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

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Community Town Hall Visit Grant
Report on April 29-May 1, 2009 Outreach to Homer

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:

Robert Coghill, Board Member ABADA
Nina Allen, Board Member, AMHB
Melissa Stone, Director, Division of Behavioral Health
Rebecca Busch, AMHB/ABADA Planner

Homer

Homer was identified as the third of five communities to be visited for this project. Homer is located at the end of the road system on the Kenai Peninsula along Kachemak Bay. In the 1890's Homer was an active coal mining community. The community was named after Homer Pennock, a gold mining promoter in the 1890's. Gold mining turned out to be unsuccessful in the area. The local economy is shaped by tourism, sport and commercial fishing, logging, art and entertainment. Employment is frequently seasonal.

Homer has an estimated population of 5,691 people, of whom 4.8% report being Alaska Native (2007 census). Homer is served by an array of social services. There are over 40 providers who serve the Homer community. During the community visit there was a conflict with a United Way grant review which also required agency's attendance. The following providers participated in the community visit:

- Homer Public Health Center
- Head Start

- Alcoholics Anonymous and Narcotics Anonymous
- The Center (South Peninsula Behavioral Health Services)
- Cook Inlet Council on Alcohol and Drug Abuse (CICADA)
- South Peninsula Hospital (SPH)
- Friendship Place Senior Services
- Office of Public Assistance
- Haven House

Preparation

Planning for the visit to Homer began with identifying the team and contacts for the community, followed by making the arrangements for meeting spaces. Nina Allen, a member of AMHB, a Homer resident and executive director of The Center offered great guidance for the visit, providing background information, insight on current local issues, and hosting the provider meeting. The Center's staff assisted greatly in planning for the visit as well. Carol Barret, also from The Center, helped with up to date local contacts, identifying appropriate meeting spaces, and helping with many logistics. Thank you, Nina and Carol!

Service providers were contacted by email, phone and/or fax with information and an invitation to participate in the community meetings, as well as to encourage their program participants to attend as well. Public meetings were advertised by posting flyers around town (thanks to Center staff and Nina), public service announcements on the local radio stations, and articles in the local print and online newspapers.

The Schedule of Events

April 29	Arrive in Homer
	Provider Meeting (brown bag lunch)
	Community Town Hall Meeting
April 30	Two Consumer Meetings
May 1st	Team Meeting
	Depart

Public Meetings

The community meetings were well attended overall, with very productive participation. Around 40 community members attended the various meetings. The provider meeting and town hall meeting were equally well attended, which speaks to the dedicated services available in the area. The town hall meeting at City Hall assembly chambers drew around 20 people. There was low turnout for the consumer meetings. Even so, the feedback we received was very informative.

What We Learned: Successes in the Community

The Center is a resource to the community that provides a wide variety of services. It is a significant employer in the community, with 54 full time employees and 80-100 part time

employees. The Center seems to be successful in retaining its full-time staff, due in part due to offering benefits. The Center employs a full time psychiatrist. Dr. Burgess has a wonderful rapport with the community and was spoken of very highly during our visit.

The Center provides adult and children's mental health, substance abuse and developmental disability services that include emergency 24/7 on call services. The Center provides skills trainers in the Homer schools to work with youth who have additional needs, challenging behaviors, or developmental delays. This collaborative relationship between the school system and behavioral health system encourages a strong support system for youth.

CICADA offers substance abuse assessments, education, outpatient treatment, level 2 groups, intensive outpatient, aftercare services, referrals to residential facilities, gender specific groups, and an adolescent program. CICADA and the Center work together to serve people experiencing co-occurring disorders.

An incredible asset to the community is the "Southern Kenai Peninsula Community Project," a community-wide health needs assessment project initiated and funded by South Peninsula Hospital. The project is coordinated by Sharon Whytal. It is a year-long process that seeks to not only take a look at how the Homer community delivers health care, but also how the community comes together to work for itself. One goal of this project is to develop a strategic plan for serving Homer's overall health which can then be used to attract or seek funding to fill identified needs. It is intended to be a tool for all community agencies to use to strengthen their strategies for serving the community by expanding on the strengths already present and to create solutions by developing resources (without duplication) to address the needs of the community. It is hoped that the project will produce a matrix of all community resources, include data and develop working logic models for particular goals like prevention. The project is a collaboration of more than 15 core agencies, while over 30 agencies participated in the planning. The project will produce a reporting document in the Fall of 2009 and begin strategic planning.

