Outpatient and Emergency Behavioral Health Services

Carolyn Iverson
Director of Outpatient Services
Sarah Angstman
Psychologist
Outpatient Services: Overview

- Intake Department
- Psychiatric Services
- Psychological Testing
- Youth Services
- Family Services
- Village Services
- Training / career development
- Emergency Services
- CISM
Outpatient Services: How do they fit into BH Services

- Client-driven, voluntary services
- Focused on recovery from mental illness
- Clinical approach
- Confidential
Outpatient Services: Intake Department

Goal: Improved Access
- Reduce wait time
- Connect people with the right service
- Improve communication

Developed in response to community and provider concern that we need to reduce barriers to getting services
INTAKE STAFF

- Intake Coordinator
- Village Clinical Supervisor
- Case Manager
- 2 Bethel-based BHAs

Challenge: Developing dedicated office space for these individuals
Number of Referrals to Intake Dept Aug-Nov 2012

Referrals by Month (2012)

- August: 113
- September: 83
- October: 111
- November: 88
Referrals by Subregion
Aug-Nov 2012

Village Referrals (Aug-Nov 2012)

- Aniak: 23
- Bethel: 168
- Bethel-based villages: 70
- Emmonak: 34
- Toksook Bay: 38
- St. Mary’s: 36
- Hooper Bay: 25
Intake Department: Central Point of Entry for Services

- Bethel and village referrals
- Initial phone contact with village clients
- Can offer services by VTC if needed
- Tracks all referrals
- Better understanding of client’s needs
Intake Department: Urgent Care Clinic

- Clients can be seen by a clinician as walk-ins Tuesdays and Thursdays 1-4 pm
- These services can be offered by VTC if needed
- Clients can be seen for short-term counseling, case management, or other services
Psychiatric Services

- All providers offering services by VTC
- Dr. Ondich – adults
- Dr. Jackman, Dr. Meyers, Dr. Ranade – children
- Nurse case manager
- Challenge: full time psychiatric NP position has been open nearly two years
Psychiatric Services: Plans to Increase Access

• Increasing hours for Dr. Jackman to 20 hrs / week
• Recruiting for half-time adult psychiatrist
• Integrating services into medical / specialty clinic
• Improving collaboration with primary care
• Providing training to primary care providers
Psychological Testing

Testing for:
- Developmental Delay
- Learning Problems
- FASD
- Brain Injury
- Dementia / memory problems

Services offered at SRCs when possible
Youth Services

• 2 child therapists in Bethel outpatient clinic
• 1 case manager dedicated to work with children and families
• Use play and art therapy to facilitate expression
Youth Services: Partnerships

- ONC: ran a pilot Healthy Families group for children and parents served by behavioral health.
- Kuskokwim Learning Academy: weekly therapy group for coping with trauma and substance abuse.
- Teens Acting Against Violence: conduct monthly educational group about mental health issues for teens at TWC.
- Children’s Advocacy Center: participate on Multidisciplinary Team at TWC.
Goal: Family Services Center

• All child and family services offered in a new, child-friendly location
• Expand services via partnerships with ONC and other agencies
• Holistic approach to child and family recovery
• Training center for BHAs and others
• Planning grant submitted
Goal: Provide clinical training opportunities to expand Alaska Native workforce

Now hiring unlicensed clinicians, providing licensure supervision

Creating positions for local interns when needed:
- MA intern (Julia Kanuk)
- BSW intern (Kim Weston-Smith)

ANTHC-YKHC doctoral psychology internship pilot year:
- PhD intern (Xiomara Owens)

Case management position qualifications adjusted to promote local hire and continued career development
Village Services: Overview

- Accessing village-based care
- Merging village and Bethel-based outpatient services
- BHA training and support
Accessing Village BH Services

- Can go through Bethel intake department or go directly to your village BH provider (BHA or clinician)

- OCS or court-referred clients will be screened and provided group services if appropriate

- Challenge: recent turnover in leadership and clinical staff within village services
Combining Village and Bethel Outpatient Services

- Goal is to offer equivalent services in Bethel and villages
- Village and Bethel staff work together as one team
- Increased VTC services
- Intake department will support entire YK Delta using Bethel-based BHAs and VCS
- Bethel clinicians to support BHAs working with clients on their treatment plans
Combining Village and Bethel Outpatient Services

- RAVEN improves coordination of BH services at different locations
- All clinical staff (regardless of location) will register clients, document services, and bill services in the same way
- This will increase revenue to support increased staffing
- Work closely with the Prevention team
BHA Training and Support

- Combined services provides increase training opportunities for BHAs
- One goal of proposed Family Center is to provide training for regional clinical staff
BHA Training and Support

- Participating in ANTHC pilot project to increase number of certified BHAs
- Developing structured training for BHAs to mirror the community health aide training
- 3 BHAs currently enrolled in RHS
- Goal: train BHAs as independent practitioners
Emergency Services: Overview

• Purpose: evaluation and screening
• Restructure
• Goals:
  - Improve care services
  - Increase therapeutic interventions
  - Develop traditional healing approaches
  - Partner to develop crisis response teams
  - Improve follow-up
Emergency Services: Purpose

- Evaluate clients in crisis
- Determine whether level of risk requires involuntary hold / hospitalization
- Arrange appropriate aftercare services
Accessing Emergency Services

• For safety concerns: call law enforcement: TPO, VPSO, VPO, AST, BPD

• For medical concerns: call health aide on-call or bring person in crisis to the clinic

• Call ES directly:
  1-800-478-3321, ask operator to page BH on call, wait on the line.
Emergency Services: Number of ES Contacts

- Average of 50-60 face to face evaluations each month.
- Average of 20-25 telephone crisis interventions and evaluations each month.
- Numbers vary from month to month and season to season.
Emergency Services: Current Staffing and Structure

• 2 full-time clinicians plus coverage by clinicians from other programs when needed

• Clinicians perform all aspects of the job:
  - respond to crisis calls
  - evaluate patients in hospital
  - arrange travel
  - all administrative tasks
Emergency Services: Expansion and Restructuring

Newly approved staffing:
- 5 full-time clinicians
- 1 case manager
- 1 crisis services manager

- Clinicians to be “in-house,” not on call
- Two clinicians on during busiest hours
- Expand “urgent care” access for non-emergency clients
- Provide better continuity, follow-up
Critical Incident Stress Management (CISM) Services

- Responds to traumatic events or crises in communities
- Debrief first responders, family, or others involved in crisis
- Goal: move this service towards a more community-based response using crisis response teams
Emergency Services: Future Directions

- Partnering with prevention program to provide traditional and local healing interventions for clients presenting with suicidal ideation
- Working with prevention towards developing community crisis response teams intended to divert clients from needing hospital emergency care
Summary and Questions

Contacts:
Carolyn Iverson, 543-6103
Sarah Angstman, 543-6715