



Growing Our Own:

A Grassroots Approach to Increasing Behavioral Health Access for American Indian and Alaska Native People

Presented by:

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Alaska Native Tribal Health
Consortium

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CHAP Project Director
Northwest Portland Area Indian
Health Board



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CONSORTIUM

Objectives

- *Explain* the need to develop culturally informed Tribal behavioral health workforces
- *Describe* the evolution of the NPAIHB BHA/P program
- *Discuss* and *identify* the steps to create a system of Behavioral Health Aide education and training
- *Explain* the benefits of Federal Certification



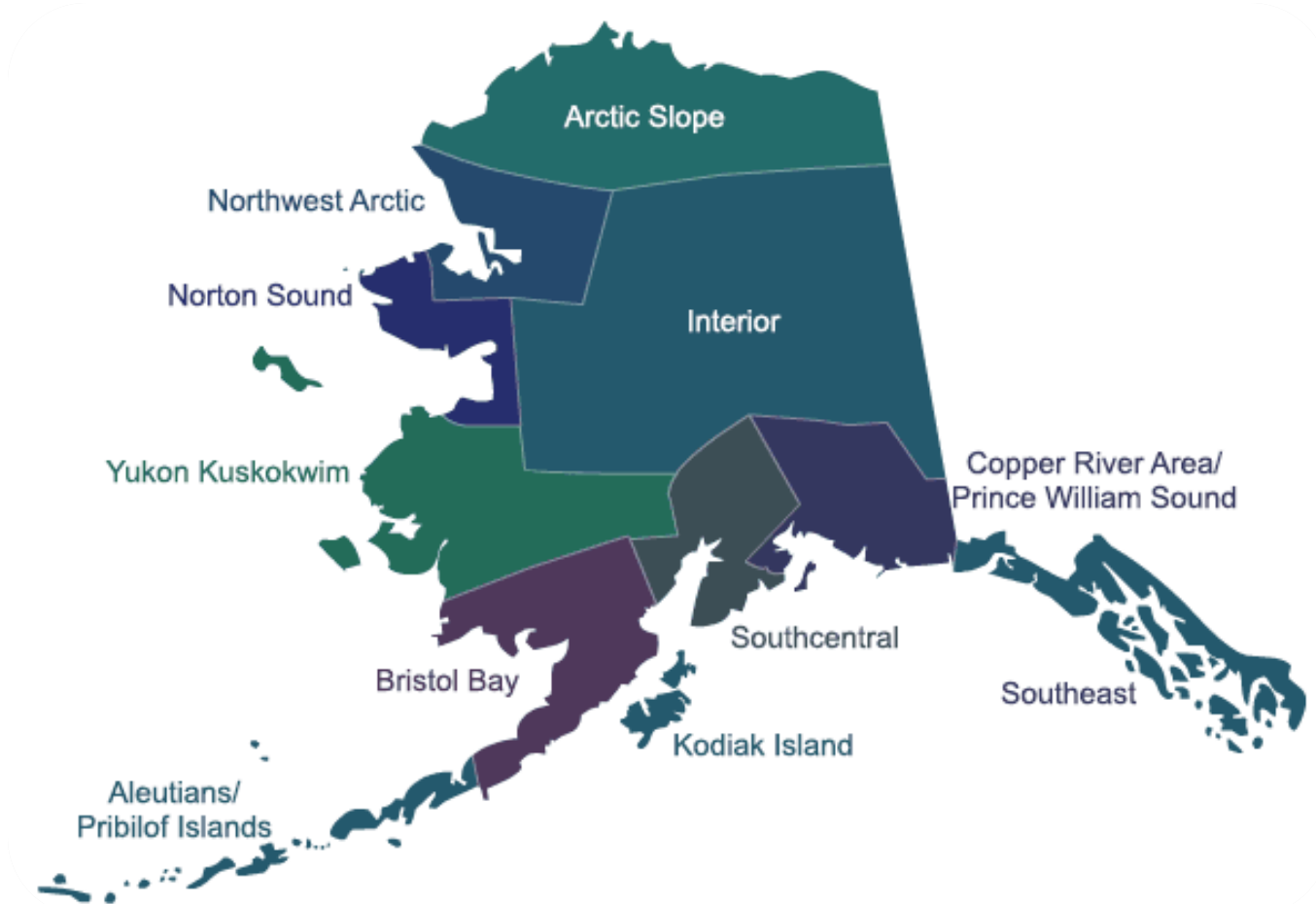
Context

Geographical, cultural, and statewide factors



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Alaska's Tribal Health System



