

**TRIBAL  
BEHAVIORAL  
HEALTH  
DIRECTORS  
COMMITTEE  
INFORMA-  
TION**

<TARGET><BILL></BILL><SUBJECT>TRIBAL BEHAVIORAL HEALTH  
DIRECTORS COMMITTEE  
INFORMATION</SUBJECT><COMM>SHSS27</COMM></TARGET>



**TRIBAL BEHAVIORAL HEALTH DIRECTORS COMMITTEE**

**JUNEAU HILL DAY ROSTER**

**FEBRUARY 15-17, 2012**

<b>Attending Juneau Hill Day</b>	<b>Tribal Health Organization</b>	<b>Representative</b>	<b>City</b>	<b>Senate</b>	<b>House</b>
Yes	Aleutian Pribilof Islands Association	Aubrey Wegeleben	St. Paul	S	37
Yes	Arctic Slope Native Association	Angela Cox	Barrow	T	40
Yes	Copper River Native Association	Michael Horton	Copper Center	C	6
Yes	Council of Athabascan Tribal Gov'ts	Joyce Hughes	Fort Yukon	C	6
Yes	Eastern Aleutian Tribes	Gary Williams	King Cove	S	37
Yes	Kenaitze Indian Tribe, IRA	Tim Gillis	Kenai	Q	33
Yes	Kodiak Area Native Association	Margene Andrus	Kodiak	R	36
Yes	Maniilaq Association	Vivian Fleming	Kotzebue	T	40
Yes	Metlakatla Indian Community	Eula Marie Crippen, PhD	Metlakatla	A	2
Yes	Norton Sound Health Corporation	Jay David	Nome	T	39
Yes	SE Alaska Regional Health Consortium	Melody Price-Yonts*	Sitka	A	2
Yes	Southcentral Foundation	Chanda Aloysius	Anchorage	J-P & OTHER	19-32 & OTHER
Yes	Yukon Kuskokwim Health Corporation	Jennifer "Jay" Bierley	Bethel	S	38
Yes	Alaska Native Tribal Health Consortium	Laura Báez	Anchorage	? & OTHER	? & OTHER
Yes	Alaska Native Tribal Health Consortium	Lakota Murray Holman	Anchorage	I & OTHER	18 & OTHER
Yes	Ketchikan Indian Community	Stephanie Johnson	Ketchikan	A	2
Yes	Maniilaq Association	Bree Swanson	Kotzebue	T	40
Yes	Alaska Native Tribal Health Consortium	Dabney Van Liere	Anchorage	N	27



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*Behavioral  
removing  
salaries*

*125 aides*

*125 sites*

*RHS program*

*shared funding*

*RHS →  
master's program*

# TRIBAL BEHAVIORAL HEALTH DIRECTORS COMMITTEE

A SUBCOMMITTEE OF THE ALASKA TRIBAL HEALTH DIRECTORS, ALASKA TRIBAL HEALTH SYSTEM

## WHO WE ARE

The Tribal Behavioral Health Directors (TBHD) Committee was created in 2005 as a subcommittee of the Alaska Tribal Health Directors. The Alaska Tribal Health Directors formalized and the Alaska Native Health Board approved the committee in 2008. The TBHD Committee reports directly to the Alaska Tribal Health Directors.

The TBHD Committee performs several functions:

- Statewide behavioral health planning and advocacy
- Consulting with the State of Alaska on funding, and service delivery for tribal behavioral health, including Medicaid and grant programs;
- Providing mutual support in addressing funding, workforce, and service delivery issues that all are addressing in their organizations and communities.

## CHALLENGES IN OUR

*The second leading cause of outpatient visits for the Alaska Tribal Health System during FY2007 was for mental health disorders (7.0%).*

*During 2003-2005, second and third leading causes of injury hospitalization were suicide attempts (18.9%) and assaults (12.0%), respectively.*

## COMMUNITIES

### DISPROPORTIONALITY

Statistics about behavioral health generally point to harm to self, harm to others, and death. Alaska Native and American Indian (AI/AN) people are disproportionately

affected by behavioral health issues. The reasons vary, but most point to a huge cultural shift over the last few generations.

The TBHD Committee relies on the Alaska Native Epidemiology Center for comprehensive data on the disproportionate effects of behavioral health issues for AI/AN peoples.

### SUICIDE

AI/AN people in Alaska complete suicide at twice the rate as other Americans. In Western Alaska rates are seven times higher than the national average. Suicide is linked to historical trauma, substance abuse, sexual abuse and family violence. Friends, families and communities are the first line of defense.

