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 December 15-17, 2008 Outreach to Ketchikan

Project Overview

The Alaska Mental Health Trust Authority 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 around how behavioral health services are serving the community, what needs are and what gaps in services exist, 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 board members, Trust staff and Division of Behavioral Health (DBH) staff:

Lonnie Walters, Chair ABADA
Brenda Moore, Secretary AMHB
Renee Schofield, Secretary ABADA
Katie Johnson, Alaska Mental Health Trust
Marilee Fletcher, Regional Alcohol Program Coordinator, DBH
Genevieve Casey, Prevention and Early Intervention, DBH
Rebecca Busch, AMHB/ABADA Planner

Ketchikan

Ketchikan was the first of the five communities identified to visit as part of this project. Located 235 miles south of Juneau, Ketchikan is considered a hub community for the southernmost part of Southeast Alaska. Ketchikan Gateway Borough has a population of just over 13,000 people, 15.3% of whom are Alaska Native. Three federally recognized tribes are located within the area, and residents of Metlakatla also receive services from agencies and providers in Ketchikan.

For a relatively small community, Ketchikan has a large cohort of non-profit, state and private entities providing services to Trust beneficiaries. These include tribal organizations like Ketchikan Indian Community and Saxman Social Services, LOVE, Inc., Pioneer Home, catholic Community Service and others.

Preparation

Planning and coordination of the visit began with identification of the team, who were then included in planning and making arrangements for meetings, site visits, etc. Renee Schofield, who is from Ketchikan and a member of ABADA, provided a great deal of assistance in identifying service providers, locations for meetings, and community relations. Marilee Fletcher (DBH) also helped identify relevant provider organizations to contact prior to the visit.

Every identified service provider was contacted by email, telephone, and fax with information and an invitation to participate in the upcoming visit. Consumer organizations like NAMI Ketchikan were also invited to participate. Public service announcements (radio, print, and online) and flyers targeting beneficiaries (to be posted by agencies and around town) were used to reach the largest audience possible. Rebecca Busch was also interviewed by KRBD (the public radio station in Ketchikan) prior to the visit, to further advertise the opportunities to participate.

The Schedule of Events

December 15	Arrive in Ketchikan Team Meeting, Orientation Consumer Meetings (2 sessions)
December 16	Provider Meeting Tour of Community Connections Community Town Hall
December 17	Team Meeting, Debrief Tour of Ketchikan Regional Youth Facility Depart Ketchikan

Public Meetings

The turn out for the meetings was positive and the content was very productive. There were over 100 community members who attended the various meetings. Sixteen people representing ten service providers attended the provider meeting. At the two consumer meetings, we had 37

people sign in (5-10 additional people came to the meeting but did not sign in). The town hall meeting at the City Council Chambers drew nearly 40 people. All attendees at all the meetings were given the opportunity to sign in and complete an evaluation of the meeting -- 84 evaluations were completed.

What We Learned: Successes

Participants identified the relatively large cohort of social services agencies as a strength in the community. They characterized Ketchikan as "a fairly healthy community," where the residents and municipality recognize the need for behavioral health services. Meeting participants showed an interest in collaboration and partnering to address ongoing needs in the community.

Four participants in the consumer meetings noted the positive benefits of the therapeutic court in Ketchikan. All had either been part of the therapeutic court process or were the family member of a participant, and all pointed to the inclusion of treatment in the criminal justice context as a success (for themselves and the community at large).

We also heard from multiple participants that the Office of Children's Services (OCS) provides good resources for families. Specifically noted was the "continuity, stability and leadership" at the local OCS office. Also, there are eight therapeutic foster homes in Ketchikan – a great resource that allows for children experiencing SED a better chance of staying in their community.

We heard that participants think that Ketchikan is doing well economically (the 2006 US Census placed unemployment at 6.2%).

Two psychiatrists practice in Ketchikan (which is unusual for a community this size).

Participants reported that DBH provides both financial and other support for agencies in the community. They also noted that DBH provides travel funds for people who are not Medicaid-eligible.

What We Learned: Needs Work

We discovered at the provider meeting that many of the agencies were not aware of the services provided by others. Participants also identified the need for a "clearinghouse" of resource information. This lack of understanding of the service system not only makes collaboration and communication difficult, but affects the ability to provide service coordination.

Participants were very vocal about the areas in which Karr House, the residential substance abuse treatment program, needed improvement. They reported long waiting periods for admission,

even when beds were open and available. The 45-day treatment period was cited as being too short (especially given the lack of service coordination after release). Staff from the hospital reported having difficulties with the screening processes for admission at Karr House and concerns with medical oversight at the facility.

