training **covered the content they expected**
- 92.9% (n=26) of attendees report feeling "**somewhat**" or "**very confident**" **about their knowledge of the BHAM** after attending the training

Results

Feedback

What did you like?

- Formatting
- Content and information
- Usability
- Easy to navigate
- Organization of information
- First comprehensive guide

"Thorough attention to professional issues."

"It is a comprehensive guide to practice and I have never seen anything like it in many years of practice. Esp. good because it is specific to AK and all of the bodies who regulate the work we do. This results in less conflict in requirements from various bodies."

"The format is well thought out. It definitely has the counselor in mind and makes it easy to find an answer in a sea of information. The chapter on medications is invaluable!"

Results

Feedback

What can be improved?

- Nothing
- Adding physical tabs

Other suggestions

- Continued training
- Adult and Elder version
- E-version

"Wish it were on-line with "live" links, because that is very convenient but also because I travel and it's not hard to imagine leaving it in one office or another."

"I think it is applicable to adults, but it kinda throws me off that it is geared toward child and adolescents."

BHAM!

XIOMARA OWENS
xowens@anthc.org

JANIE FERGUSON
jferguson@anthc.org

Slides and images courtesy of SoAP Presentations
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