Behavioral Health Aides (BHA) work in tribal behavioral health and wellness programs to support individuals in their healing processes and prevent suicide. When suicides occur, BHAs work with the survivors listening, and supporting them.

### SUBSTANCE USE

Alaska's alcohol issues are well documented, yet our statewide substance abuse treatment capacity is very low. The Alaska State Trauma Registry shows that 73% of all assaults on AI/AN people in Alaska are alcohol related, as are 67% of hypothermia and 60% of suicide attempts. Tribal behavioral health programs offer a range of services, some funded by the State. Tribes are beginning to use sobering centers (Fairbanks, Bethel) to deal with immediate effects and Screening, Brief Intervention, and Referral to Treatment (SBIRT) to address alcohol-related emergencies.

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## DOMESTIC VIOLENCE & SEXUAL ASSAULT

With limited domestic violence/sexual assault response capacity at the public safety and victim advocate levels, communities have difficulty conveying baseline information about interpersonal violence. Behavioral health providers are developing community teams through an Indian Health Service (IHS) initiative, in coordination with the Network on Domestic Violence & Sexual Assault and Alaska Tribal Health Consortium (ANTHC).

## HOW WE PARTNER WITH THE STATE OF ALASKA AND MENTAL HEALTH TRUST

### TRIBAL CONSULTATION

The federal government recognizes that it is vital and essential for the State of Alaska to consult with tribes about a number of issues. The TBHD Committee is the entity with which state agencies consults regarding programs affecting tribal behavioral health services.

### MEDICAID FUNDING

The Committee works with DHSS and DBH staff to optimize Medicaid income for tribal behavioral health, reducing costs to the state. Medicaid is the second largest state budget item in Alaska, after public school funding. Nearly 40% of Medicaid clients are AI/AN people, and an equal amount of program expenditures are made on their behalf. AI/AN people are more likely to use services provided by the Alaska Tribal Health System (ATHS) if available. However, two-thirds of the funds spent on the health care of AI/AN clients in Alaska are paid to private sector providers.

## BRING THE KIDS HOME

AI/AN children from Alaska are over-represented in the population of children in custody and represent 49% of the children sent to out of state placements and 22% of the non custody children sent to out of state placements.

A subcommittee has been working with state DBH staff to bolster services and streamline the business practices of tribal organizations to bring kids home from out-of-state behavioral health placements and to serve them in their home communities.

## WORKFORCE DEVELOPMENT: THE BEHAVIORAL HEALTH AIDE

The ATHS has invested in the development of the BHA model so that local people can be trained to provide a full range of behavioral health services. The ATHS has developed standards and procedures for BHAs, a certification process, and assessment processes for ongoing training needs of BHAs. The BHA program has gained national interest since the Community Health Aide Program Certification Board approved the certification process.

BHAs receive training through the University of Alaska, tribal health organizations, conferences, and field experience.

## BENEFITS OF WORKING WITH US

### CULTURALLY RELEVANT SERVICES

Tribal behavioral health programs are located within tribal health organizations. Tribal

# TRIBAL BEHAVIORAL HEALTH DIRECTORS COMMITTEE

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behavioral health services are delivered in coordination with other health services.

another data system to report to IHS. Since half the State's behavioral health programs are tribal, the Committee would like the State DBH to assist in the development of a work plan that resolves the inefficiencies of data collection and allow agencies to interface directly with the AKAIMS database.

## INDIAN HEALTH SERVICE FUNDS

IHS provides approximately 40% of the funding to tribal health organizations in Alaska to deliver services to IHS beneficiaries.

## MEDICAID REIMBURSEMENT AT 100%

Medicaid services delivered to AI/AN people by tribal programs are reimbursed by the federal government at 100 percent.

## WE NEED TO COLLABORATE TO BE EFFECTIVE AND EFFICIENT

### BILLING

Since cost of health care exceeds the IHS funding, tribal health organizations have gradually been developing billing processes for health services.

Through the tribal consultation process, the State and the tribes identified program improvements that will lead to better Medicaid billing processes.

### DATA

The IHS RPMS data system and the State of Alaska's AKAIMS do not interface. AKAIMS has 276 data elements in its minimum data set. Of these, only 74 items overlap with the RPMS medical module.

