

# STATE OF ALASKA

**DEPT. OF HEALTH AND SOCIAL SERVICES**  
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE  
and ALASKA MENTAL HEALTH BOARD

**SARAH PALIN, GOVERNOR**

P.O. BOX 110608  
431 N. Franklin Street, Suite 200  
JUNEAU, ALASKA 99811-0608  
PHONE: (907) 465-8920  
FAX: (907) 465-4410  
TOLL FREE: (888) 464-8920

## **Community Town Hall Visit Grant** **Report on March 25-27, 2009 Outreach to Haines**

### **Project Overview**

The Alaska Mental Health Trust Authority (AMHTA) provided funding for the Alaska Mental Health Board (AMHB) and Advisory Board on Alcoholism and Drug Abuse (ABADA) to conduct a series of town hall style outreach events in rural communities around Alaska. The objective of these visits is to obtain feedback about how behavioral health services are serving the community, what needs exist and whether there are gaps in services, as well as to find out what is going well in these communities.

Rebecca Busch, AMHB/ABADA Planner, is coordinating this project.

### **The Team**

This visit was staffed by the following:

Anna Sappah, Board Member, ABADA  
Fred Glenn, Board Member, ABADA  
Debi Keith, Chair, AMHB  
Katie Johnson, Alaska Mental Health Trust Authority  
Melissa Stone, Director, Division of Behavioral Health  
Rebecca Busch, AMHB/ABADA Planner

### **Haines**

Haines was identified as the second of five communities to be visited for this project. Haines is located 85 miles north of Juneau and is accessible by air, Alaska Marine Highway, and the Alaska Canada Highway system. Neighboring Haines is Klukwan, a village about 22 miles to the north (the communities are connected by road). The local economy is shaped by growing tourism, commercial fishing, and recreation. Employment is limited and frequently seasonal. There is limited available rental housing, but 70% of permanent residents are homeowners.

Haines has a population of 2,285 people, of whom 12% report being Native Alaskan (2007 census). Haines and Klukwan have a robust non-profit social services system complemented by public and Indian Health Service providers. There are also two private practices in the Haines community who are a licensed clinical social worker, as well as a counselor LPC, CDC II.

Community service providers include:

- \* the Division of Public Health at the Haines Public Health Center
- \* Head Start
- \* Alcoholics Anonymous and Narcotics Anonymous
- \* Klukwan Village Tribal Services
- \* REACH
- \* Salvation Army
- \* Southeast Senior Services
- \* Klukwan Health Center
- \* SEARHC
- \* Lynn Canal Counseling

## **Preparation**

Planning for the visit to Haines began with identifying the team and contacts for the community, followed by making the arrangements for meeting spaces. Fred Glenn, a member of ABADA, is a Haines resident who offered great insight on local issues, venue ideas for the meetings, and identifying service providers.

Lynn Canal Counseling Services (LCCS) partnered in planning for the visit, offering wonderful assistance. Robin Grace, a clinician for LCCS and private practitioner, assisted greatly by sharing information about current issues in the community (as well as an up-to-date contact list for local stakeholders).

Each identified service provider was contacted by email, phone and/or fax with information and an invitation to participate in the community meetings. Advertising for the public meetings was done through posting flyers around town (thanks to LCCS staff and Fred Glenn), public service announcements on the local radio stations, and articles in the local print and online newspapers.

## **The Schedule of Events**

March 25	Arrive in Haines Team Meeting, Orientation Consumer Meeting
March 26	Provider Meeting Tour of Lynn Canal Counseling Town Hall Meeting
March 27	Depart

## **Public Meetings**

The community meetings were well attended overall, with very productive and creative participation. More than 30 community members attended the various meetings. Eight people representing provider agencies participated in the provider meeting at the Haines Public Library; five of these represented behavioral health agencies.

There was low turn out for the consumer meeting. Even so, the feedback we received was very productive and informative.

The town hall meeting at the Chilkat Center for the Arts drew around 25 people. Everyone was given the opportunity to sign in and complete an evaluation, though there was a low return for evaluations (due mostly to the fact that they were second to the continuation of conversations about topics raised during the meeting between community members).

### **What we learned: Successes in the Community**

We heard a resounding echo of the high quality of services provided by both SEARHC and LCCS. The collaborations between these agencies were evident: during the provider meeting there were creative explorations on how the two could further coordinate on specific issues like crisis response, utilizing specialized equipment like video conferencing, and referral to each other's specific programs.

