

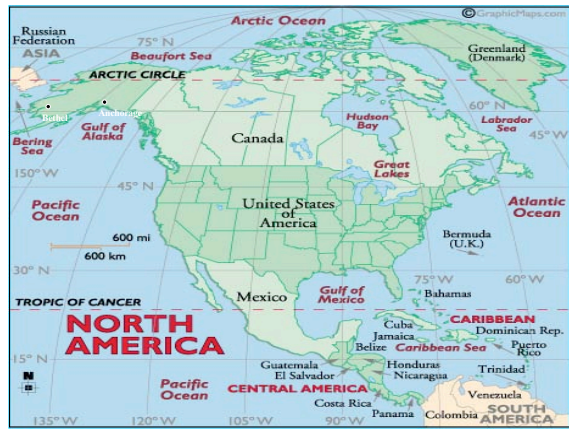


**“Camai, Cangacit ernerpak?”**

“Elitnauryugamken Western Alaska-mek, Mamterillermek, Yupignek-Ilu, Kuigpagmiunek, Kuskokuqvagmiunek-Ilu!”

**Welcome! How are you today?**

I want to teach you about Western Alaska, Bethel, and the Yup'ik Eskimo people of the Yukon and Kuskokwim Rivers.



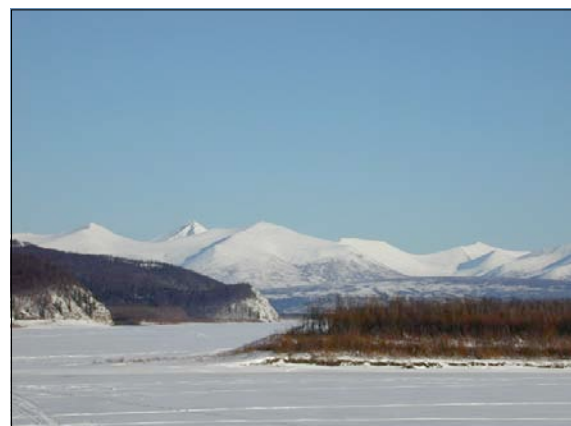
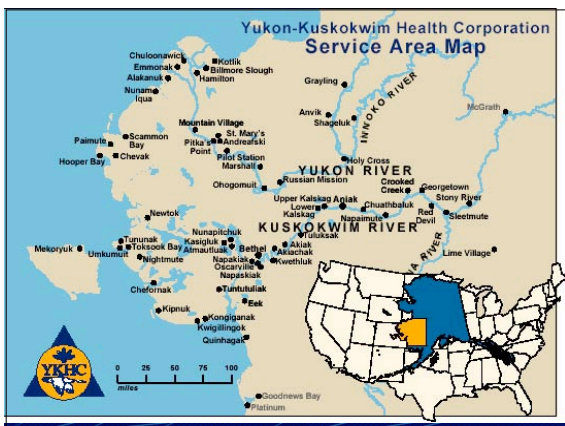
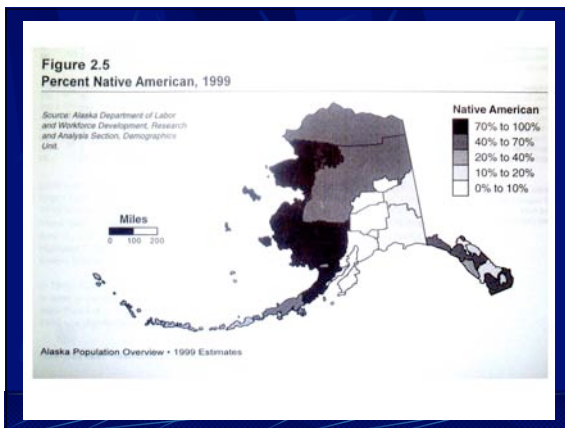
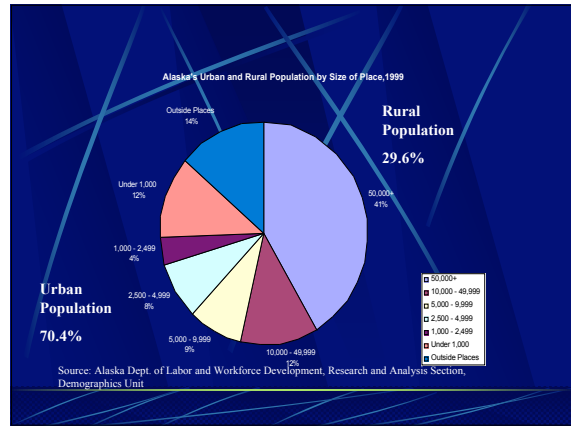
**Alaska Demographics**