South Peninsula Hospital is undergoing remodeling and expansion which will increase current acute care beds by 12. In addition, the hospital is also working toward becoming a Designated Evaluation and Stabilization (DES) hospital. The hospital and the Center have a good collaborative working relationship, utilizing their individual areas of expertise well and serving on each other's boards.

What We Learned: Needs Work

Prevention was brought up several times by meeting participants. Many agreed prevention efforts should be prioritized in order to slow the growing need for care and treatment.

Many meeting participants, consumers and providers alike, reported a need to increase access for services. A very successful and positive aspect is the number of people already engaged and accessing services. The flip side is that local providers work very hard to meet the needs of the community but report that there seems to be more need than capacity to serve, which can delay access.

The Center seems to be successful in retaining its workforce and this is in part due to offering benefits to full time staff. Unfortunately, the agency is small and cannot afford to offer the same to part time staff. While many choose to work part time and this fits more with some lifestyles, the availability of benefits might reduce part-time staff turnover.

Staff from the Friendship Center, the senior adult day services provider, expressed interest in receiving more training in how to address mental health and substance abuse needs of aging Alaskans. Senior populations are the fastest growing population in Alaska and there is more need for training in these areas. As a small staff, it is difficult for them to leave the area to receive training. It would be helpful if training opportunities were offered in Homer or local expertise was shared to minimize the impact of staff having to travel for training.

Meeting participants noted a need for improved transition planning for youth returning home from a residential psychiatric treatment centers in Alaska or an out of state facility. Many commented on experiences when a child is released without adequate planning and preparation, which inhibits the success of reuniting and re-entering the various familial, social, and school environments. Also discussed were how limited foster care and therapeutic foster care are in Homer.

There was discussion around many populations served. Discussed at length were the groups who fall through the cracks. While many people are able to receive behavioral health services through Medicaid, private insurance, or self-pay, there are many who don't qualify for Medicaid, do not have health care coverage or have the ability to pay on their own. This population does not receive services.

While there are options for receiving treatment for substance abuse in Homer through CICADA, it was said that the wait list for an evaluation is around a month. CICADA does offer substance abuse treatment for adolescents within their program, but the adolescent provider position has been unfilled for several months. CICADA has a smaller office in Homer than their office in Kenai. There seems to be a need to expand staff and program capacity in the office in Homer in order to adequately administer the existing programs and meet the demand of Homer's need. One area identified for expansion was offering case management to clients with co-occurring disorders to help coordinate services and assist in navigating the system. (CICADA has applied for a SAMHSA grant to add peer navigation as a part of the services they have available.) Another needed resource identified by meeting participants was women's vocational job skills training or educational programs.

Stigma remains a problem in Homer. Meeting participants noted bumper stickers characterizing the town as "Homer - A quaint little drinking village with a fishing problem." This common characterization of the community is concerning for many reasons, but primarily because it minimizes such a serious issue. A participant at the Town Hall meeting shared how there seems to be a double standard for mental health and substance abuse. Areas for improvement are the stigmas associated with people experiencing behavioral health concerns as well as those

associated with receiving treatment and care for behavioral health concerns. This would encourage earlier interventions and be more apt to prevent chronic conditions.

What We Learned: Unmet Needs

Lack of Services

As mentioned in other communities, it was brought up at the Town Hall meeting that a clearinghouse for resources would greatly assist anyone who was seeking services. This resource could also educate consumers on services available and the process to access them. For example, it could dispel the idea that a person must see a psychiatrist in order to have an assessment or receive care. Several people mentioned a long wait time to be able to see the psychiatrist, while there seemed to be varying expectations of what a psychiatrist should provide verses a clinician. A clearinghouse type of a resource could help guide expectations of appropriate levels of care from clinicians and providers.

There are no psychiatric DES (Designated Evaluation and Stabilization) beds in Homer. The expansion of the hospital includes consideration for a potential room with a focus on mental health care, but at the time of the visit it was not a clearly defined plan in place.

While substance abuse treatment is available in the Homer area, there is not a program that provides inpatient treatment. As with many other communities, there is no formal detox facility in Homer. Responsibility for providing detox and sleep off services falls to the hospital and law enforcement. Last year, the hospital reported 34 cases requiring detox services and care. While the hospital responded to these cases, the community need for detox exceeds what the hospital can address. It is important to note also there is no mechanism in place to hold a criminal securely while they detox, Troopers are not staffed for this nor is there an appropriate facility. This is a need that is apparent in many areas around the state.