One particularly well regarded program at LCCS is the Art and Writing therapeutic program. A participant of this program spoke extremely highly of the groups, which offer her a way to develop social skills, create a peer support network, improve social connectedness, develop healthy coping mechanisms, find productive self-expression, and motivate her to go out in the community. During this discussion, SEARHC reported that their clients were very interested in participating in this program but there was concern that this would require a "switch" in providers. LCCS and SEARHC representatives explored how better to refer and coordinate this service so that more people could access the program (showing how well the two agencies work together).

There seems to be a community-wide willingness to work together for the overall health of the people of Haines and Klukwan. One example given was that a year ago there was a significant increase in local sales of cold medications often used in methamphetamine production. Local grocers responded by restricting sales of cold medicine to a monitored system through their pharmacies. Participants pointed to this as their community's proactive approach and desire to promote health in the community.

Participants in the community meetings shared that they felt Haines is fairly accepting and understanding of behavioral health needs. Reports were that access to behavioral health services was a positive — with both LCCS and SEARHC in the community services seem very accessible.

Providers have seen growth in the numbers they are serving, which may in part be due to the increasing understanding and lower stigma in seeking services. Burl Sheldon of LCCS said the amount of services being offered in the community has grown significantly. He is proud of the quality of services that LCCS provides, but noted that unfortunately they are "bursting at the seams."

During the town hall meeting there was a clear desire for better community connectedness. Many parents and community members expressed interest in joining together to create a parent group to develop more positive opportunities for youth in the community to build self-esteem through positive life activities and prevent risk behaviors such as involvement with drugs and alcohol. SEARHC reported having a very successful working relationship with Klukwan's K-4 school. LCCS reported a very positive relationship with the Skagway schools providing services in the school ½ day each week. For Haines, behavioral health providers and representatives of the Haines school system indicated a desire to increase behavioral health supports and substance use prevention in the schools.

There are a variety of other successful supports for people in Haines. LCCS has been active in applying for mini-grants from AMHTA that provided many supportive services, such as a small computer for a client to access online behavioral health support networks. There is a domestic violence "safe home" (a confidential and secure place for victims of domestic violence) in Haines through a program offered by AWARE in Juneau. Opening in September, there will be a brand new assisted living facility for aging populations experiencing a disabling condition, dementia, Alzheimer's disease, or other needs by which a person qualifies for assisted living. This facility will have 13 units, and is not at this time planning to serve additional populations.

### **What We Learned: Needs Work**

While the consumer reports of services offered by SEARHC and LCCS were high, the resources available are limited. The number of clients they see is a heavy load for their limited staff. Mr. Sheldon mentioned that LCCS has purchased land for expansion but needs support to allow these local services to grow and serve the need in Haines and Klukwan. Robin Grace expressed the need for staff funding to grow proportionately with facility growth. Mr. Sheldon commented that integration of substance abuse services did not result in an adequate increase in funding.

Secure transport was noted as a significant concern for the community. If someone is referred for involuntary hospitalization for a mental health crisis, there is no local option for secure transport. Previously, the Alaska State Troopers would assist in transport but this service is no longer provided. The result is a long delay in accessing services.

Currently, secure transport to API or the nearest DES/DET facility is provided by Securitas. Transport personnel must come from Anchorage or Fairbanks to Haines to transport the client. This generally takes two days or longer, during which time the person experiencing the psychiatric emergency is held in the only secure location in Haines — the jail.

Some people have had to wait 3-4 days in the local jail before Securitas arrives to effect transport. This time frame reflects the fact that Securitas will not accept a judge's approval over the phone, but instead require a written order from the judge before making any arrangements for travel to Haines. LCCS and SEARHC have limited staff available to offer support to a client in crisis who is being held at the jail. Haines is a small town and this process further stigmatizes someone experiencing a mental health crisis by placing them in jail and transporting them in handcuffs. There is a need for a secure place to be held with dignity and adequate support, as well as reducing the delay in transport.

Potential solutions for this particular issue were discussed during the meetings, including contracting with local retired law enforcement to provide secure transport for Securitas. This would eliminate the travel time from Fairbanks or Anchorage to Haines after approval. It was a desire to eventually have a regional agency serving Southeast rather than a remote provider.

Not only are psychiatric emergency transports a problem, but also crisis responses. LCCS is currently doing crisis response 24/7 for the entire Haines-Klukwan-Skagway area, responding to over 140 crisis calls in the previous year. The crisis response requirement is a burdensome load for the two clinicians available. Participants discussed whether other levels of staff could do more screening so as to not burn out clinical staff, as long as the appropriate training was provided. There was discussion of potentially sharing this service with SEARHC by working collectively to also field calls. This collaboration could potentially come from sharing the grant from DBH for this particular service, especially since both are grantees.