- Population: 627,000 total statewide
- 1.2 persons per square mile
- Largest Alaskan Cities:
  - Anchorage: 260,000
  - Fairbanks Borough: 82,000
  - Juneau: 31,000

### Alaska's 10 Urban Cities, 1999, 1990

Rank '99	Rank '90	City	July '99 Pop	July '90 Pop
1	1	Anchorage	259,391	226,338
2	2	Fairbanks	31,697	30,843
3	3	Juneau	30,189	26,751
4	4	Sitka	8,681	8,588
5	5	Ketchikan	8,320	8,263
6	7	Kenai	7,005	6,327
7	6	Kodiak	6,893	6,365
8	8	Bethel	5,471	4,674
9	10	Wasilla	5,213	4,028
10	14	Barrow	4,438	3,469

Source: Alaska Dept. of Labor and Workforce Development, Research and Analysis Section, Demographics Unit.




## YKHC

- Service Area: 75,000 square miles
- Population: Approximately 25,000  
80% Alaska Native:
  - Yup'ik Eskimo
  - Cup'ik Eskimo
  - Athabaskan Indian
- 58 Villages (Federally recognized tribes)



## PEOPLE WORKING TOGETHER

- Six year children's mental health demonstration project funded by SAMHSA (Substance Abuse and Mental Health Service Administration).
- Awarded October 1999
- Serving families and children in their home communities.



## Goals of the Project:

- **Create a Children's Behavioral Health Service Delivery, where none existed before**
  1. Establish the service delivery plan
  2. Build the Infrastructure
  3. Begin hiring the Staff
  4. Develop Training



## Goals of the Project

- **Support families** in their participation at all levels of the system
- **Core Teams** at subregional hub villages utilizing the Wraparound model of services
- **Formal partnerships** among child serving providers across the Yukon Kuskokwim Delta



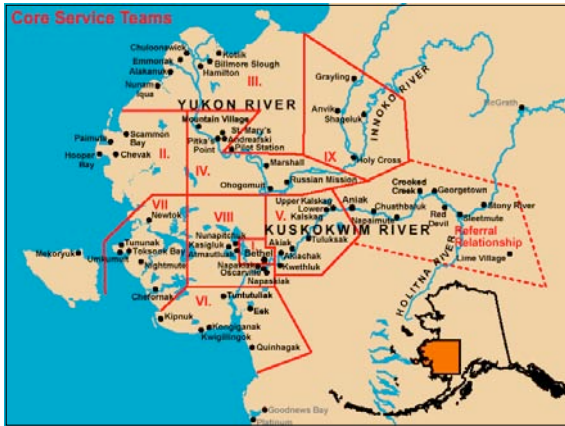
## 1999

- 10 Village-based MH Counselors (in selected villages)
- 10 Village Alcohol Education Counselors
- 1 Master's-level Clinician for Children

## 2004

- 8 Master's-level Children Clinician's
- 28 Wellness Counselors (Integrated MH & SA)
- 8 Family Advocates
- 9 Elder Counselors






## Challenges to Implementation

### Cultural Issues

- 97% of the village pop. is Alaska Native
- The native language, Yup'ik, is spoken in most homes
- Success is defined differently
- “Yuuyaraq”
  - Subsistence is a way of life here, really.



