Tele-Behavioral Health

Service Area Map

"Focus on Performance"

Primary *issues in providing service when your Service Area is the size of Oregon!*

-receiving Behavioral Health Services!

-providing Behavioral Health Services “preferably” in the 50 villages we serve.

YKHC Master’s level and Higher are primarily located in Bethel and the following SRC’s (Sub-Regional clinics)

- Emmonak
- St. Mary’s
- Hooper Bay
- Aniak

VTC (Video Tele-Conferencing)

YKHC acquired a number of VTC's through various grants. They are now a "staple" when upgrading and/or building new clinics in our communities.

YKHC uses VTC for:

- Behavioral Health encounters
- Medical Appointments
- Clinical supervision
- Staff meetings/huddles
- Trainings
- Communication tool for our clients and their families.

Hurdles YKHC had to overcome

1. Receiving service from “Behavioral Health”
   - This historically and continues to be Western “medicine”.

   With the help of our Prevention Programs and program staff (who are primarily Yup’ik/Cup’ik) community members are learning more about “Behavioral Health” services and the benefits to Behavioral Health Services which incorporates “cultural” life skills activities as part of their treatment.
2. Travel for services is expensive and un-predictable due to weather!
3. Receiving service via VTC -vs- FACE-to-FACE
   - “I don’t think I’d be comfortable talking about my problems to the TV” (Most commonly stated comment following a survey during our Readiness Assessment Phase)

Acceptance…(well…more acceptance….work in progress)

Consumers of the YKHC Delta seemed to accept receiving “medical services” as well as services by a “Psychiatrist” for Med Management via VTC.

“Accepted Healers gave “permission” to another Healer”

-Rick Calcote

We spoke with our MD’s and asked them to help/encourage people to try using VTC as a way to receive Behavioral Health Services in their own community.

With the opening of our new LTC (Long Term Care Facility) word has spread that they can “visit” with their loved ones via VTC. Family members schedule time in a private room (usually BHA office) in their Village and get to “see and hear” their elder family member.

Action/Implementation

- Psychiatry
  - 2 part-time Psychiatrists living outside the region
    - Schedules managed through support staff and nursing staff
- Screening
  - BHA's and Case Managers utilizing VTC for initial appointments to take care of admission paperwork and screenings
- Therapy
  - Clinicians and Village Clinical Supervisors utilize VTC for weekly appointments and or services for people without third party insurance
- Crisis Intervention and stabilization
  - Emergency Services clinicians could complete "face-to-face" evaluations without client traveling in
- Referral/Admission
  - Clients have been seen through ES services for admission into a higher level of care.

Data collection strategy

- Evaluation and data collection is scheduled to occur:
  - MOA signed by UAA and YKHC for a predoctoral student to complete a program evaluation on the referral/ intake process which incorporates VTC use

- Up and coming considerations and/or changes:
  - Movi cameras are being utilized in place of VTC set-up
    - More cost effective means of telemedicine
    - More easily accessible for smaller clinics
    - Lessens the challenges of shared space issues

Lessons Learned/Next Steps

- Strengths:
  - Informal feedback gathered has been providers adjusted to providing telemedicine and found it to be easier and less intimidating than first thought.
  - BHA's in smaller communities were able to increase their client encounters by seeing people in villages with no BH provider
  - Allowed the first step of integrative services (medical and BH)
  - Decreased the number of clients traveling to Bethel
  - Increased the number of clients without third party insurance being seen