Crisis calls are screened by 911 operators and then referred to an LCCS clinician. One participant shared how she was reluctant to call after hours because she would have to call 911. She also reported that the 911 operator would not connect her to a counselor if her safety to herself or others were not in question (even though she needed to talk through some things with someone). She expressed interest in a local peer support careline (she commented that she has joined NAMI and has used this careline as a resource, but it is a long distance number so she cannot call often). Changing the screening to case manager level staff to avoid the direction of screening through 911 would also reduce stigma and may promote help-seeking behaviors. There was a suggestion the State have a behavioral health call number for someone having an after-hours crisis, to help mitigate the need for emergency services.

Despite the positive relationships between providers and the school systems in Klukwan and Skagway, there is currently a disjointed collaboration between Haines Schools and local behavioral health providers. No clinical services are offered in Haines Schools. A lack in continuity of collaboration was reported. Principal Cheryl Stickler attributed this to having to operate in compliance with confidentiality regulations.

Ms. Stickler shared that schools face difficulty in serving young people transitioning back from residential care because there frequently is not transition planning done with the school. Students return without notice, which prevents the school from being able to accommodate the students' needs. There is a need to develop the continuity of care for Haines youth through the school system. Developing a detailed memorandum of agreement between the school and providers was discussed, as was collecting releases of information and potentially acquiring some mentoring on how similar schools provide continuity of care for students. At the meeting, LCCS committed clinicians "to be as prominent of a presence in the schools" and the school system would allow.

Parents and community members reported a substance abuse problem among youth and adults, identifying "parents who let the kids drink" as a major factor. We heard reports of a serious bullying problem at school. The chief of police commented: "These are not unique problems to

other communities. What we need to do is have everyone work together, law enforcement, the schools, parents, counseling agencies to make these changes.”

Because Haines is served by the courts in Juneau, probation, parole, and juvenile justice services are also centered in Juneau. Neither the court system nor probation refer offenders to local Haines providers. This makes it more difficult for people in Haines to access services (having to use a Juneau agency), and prevents local agencies from accessing revenue from providing these services.

The distance between the Juneau court and probation systems and Haines service providers makes it difficult for clients and providers to communicate with probation/parole officers. Misdemeanor cases are frequently not monitored and compliance (or lack of compliance) is often not confirmed. Providers expressed frustration at the complicated system of needing releases of information to report to the court in order to disclose facts of a client’s case. Due to the communication barriers, many clients who are compliant with their treatment are charged with non-compliance by probation/parole officers (despite the reported efforts by providers to communicate compliance).

## **What We Learned: Unmet Needs**

### **Lack of Services**

As with many communities, there is no detox facility in Haines. Thus, the responsibility for providing detox and sleep off services falls to local emergency services, law enforcement and the local clinics.

The lack of specialized mental health services for adolescents was a major topic of discussion. The lack of services anywhere in Alaska for adolescents (or adults) with serious eating disorders has disproportionately affected Haines. For young people receiving treatment Outside, the lack of transition or step-down services in Alaska reduces the effectiveness of their treatment.

There was interest in developing more capacity for peer-to-peer services in the area that could offer good support at an appropriate level. There were many comments about the growing need for services and how to expand to meet the need. Peer support services were discussed as a way to offer more services without requiring clinical intervention. Examples included rebuilding the NAMI affiliate and maintaining active Alcoholics Anonymous and Narcotics Anonymous groups to offer peer support for substance abuse recovery in Haines.

During all the meetings, there was discussion of the need for more affordable and supportive housing. In terms of homelessness, there is not currently a shelter in Haines. Rental housing is scarce. At the consumer meeting, a participant spoke about concerns for supportive housing. She worried that, if her current arrangement were to no longer be an option, she may not be able to stay in her community and receive in-home supports or a supported housing arrangement.

At the provider meeting, participants discussed developing a mixed use supportive housing model to meet the various housing needs of the community. Melissa Stone, director of Division

of Behavioral Health, encouraged their collaboration around using creative funding, staffing and facility model that would be flexible enough to meet the changing needs of the community. This type of flexible model could serve multiple purposes and differing needs, such as safe housing, staffed therapeutic foster care, transitioning youth, supported housing, supported sober housing, etc. This could be a good model for the size of the community as there may not be consistency of any one particular need. Another method mentioned was to build a network of local peer support homes for adults and youth.