### A year in the Delta

J F M A M J J A S O N D







- Moose Hunting, Aug-Sept
- River Freezes Up, Oct
- Winter Travel, Nov-Mar
- Spring Bird Hunting, Apr
- Fishing/Fish Camp, May-Aug



### Social Issues

- Unemployment is over 50% in most villages
- Substance Abuse rates are very high, leading to legal and domestic problems
- A very young population (median age is 23.8)

### Legal Issues

- **Our tribes “compacted”**
  - 48 of the 227 Federally-recognized tribes in Alaska
  - Government – to – government relationship with the federal government
  - Local sovereign control and self-determination is important to the villages
- **Result – We have a “near perfect” Managed Care system**



## Geographical Issues

- There are no trucking companies delivering freight here!
- Travel is by airplane, boat or snow machine
- 48 villages that cover 75,000 square miles
- Climate...annual mean temperature is 29.9 degrees



## Complexity of Care Coordination

- Distance Factor
- Several “systems” involved in providing care, i.e. state, tribal and city programs, all need to be coordinated in a person’s care
- YKHC is a large organization, it can be difficult to steer through all the programs
  - 48 village clinics
  - Hospital
  - Specialty clinics and programs

## The Conditions

- Surgeon General’s Report
  - Alaska Native / American Indians are under-served in mental health and substance abuse services
- One of the highest:
  - Suicide rates in U.S.
  - Unintentional injury/ death rates in U.S.
- High Trauma and Loss
  - Sense of Hopelessness



## Success’ and Barriers

- Success’
  - Implementation of Children’s Behavioral Health Delivery System
  - Implementation of Integrated MH & SA Services (state pilot project).
    - Result: State of Alaska is looking at our “model” to disseminate to the other rural regions.

## Success’ and Barriers

- Success’ – continued
  - Creation of Village Multi-Disciplinary Teams (approx. 10 teams)
    - Est. by communities to address children & family needs
  - Establishing Collaborations
    - Dept of Juvenile Justice
    - Office of Children’s Services
    - Dept of Corrections
    - School Districts

## Success' and Barriers

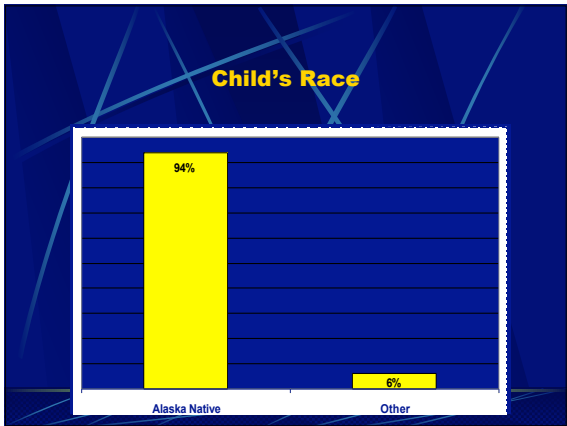
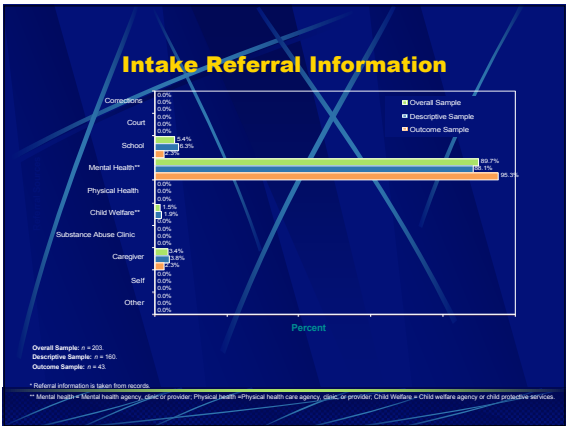
- Barriers
  1. Staffing Clinical positions
  2. A full staff is necessary to strengthen the delivery system structure.
    - Without it the system comes to a halt.
  3. Our Environment – Weather, Travel, Cultural/Social Challenges