It can take up to six months for someone ready for treatment to be accepted or admitted to residential treatment in Anchorage or Soldotna. There is no intensive outpatient care specific for women with children available. At this time there is no funding to expand programs CICADA offers.

There is no residential assistive care for seniors or residential care for seniors with dementia or Alzheimer's disease, or for seniors with challenging or assaultive behaviors. Housing for seniors with specific care needs is a great concern for the state, as without these services it makes it very difficult to stay in their community with their support systems.

Homer does not have a group home or residential care for youth. When a young person requires a level of care outside of the home, they must leave the community. Parenting classes or intensive in home support for families who have youth at risk of being placed in residential care or at risk of placement in the custody of the Office of Children's Services (OCS) would be a great resource and could potentially reduce the need to be placed outside Homer. Parents who had experienced having to place their child outside the community shared the need for more

support. During the provider meeting it was discussed there was a need for a small facility to provide residential services to youth locally. There were questions about the process for documenting the need for this level of care.

What We Learned: Issues of Policy

During the Town Hall meeting there were questions regarding the process and potential of utilizing "Surrogate Guardianship." AS 13.52.030(b) allows a surrogate to make a decision regarding emergency mental health treatment for an adult if there is no other agent or guardian appointed for that adult and the adult has been determined to lack capacity to make the decision himself by a physician and psychiatrist or other mental health clinician. Melissa Stone and Rebecca Busch followed up with the participants specifically interested in this issue, providing more information about the procedures for a surrogate to make health care decisions. However, this discussion shows the need for greater public education about the ways families can support and care for people with mental health needs.

Another policy issue identified by participants was the perception that the Chronic and Acute Medical Assistance (CAMA) program does not cover psychiatric services at a community mental health center. CAMA is a state funded program designed to help needy Alaskans who have specific illnesses get the medical care they need to manage those illnesses. It is a program primarily for people age 21 through 64 who do not qualify for Medicaid benefits, have very little income, and have inadequate or no health insurance. CAMA does cover psychiatrist services as long as the insured's eligibility for CAMA is based on chronic mental illness. CAMA will not cover psychiatric services unrelated to the basis for eligibility, or if they are delivered in an inpatient setting. Additional information on CAMA covered services and eligibility was provided after the community visit.

As mentioned by providers in other communities, Homer providers described frustration with not being able to bill Medicaid for working with families if the enrolled youth is not in the session. After the community visit, information clarifying under what circumstances family therapy and services are Medicaid reimbursable was provided. (The enrolled client must be present for at least half of the session; participation of the client's family and/or "social network" is permissible.)

The State of Alaska has an FASD Waiver Demonstration Project which aims to address the variety of needs of youth with an FASD in conjunction with a clinical mental health diagnosis. This project has the ability to identify and enroll up to 25 participants. As of earlier in the process of beginning the project the number of providers to be enrolled was limited. The Center has not been enrolled as a provider but will be working with the Division of Behavioral Health staff to become an enrolled provider.

Meeting participants discussed a need for statewide electronic medical records as a way for clients' records to transfer more easily and prevent delay in access to services. AKAIMS (Alaska's Automated Information Management System) has grown in its ability to serve in that capacity, and the system continues to evolve toward offering electronic data interchange.

Currently there are around 30 community mental health agencies using AKAIMS for record keeping. The Center is an agency doing this now.

A parent shared her experience when her daughter was released from a residential psychiatric treatment center prior to having reached therapeutic stability and without adequate discharge planning. This parent shared how her daughter reached a level where she was no longer a danger to herself or others, and was then prepared for release without a prolonged period of stability. The parent did not feel her daughter was ready to leave residential care but was told that Denali KidCare would not cover any further care. Her daughter was discharged without any planning and without follow-up care. The parent's recommendation was to increase the communication between the family, funding entities, and the residential care facility so that decisions can be a collaborative process.

Follow-Up

Thank you notes and emails have been sent directly to all community agencies, those who attended the community meetings and provided contact information, and to the Homer community at large via the newspaper. Team members (or their staff) have begun to contact participants for follow up on specific questions or interests. Melissa responded to questions about surrogate decision making and FASD waiver programs. Rebecca connected Friendship Center staff with the Trust Training Cooperative for additional training to address behavioral health needs of their program participants. Nina will coordinate local training opportunities with the Friendship Center. Rebecca provided information on billing requirement for family therapy and CAMA coverage.