With the previously reported dissatisfaction with the lack of detox services and DES/DET services in Haines, participants voiced a strong desire to begin level 3 mental health services (on a small scale) and have a half-way house that could pool resources of Alcoholics Anonymous for outpatient services along with case management. Both SEARHC and LCCS provide substance abuse services in the community and could collaborate to provide services for such a facility.

### **What We Learned: Issues of Policy**

Along with the extensive discussion of the need for psychiatric emergency services, there was discussion of the procedures for billing for involuntary mental health commitments. Jan Hotze from SEARHC discussed how she has had clients be billed for involuntary commitment services. She referred to the standard procedure of first billing the client but then billing the State, even when the liability is clearly the State's. It was shared that a client who had been involuntarily committed to the mental health unit at Bartlett Regional Hospital in Juneau was later encouraged by the hospital to be admitted voluntarily, and then in turn was held financially liable.

Also on the issue of billing, providers shared their challenges with Medicaid billing. LCCS staff stated that the time needed for documentation required by Medicaid regulations is an equal ratio to clinical services — one hour of service provision: one hour of documentation paperwork. While LCCS has a good level of success with inputting and retrieving accurate AKAIMS information, this is not always the case especially for smaller agencies. There was a complaint that telephonic psychiatric services are not covered by Medicaid. If they were covered, a person could potentially receive specialized care from out of state providers with appropriate expertise. Ms. Grace expressed frustration with being unable to bill for family treatment unless the child is in the session, which may not always be therapeutically appropriate. Also noted was that they cannot bill for developmental disability services for youth who are not in the 50<sup>th</sup> percentile of child development.

Local providers expressed concern that the ASAM assessment tool is unduly influencing documentation requirements, treatment decisions and agency policy. Some providers are using this tool as the primary diagnostic tool, neglecting broader assessments. As more agencies move to integrate mental health services and substance abuse treatment, participants felt it important that providers use all appropriate assessments.

As with many communities in Alaska, recruitment and retention is an overall difficulty for the community. It was noted by providers that frequent turnover in the Office of Children's Services prevents good collaboration. Generally the agencies have a good relationship, but high turnover means they frequently have to re-educate and re-connect with new staff.

LCCS discussed concern that due to serving the priority needs for both Haines and Skagway, it is likely that the most attention is spent serving emergent needs only and not having the capacity of staff and/or resources to serve the needs for more basic or general mental health. While they do not turn anyone away, there is a significantly stronger focus on higher priority clients. Thus, people do not receive the prevention and early intervention services that could reduce the amount and levels of behavioral health needs in the area if they could just see someone earlier. LCCS reported a vision to eventually have the capacity to serve the spectrum of prevention, early intervention and on up to high priority needs.

With the previously noted unmet need of service for eating disorders comes a systems problem with out of state placement. Due to the need to go out of state, one family reported a multitude of complications, particularly with figuring out how to pay for the very necessary and specialized care. Once the family's insurance expired the child was covered by Medicaid due to the duration of stay. Unfortunately, the child had to be relocated to a specific program in Denver, causing constant difficulties with obtaining authorization to switch programs. This happened again when the child was discharged but needed to return for a step down program. Pre-authorization took too long to appropriately address a crisis situation. This complicated process was very difficult for this family especially during a time of crisis.

During the town hall meeting, a parent shared her concern about her daughter obtaining her diploma upon graduation. The child, who was born with FASD, has received special education since the first grade. She has recently been integrated with her 8<sup>th</sup> grade class. Her parents are concerned that when she gets through high school, in order to receive a diploma, she will have to pass the assessment test the general student body must pass in order to graduate.

There were questions noted around whether or not statewide certification board regulations have made changes to current requirements.

### **Follow-Up**

Thank you notes were sent to all community agencies, and to the Haines community at large via the newspaper. Team members (or their staff) have already begun to contact participants with specific questions or interests. Brenda Knapp, from DBH, is responding to concerns about Securitas and secure transport. Rebecca Busch connected the developer of the assisted living project in Haines with Nancy Burke (AMHTA Housing focus area coordinator), and provided information about upcoming housing summits in Juneau. DBH staff have been tasked with addressing questions and concerns about certification issues.

Since the visit, LCCS promptly organized a parent peer support group to assist parents in developing skills and to support one another. The group is co-led by a case manager and clinician in the conference room of the library. Advertising was done via the radio and the newspaper wrote a feature on it.

On the issue of accommodation for high school students with special educational needs, information about the process for accommodation was provided and the parent connected with resources at the Governor's Council on Disabilities and Special Education.