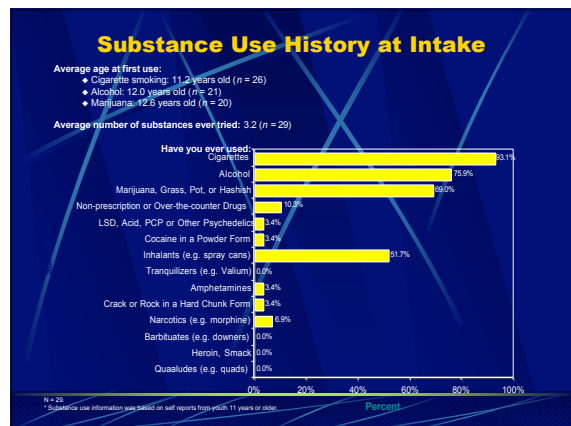
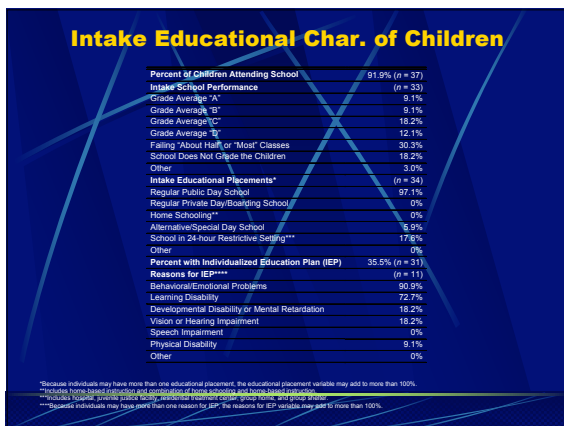
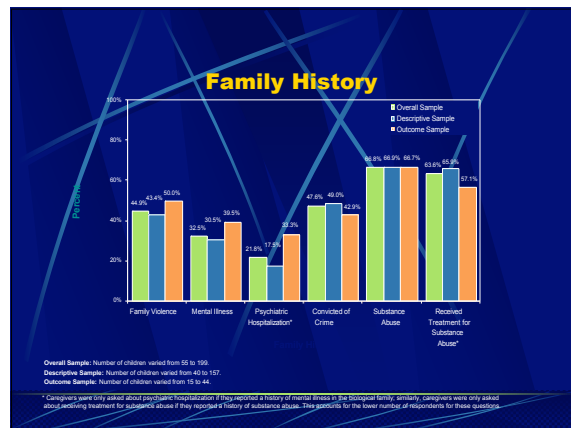
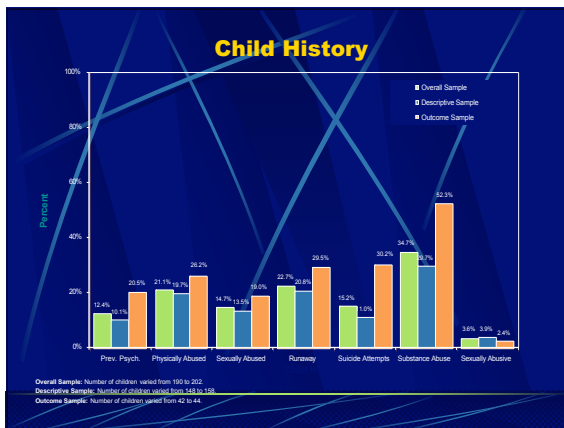
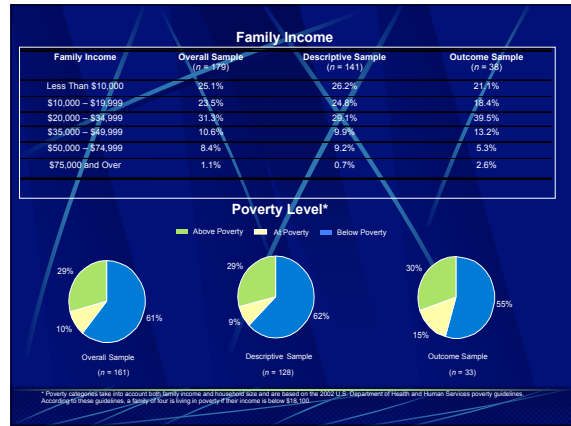
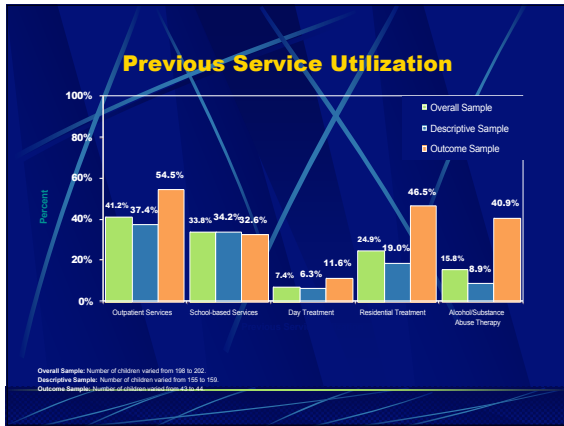
## Lessons Learned