Aleutians/
Pribilof Islands

Kodiak Island



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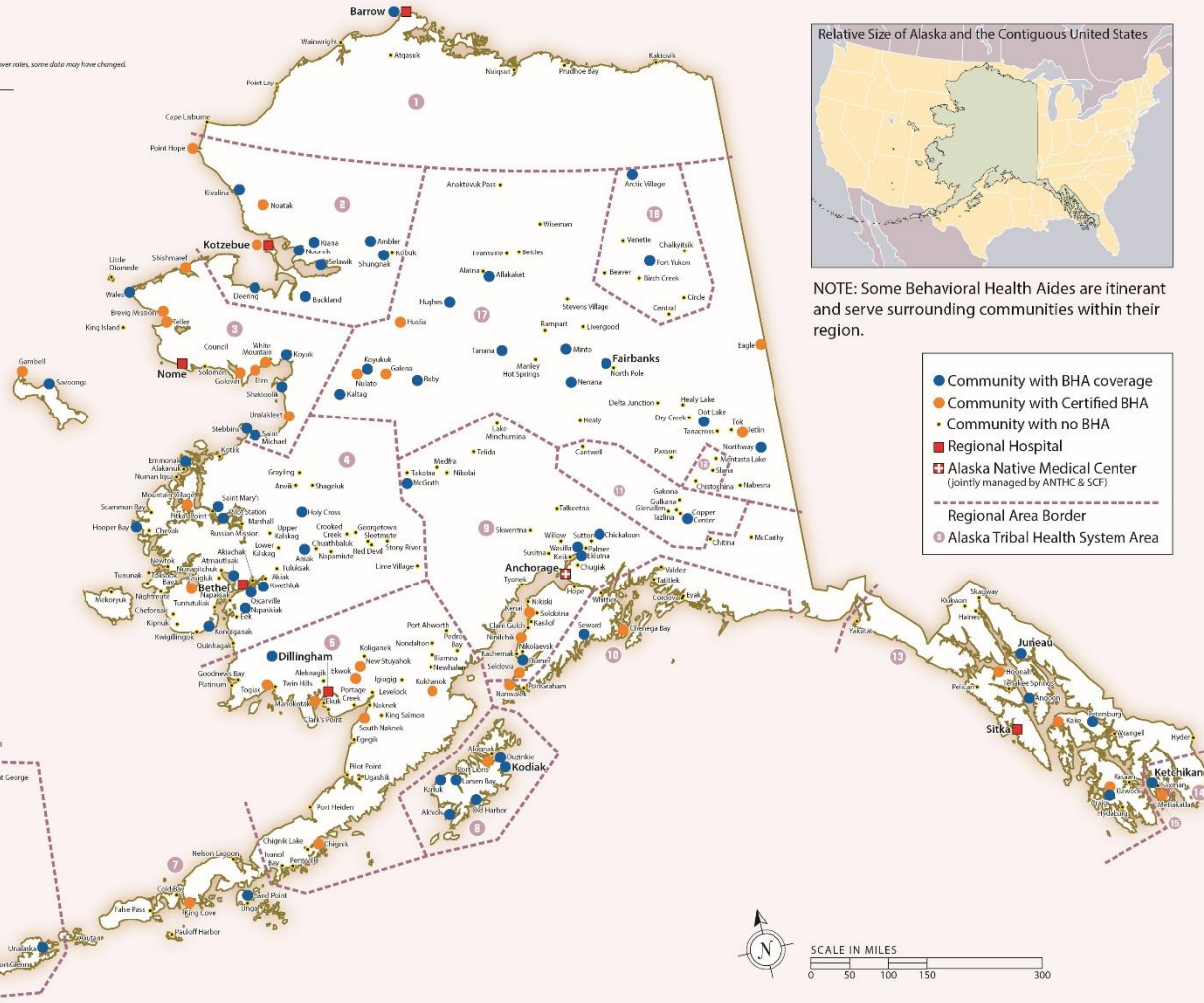
Alaska Tribal Health System

Behavioral Health Aide Locations by Region

Information current from 10/2017 - Note: Due to high turnover rates, some data may have changed.