Tribal behavioral health programs that are DBH grantees must report through AKAIMS. Tribal health organizations must use RPMS or

**Tribal Behavioral Health  
Directors Committee**

February 17, 2011  
Presented on behalf of the TBHDC by  
Michael Horton, LPC &  
Melody Price-Yonts, MS, CDC I

Level 3  
Level 4  
State of Alaska  
\_\_\_\_\_

**Tribal Behavioral Health  
Directors Committee**

*A Subcommittee of the Alaska Tribal Health Directors*

- Created in 2005
- Alaska Native Health Board approved in 2008
- 24 members from 26 tribal health entities
- Meet and report quarterly
- Over 800 employees in the tribal BH system
- 6.5 million in tribal grant funding for BHAs

HTHS - mental  
services  
\_\_\_\_\_

**Tribal Behavioral Health Directors  
Committee**

**Current Priorities Include:**

- Suicide Prevention
- Domestic Violence & Sexual Assault
- Substance Abuse Prevention & Treatment
- Training & Credentialing for Behavioral Health Aides
- Development of the Behavioral Health Aide Manual (BHAM)

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## Growing Our Own The Behavioral Health Aide Model

- Model is federally recognized through the Community Health Aide Program & Certification.
- 125 BHA providers working within tribal behavioral health
- Trained and certified to provide a broad range of behavioral health services.
- Focus on prevention, intervention, treatment, case management and aftercare for those who are affected by substance use and mental health disorders.
- The BHA Certification is equivalent to that of the State of Alaska BHI Commission.

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## What do standards and certification mean to BHAs?



~Emma Mathias,  
Former BHA I,  
YKHC

"I think the BHA standards are what we need as a BHA to better serve our clients. It's important for me because out there our clients are struggling and with us BHAs in the village the clients will get the help they need to sobriety and support. I feel that I know with this standard I'm helping our people and others to overcome their addictions and struggle."

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## THE ALASKA TRIBAL HEALTH SYSTEM Behavioral Health Aide Locations




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## Behavioral Health Aide Digital Story

Title: *Opening Wounds of Silence*

By Karen Mitchell, BHA III, Maniilaq Association

Karen is from and works in Noatak, Alaska –

- Population about 500,
- Located 55 air miles north of Kotzebue and 70
- Miles north of the Arctic Circle

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## Behavioral Health Aide- The Story Beyond the Digital Story

“Thank you for listening at my story.” ~ Karen

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## What do standards and certification mean to BHAs?



~ Simeon John, BHA I,  
YKHC

"To me it means to show that I am capable of doing the work that is required of my level. Any agency within the state can recognize my capabilities of accomplishing the tasks that required of me in the work field."

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### BHA Training Opportunities

Experience  
Conferences  
University of Alaska System  
Tribal Health Organizations

essential LEARNING

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## How does the State benefit from working with Tribal Behavioral Health?

- Eligibility for 100% FMAP
- Delivery of effective culturally relevant services
- Sole provider of health services in most rural areas – serves all community members (native and non-native)

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## State Plan Amendment (SPA)

### Partnership between the Alaska Tribal Health System & the State of Alaska

After years of negotiation and building communication and understanding among the tribal providers and the State, a state plan amendment was drafted and submitted to the Alaska Native Health Board (ANHB) for endorsement.

The SPA was endorsed by ANHB and has been submitted to the State for action!

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## State Plan Amendment (SPA)

### Partnership between Tribal Health & State of Alaska

This recommendation was ratified by ANHB on 12/2/2011.

*“... BHA Certification requires that BHAs of all levels have a high level of training and experience. An extensive amount of work was completed to match training with skills and competencies on all levels. The Tribal Behavioral Health Directors support the resubmission of the State Plan Amendment and request the inclusion of levels III and Practitioner in the reimbursement plan with consideration for BHA I and II in the future.”*

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## Opportunities to Improve within the Tribal Behavioral Health System

Reporting mandates that currently reduce efficiency due to lack of interface:

- Federal government reporting requirements
  - State of Alaska – AKAIMS
  - Other Electronic Health Records (EHR)
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Removing  
Reggie Jones

### Inefficiencies

- \* Staff resources
- \* Training
- \* Labor expenses
- \* Limited web connectivity
- \* Data entry in multiple systems
- \* Data errors

Alphabet Soup

merge

### Goal:

Develop a work plan with the SOA that resolves the inefficiencies of data collection. ✓

Allow agencies to interface directly with the AKAIMS database. ✓

### Thank You

To connect with the Tribal Behavioral Health Directors Committee, please contact the ANTHC Behavioral Health & Rural Services Department at: 907-729-2431.