Southcentral Foundation
Nuka System of Care

- SCF - 2011 Baldrige Winner
- CEO 2004 McArthur Genius Winner
**Vision**
A Native Community that enjoys physical, mental, emotional and spiritual wellness

**Mission**
Working together with the Native Community to achieve wellness through health and related services
Key Points

Shared Responsibility
Commitment to Quality
Family Wellness
Operational Principles

**Relationships** between customer-owner, family and provider must be fostered and supported

**Emphasis** on wellness of the whole person, family and community
  (physical, mental, emotional and spiritual wellness)

**Locations** convenient for customer-owners with minimal stops to get all their needs addressed

**Access** optimized and waiting times limited

**Together** with the customer-owner as an active partner

**Intentional** whole-system design to maximize coordination and minimize duplication

**Outcome** and process measures continuously evaluated and improved

**Not** complicated but simple and easy to use

**Services** financially sustainable and viable

**Hub** of the system is the family

**Interests** of customer-owners drive the system to determine what we do and how we do it

**Population-based** systems and services

**Services** and systems build on the strengths of Alaska Native cultures
Innovative, relationship based, customer driven systems

- 1,600 staff – 150,000 statewide clients
- 55,000 local clients including 10,000 in over 50 remote villages
- Expanding local population (3-5%/yr)
SCF Programs and Services

- Primary Care Clinics
- Laboratory
- Pediatrics
- Audiology
- Health Education
- McGrath Health Center
- Pharmacy
- Health Information Services
- OB-GYN
- Complementary Medicine
- Nilavena Sub regional Clinic
- Radiology
- Empanelment

- Emergency Department
- Home Based Services
- Valley Native Primary Care Center
- Anchorage Service Unit Ops Support
- Optometry
SCF Programs and Services

- Behavioral Health
  - Fireweed
  - PCC
- BURT
- Denaa Yeets’
- TRAILS and FASD
- The Pathway Home
- Quyana Clubhouse
- Dena A Coy
  - Residential
  - Outpatient
  - Willa’s Way
- Behavioral Health Service
- McGrath Behavioral Health Clinics

- Therapeutic Family Group Homes
  - Cottonwood
  - Rendezvous
  - Cleveland
- Alaska Womens Recovery Project (AWRP)
- Access To Recovery (ATR)
It’s All About Customer-Ownership and Relationships
Relationships

- It is THE core clinical service that we offer
- It is THE key set of skills we train every person on – Core Concepts
- It is THE way that we manage personnel
- It is THE core priority for how we design services, improve flow, decrease waste, design facilities, measure success, and recognize and reward excellence
- The ability to genuinely connect requires skilled ability to connect in story and walk in trusting, accountable, personal, long-term relationships with barriers removed
SCF AK AIMS data for 6 months ending 3/31/11

Of the 626 customers seen have self-reported the following:

- 47.8% Report using Substances
- 67.9% Report symptoms of Depression
- 75.1% Report symptoms of Anxiety
- 37.1% Report thoughts of Risk Self/others
- 78.1% Report experiences of Trauma
- 46.3% Report both mental health and substance abuse concerns
- 31.5% report experiencing a Traumatic Brain Injury
- 11.8% report mother used alcohol while pregnant
- 72.5% Report Adverse Childhood experiences
- 65.7% report a Major change in Life
- 17.6% reported Intimate Partner Violence
Homelessness In Alaska

- Over 14,000 people in Alaska annually experience homelessness (AHFC)
- 28% of total homeless Alaskans are families with children (AHFC)
- Families are fastest growing segment of homeless
- Anchorage had a total of 2,832 homeless children in 2007-08 school year
- There are estimated to be over 3,300 homeless households (half of them families) in Alaska (Gov.Council)
Health Impact of Child Abuse: Adverse Childhood Experiences Study (ACE study)

- Collaborative between CDC and Kaiser
- Over 17,000 adults surveyed.
- Average age = 57 years.
- Medical histories available.
- Key question: Do ACEs impact adult health across the lifespan?
Adverse Childhood Experiences Study (ACE study)

10 Adverse Childhood Experiences (ACEs) surveyed:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Emotional neglect
- Physical neglect
- Witness domestic violence
- Mental illness in home
- Family member incarcerated
- Alcohol/drug problems
- Parental separation or divorce

Critical finding: all 10 ACEs linked harmful effects on health across the lifespan.
ACE Score

- **ACE score = total number of ACEs person had.**
  - Example:
    - Childhood history of 1. exposure to domestic violence only. ACE score = 1
    - Childhood history of 1. parental alcoholism and 2. physical abuse. ACE score = 2.
    - Childhood history of 1. physical neglect, 2. sexual abuse, 3. parental divorce. ACE score = 3.