- Core Team / Wraparound Meetings
  - Initially, we tried to “require” every team member be present in the meetings. This just didn't happen.
  - 2 Types of Meetings:
    - Core Team Meetings – administrative and clinical training
    - Wrap-around Meetings – Tx Planning w/ members of team that can be present.

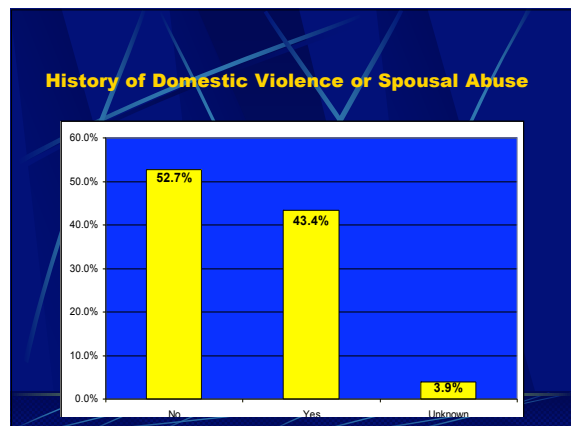
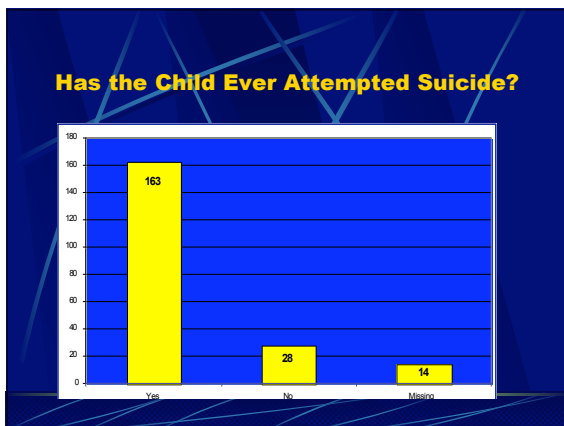
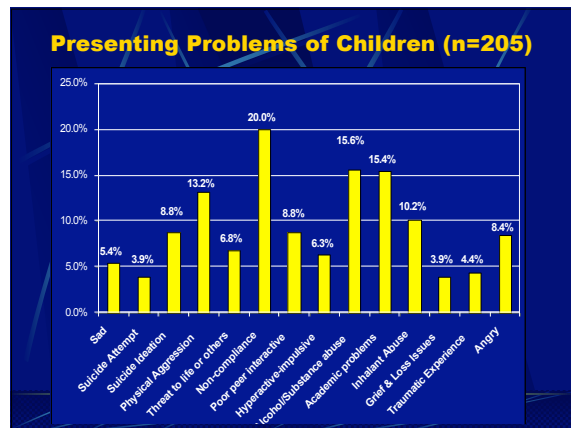
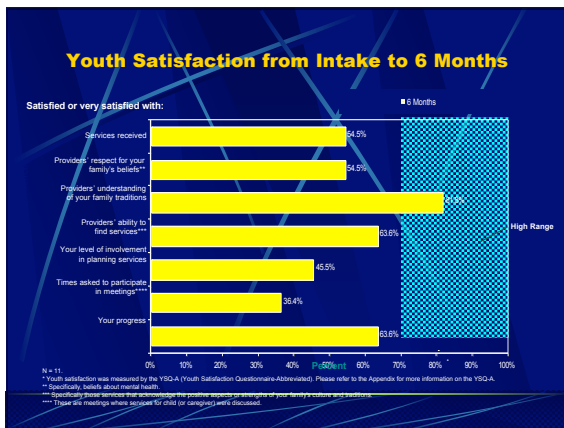
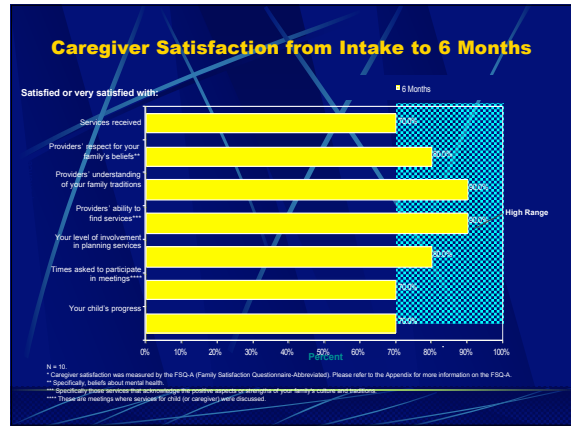
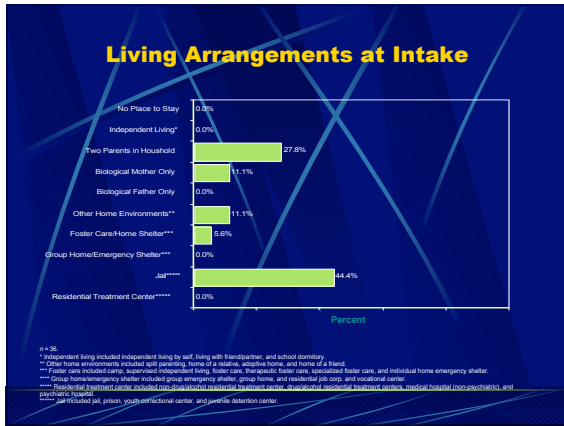