REGION NUMBER/ORGANIZATION/VILLAGE * Unaffiliated Tribe - Village managed health programs

- 1 Arctic Slope Native Association**
 - Barrow
- 2 Maniilaq Association**
 - Ambler
 - Buckland
 - Kiana
 - Kivalina
 - Kotzebue
 - Noatak
 - Noorvik
 - Point Hope
 - Selawik
 - Shungnak
- 3 Norton Sound Health Corporation**
 - Brevig Mission
 - Elim
 - Gambell
 - Golovin
 - Koyuk
 - Savoonga
 - Shaktootlik
 - Shishmaref
 - St. Michael
 - Stebbins
 - Teller
 - Unalakleet
 - Wales
 - White Mountain
- 4 Yukon-Kuskokwim Health Corporation**
 - Aniak
 - Bethel
 - Emmonak
 - Holy Cross
 - Kongiganak
 - Kwethluk
 - Mountain Village
 - Napaskiak
 - Pilot Station
 - St. Mary's
 - Toksook Bay
- 5 Bristol Bay Area Health Corporation**
 - Chignik Bay
 - Dillingham
 - Ekvok
 - Manokotak
 - New Stuyehok
 - South Naknek
 - Toigak
- 6 Aleutian/Pribilof Islands Association**
 - Anchorage
 - Atka
 - Unalaska
- 7 Eastern Aleutian Tribes**
 - King Cove
 - Sand Point
- 8 Kodiak Area Native Association**
 - Akhiok
 - Kodiak
 - Larsen Bay
 - Old Harbor
 - Ozunike
 - Port Lions
- 9 Southcentral Alaska**
 - Chickaloon
 - Eklutna
 - Kenai
 - Kokhanok
 - McGrath
 - Ninilchik
 - Saint Paul
 - Seldovia
 - Wasilla
- 10 Chugachmuit**
 - Chenega Bay
 - Homer
 - Nanwalek
- 11 Copper River Native Association**
 - Copper Center
- 12 Mt. Sanford Tribal Consortium**
 - Copper Center
- 13 SouthEast Alaska Regional Health Consortium**
 - Angoon
 - Craig
 - Hoonah
 - Juneau
 - Kake
 - Klawock
 - Petersburg
- 14 Ketchikan Indian Corporation**
 - Ketchikan
- 15 Metlakatla Indian Community**
 - Metlakatla
- 16 Council of Athabaskan Tribal Governments**
 - Arctic Village
 - Fort Yukon
- 17 Tanana Chiefs Conference**
 - Allakaket
 - Dot Lake
 - Eagle
 - Fairbanks
 - Galena
 - Huslia
 - Kaltag
 - Koyukuk
 - Minto
 - Nenana
 - Northway
 - Nulato
 - Ruby
 - Tanana*
 - Tetlin