- **Key finding:** higher ACE score = greater risk for health problem.
ACEs and Adult Alcoholism

![Graph showing Childhood Experiences vs. Adult Alcoholism](attachment:image.png)
Behavioral Health & ACEs

Stepwise increased risk for

- Clinical depression
- Suicide
- Domestic violence
- Anxiety disorders
- Hallucinations
- Sleep disturbances
- Autobiographical memory disturbances
- Poor anger control
- Relationship problems
- Employment problems
Parental Mental Illness and Prevention

- Parental mental illness is an ACE.
  - With measurable effects on lifelong health:
    - Increases risk for suicide attempts later in life 3.3x
    - Increases risk for becoming alcoholic 2x
    - Increases risk for heart disease 40%
    - Increases risk for early use of tobacco by 70%
    - Increases risk of lifetime illicit drug use 1.9x
    - And so on...
“Many providers may assume that abuse experiences are additional problems for the person, rather than the central problem...”

(Hodas, 2004)
Assumes that everyone in treatment has been exposed to abuse, violence, neglect, or other form of trauma.
National Prevalence of Trauma

- 90% of public mental health customers have been exposed to trauma (Mueser et al., 2004; Mueser et al., 1998)
- Most have multiple experiences of trauma (Ibid)
- 34-53% report childhood sexual or physical abuse (Kessler et al., 1995; MHA NY &NYOMH, 1995)
- 43-81% report some type of victimization (Ibid)
- Boys who witness domestic violence are 2x’s more likely to abuse their own partners and children when they become adults (Strauss, Gelles, Smith, 1990)
Trauma Among Alaska Native and American Indian People

- Alaska has the highest rate of rape in the United States (STAR, 2005)
- Anchorage has the third highest rate of sexual assault in the nation and Fairbanks is number one (STAR, 2007)
- More than 1 out of 3 American Indian and Alaska Native women will be raped in her lifetime (Tjaen, p & Thoeness, N., 2000)
- More than 3 out of 4 American Indian and Alaska Native women will be physically assaulted in her lifetime (Ibid.)
- Child sexual assault in Alaska is almost 6 times the national average (AK Network on DV and Sexual Assault, 2006 Annual Report)
- Almost 30% of Alaskans were not able to access victim services because there were no services available in their area at the time (Ibid.)
- Sexual assault victims have a higher rate if psychopathology than any other trauma victims (Amstadter, A. & Vernon, L. 2008)
Elements of Trauma Informed Care

- Relationship building and collaboration
- Self determination
- Person Centered and Individualization
- Family Involvement
- Ethical Conduct
- Respectful
Principle One
Safety

Ensuring a physically and emotionally safe environment for the customer owner
Behaviors of Trauma Informed Providers

- Maintains a calm and compassionate attitude
- Understands trauma “triggers” and minimizes them
- Adjusts as appropriate to meet customer needs
- Teaches when the customer is not deregulated or “off line”
- Practices and models self regulation skills
Trauma Informed Care

- Seeks to understand the connection between current behaviors and past trauma, and helps the customer understand as well
- Recognize the impact of trauma on the development of coping skills
- Seeks to enhance the customer’s strengths and build skills
- Treatment focuses on empowerment, not management and control
- Based on current literature and informed by research and evidence of effective practice
- Recognizes that staff are often uninformed about trauma, don’t recognize it, and fail to treat it
- Assumes that “manipulative” customers are feeling very out of control, not in charge
- Recognizes that coercive interventions can re-traumatize the customer, and must be avoided
Provider Role and Expectations

- Healthcare Provider Changes for effective relationships
  - No longer a hero but a partner
  - Judgment about ‘compliance’ has no place
  - Replace blaming with understanding
  - Provide options not orders
  - Provide customer with resources, support
  - Make it simple, customer-driven
Principle Two
Customer-Owner Driven Care and Services

Creating healing, hopeful, honest, culturally sensitive and trusting relationships that emphasize and encourage customer-owner choice, self-advocacy and control.
Customer-Owner Role/Expectations