## Data

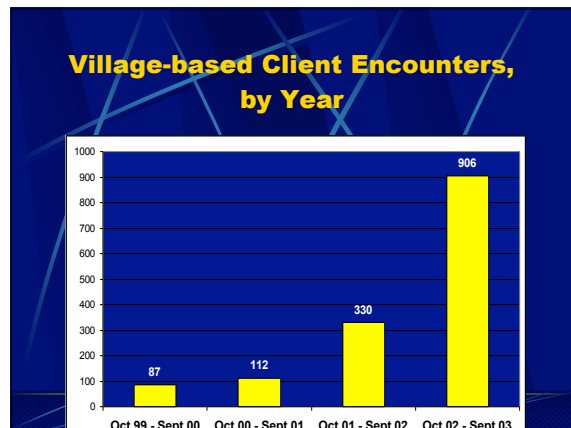
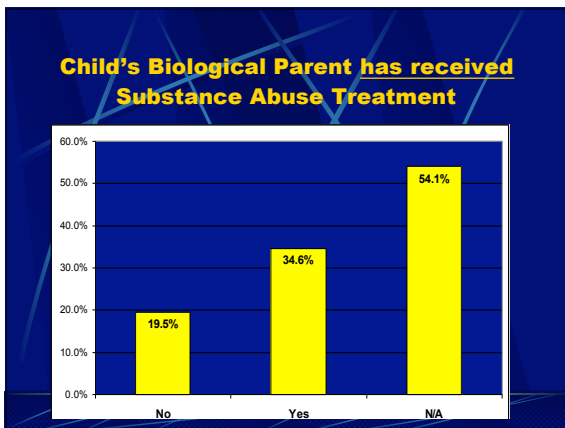
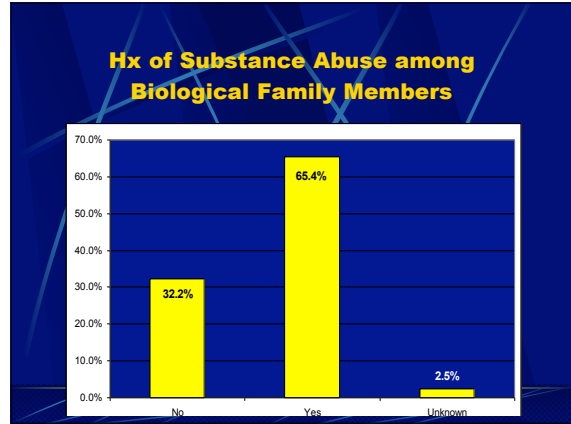
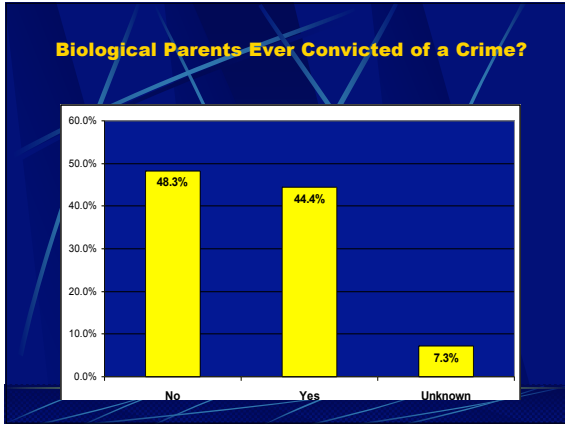




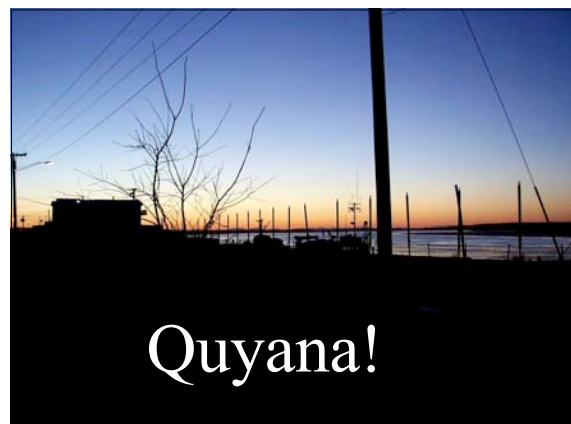








- ### Where Do We Go From Here?
- Developing a stronger Case Management component within the Village-based Service Delivery.
  - Succeed in obtaining state certification for the Behavioral Health Aide.
  - Training of Staff to:
    - Work with 0 – 5 populations
    - Provide Mental Health Consultation
    - Class Observations with Children



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**Contact Information**

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