Mental health and substance abuse treatment services for prisoners were also identified as needing improvement. Reported were the lack of evaluations while people were in jail, lack of treatment for people with diagnosed mental health issues, prisoners not being given existing medications (i.e. prescribed by an outside clinician) while in custody, and an inability for clinicians to see patients while incarcerated. All these problems were identified as causing a disruption to service plans and possibly further escalating patients' mental health conditions.

While participants had identified the access to state funding as a "success" of their behavioral health system, we also heard that funding was insufficient to permit expansion to Prince of Wales Island or Metlakatla. This was of primary concern, given the difficulties (and subsequent closure) of the provider in Craig.

Workforce recruitment and retention was identified as a problem area (just as we have heard statewide). There were several concerns around frequent transitioning and unfilled positions in local agencies, which has impaired the continuity of services offered. When there appear to be gains filling some positions, others seem to become open. The need for stable workforce would highly benefit the community by offering consistent services, reliable capacity, and consistency in sharing of information between agencies. Also identified was a workforce shortage in early learning positions. Agencies invest in training providers, but then lose them to the better benefits and wages offered by the school system.

Participants thought that law enforcement officers could be better trained to identify when a person is under the influence of prescription drugs, so as to better address the problem of prescription drug abuse.

What We Learned: Unmet Needs

Participants identified many areas where needs exist but are not currently being met by the behavioral health system in Ketchikan:

1. Crisis Response — Participants identified the need for stabilization services, including DES/DET beds where individuals can be safely stabilized to prevent escalating need for med-evac to Juneau or API.

2. Community Service Patrol — There is no place in Ketchikan to safely monitor someone who is homeless and intoxicated, so the default has become the emergency room and/or law enforcement.
3. Housing — Participants could identify no options for affordable housing for beneficiaries, transitioning youth, etc. Local regulations are a barrier to independent living in group homes settings. Participants reported that no housing agency operating in the community (though Alaska Housing Financing Corporation has two properties in Ketchikan).
4. Respite — There is not a program or agency which offers respite care for either youth or adult populations.
5. Medicaid Dental Services — There is no dentist in Ketchikan who accepts Medicaid. People must fly or take the ferry to Craig, where there is one provider. It is extremely costly to travel to Craig (Medicaid pays for travel to and from but not additional costs for lodging, etc. when weather strands people there). Travel and weather issues can also delay care (one participant spoke of her child who required five trips to and from Criag to address ten cavities).
6. The Alaska Pioneer's Home system will not admit a resident who has a chronic mental illness as the presenting diagnosis. Because of the aging of Alaskans, many seniors who have chronic mental illnesses and are in need of assisted living are going to be left without appropriate care.

What We Learned: Issues of Policy

We heard from several people who had difficulty securing employment because they had no driver's license. Provisional driver's licenses made possible by last year's legislation do not include people convicted of felony DUI. The result is that when someone achieves sobriety and is attempting to maintain employment, they may not be able to do so because there is no way to secure even a provisional license.

While having two psychiatrists in such a small town is a "success" of Ketchikan's system, participants expressed concern that there are no alternate resources for medication management or review. Many participants expressed concern about the number of young people and mental health clients receiving medication without access to a "second opinion." There was also concern that primary care physicians were prescribing for young people without consulting with a mental health clinician.

Participant believed that more community awareness and education on mental health and substance use is needed. Service providers need to advertise what they offer, since the community is unaware of many offered services (which are therefore underutilized).

Significant comment regarding senior services was heard. Concern is that Alaskans must be increasingly physically frail, and at very high risk for being institutionalized before they are given a service plan that will assist them to remain independently in their own home through Medicaid. The assessment process and the need for realistic Medicaid reimbursement rates were identified as obstacles to meaningful waiver services. Also of concern was the redistribution of state funds in FY09 (based on statistical population data) — this resulted in a decrease in services available to seniors in Ketchikan's regional villages.

Providers reported continued difficulty with AKAIMS. Not only is the staffing necessary for accurately maintaining AKAIMS information burdensome, but the information providers are getting back from AKAIMS is not always reliable.

Follow-Up

Upon the teams return and debrief, all participants received an email thanking them for their participation. For participants with specific questions, such as about resource guides, we provided the appropriate information and referral. For participant requesting to learn more about advocacy opportunities, we provided information about Trust and AMHB/ABADA priorities and information about how to enroll in Capwiz. Our advocacy coordinator has the contact information for all participants who expressed interest in becoming more informed and involved in order to include them.

Meeting evaluations were reviewed and compiled (see attachment for summary). A thank you letter to the community was submitted to the Ketchikan Daily News.

This report and the attendant presentation was prepared, and will be shared with Trustees, Trust staff, the Commissioner of Health and Social Services, DBH staff and policy makers, Ketchikan area legislators, the Governor's Office, board members, and participants.