- Customer-owner changes for effective relationships
  - Be active not passive
  - Take responsibility for your health
  - Get information about your health
  - Ask questions about advice
  - Ask for options
Work together in relationship to learn and grow

Encourage understanding

Listen with an open mind

Laugh and enjoy humor throughout the day

Notice the dignity and value of ourselves and others

Engage others with compassion

Share our stories and our hearts

Strive to honor and respect ourselves and others
Core Concepts (Relationships)

- ALL SCF employees – 3 day training – led by CEO and team – re-define the true core skills and priorities – with training – for everyone

- Understand how we impact others by:
  - Understanding your relational style – shapes, 5 dynamics, CDR
  - Understanding how your experiences contribute to how you approach others

- Words and Tools – 4 player, ladder, left hand c.

- Learn how to articulate your story from heart
  - Understand the power of empathy and compassion for your self and others
  - Develop THE core skill of deep, effective listening
Universal screening of all customer-owners for trauma histories and experiences to increase awareness of the potential impact of trauma and the importance of addressing these issues during a customer-owner’s treatment.
Principle Four
Trauma-Informed, Educated and Responsive Workforce

- Core Concepts training for every employee
- Ongoing compassion fatigue training and support
- Improvement model to implement new curriculum and interventions
- Job performance tied to core values and mission statement
Key Improvements - Workforce

- Hiring practices
- Onboarding/training
- Learning and development
- Leadership development
- Role of managers
- Employee wellness
- Common words, tools, skills
Healthy Responses to Story

When responding to story, you should...

- Match your response to the level of story that is shared
- Give authentic responses – responses that are real and genuine
- Speak from your heart
- Give responses that should make it safe for the person to tell more of their story
- Give responses without judgment
When responding to story, you should **NOT:**

- Say too much
- Say nothing, stay silent
- Offer pat (trite) answers
- Draw attention to your own story while they are sharing their story
- Tell the person how to feel or how not to feel
- Tell them to stop crying
- Give advice
Principle Five

Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices

- ASAM Stages of change
- Motivational Interviewing
- Trauma-sensitive yoga
- Traditional healing practices
- Use of incentives to enhance treatment-readiness
- Seeking Safety curriculum
- Stephanie Covington curriculum
- DBT skills and mindfulness practice
- Collaborative documentation
Principle Six
Partnership with the Community

SCF engages external partner in the care of the individual customer-owner, with their permission and involvement, to promote and insure system-wide trauma informed care.
Goal

To End Domestic Violence, Child Sexual Abuse, and Child Neglect in the State of Alaska in this Generation.
Philosophy

Embracing the entire family - to include those who have been harmed and those who have caused harm using the strengths of the Alaska Native People and culture to end domestic violence, child sexual abuse and child neglect.
Domestic Violence

- More than three-quarters of Alaska Native and American Indian women have been physically assaulted in their lifetime.
  

- Alaska ranks first in the nation with the highest homicide rate for female victims of domestic violence.
  
  (Anchorage Police Department Report, 2005)
Child Sexual Assault and Abuse

- Child sexual assault in Alaska is almost six times the national average
  

- One in every six boys and one in every four girls will be sexually abused in their lifetime.

- In the past decade reports of child maltreatment have increased 107% in Alaska, with close to ½ of all reports of child abuse and neglect substantiated

DVD

- WARNING: The depth and sensitivity of what is shared verbally and shown in the video is difficult to hear and is appropriate for ages 18 and older.

- Anyone who is not comfortable hearing stories of harm, feel free to excuse yourself from this part of the presentation.
Alaska Native Wisdom

- Change in people occurs through long term, personal, trusting, accountable personal relationships
- Learning occurs through real life experiences, stories, modeling, and groups
- Work and learning are done optimally in groups and teams where collaboration and challenge are both valued
- Each person is responsible to play their part in the overall family and community
- The ability to give and receive story well is very key
Thank You!

Qağaasakung
Aleut

Quyanaq
Inupiaq

‘Awa'ahdah
Eyak

Mahsi'
Gwich’in Athabascan

Igamsiqanaghghalek
Siberian Yupik

Háw’aa
Haida

Quyana
Yup’ik

Way Dankoo
Tsimshian

Gunalchéesh
Tlingit

Tsin’aen
Ahtna Athabascan

Quyanaa
Alutiiq

Chin’an
Dena’ina Athabascan