Relative Size of Alaska and the Contiguous United States

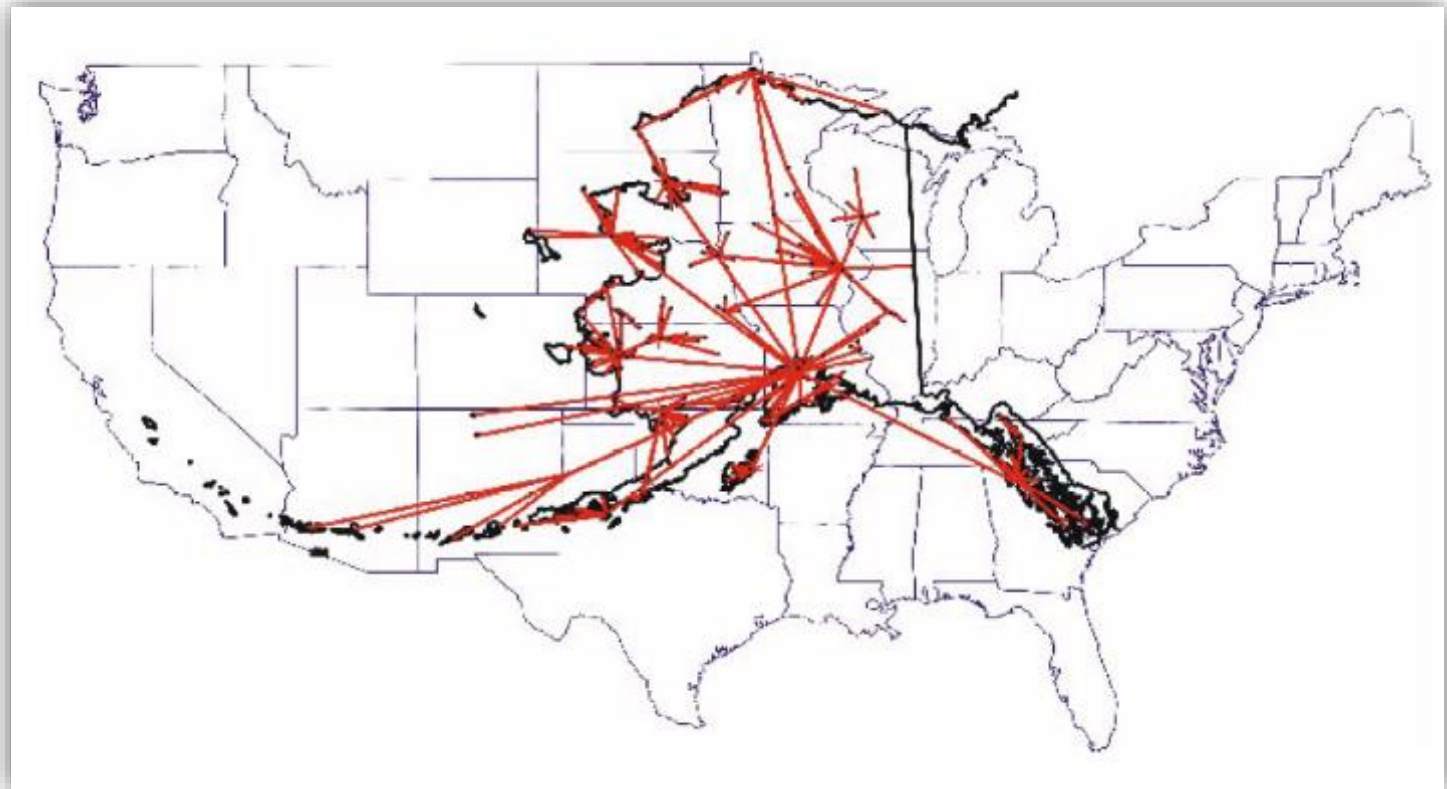
NOTE: Some Behavioral Health Aides are itinerant and serve surrounding communities within their region.

- Community with BHA coverage
- Community with Certified BHA
- Community with no BHA
- Regional Hospital
- Alaska Native Medical Center (jointly managed by ANTHC & SCF)
- Regional Area Border
- Alaska Tribal Health System Area

A Statewide System



Alaska Native Health Care Referral Patterns



Program History

Health Aides bring healthcare closer to home



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CHAP History

- 1950s** Chemotherapy Aides (Volunteers) Direct Observed Therapy for TB patients
- 1960s** Formal Training/Federal Funding 1968
- 1976** Indian Health Care Improvement Act (IHCIA)
- 1992** IHCIA amended to add statutes § 119 that provided for the Alaska Community Health Aide Program under authority of the 25 U.S.C. § 13 and required a Certification Board (PL 102-573)



Health Aide History

- 1998** Alaska Area Director appoints a CHAP Certification Board (CHAPCB)
- 2002** Standards amended to address Dental Health Aides and Therapists (DHA/T)
- 2005** First DHA/Ts Certified
- 2008** Standards amended to address Behavioral Health Aides and Practitioners (BHA/P)
- 2009** First BHA/Ps Certified



CHAPCB

Standards & Procedures

- Certification requirements
- Program oversight
- Supervision requirements
- Scope of practice
- Competencies
- Training & related curriculum
- Practicum
- Continuing education
- Approved training sponsors



Standards and Procedures: Behavioral Health Aide Program

- **Employed by tribe or tribal organization**
- **Administrative and clinical supervision**
- **Four levels of certification**
 - BHA-I, BHA-II, BHA-III, BHP
- **Certification requirements**
 - Training
 - Practicum
 - # of work hours
 - Competencies
 - 40 CEUs every 2 years



Why Certification?

Individuals who are certified as a BHA/P...

- **Completed Board-specified training and work requirements**
- **Stay updated on best practices (Continuing Education)**
- **Have knowledge and skills specific to their scope of practice**



Scope of Practice

Alaska's Behavioral Health Aides



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Village-based counselors who provide culturally-informed, community-based, clinical services.

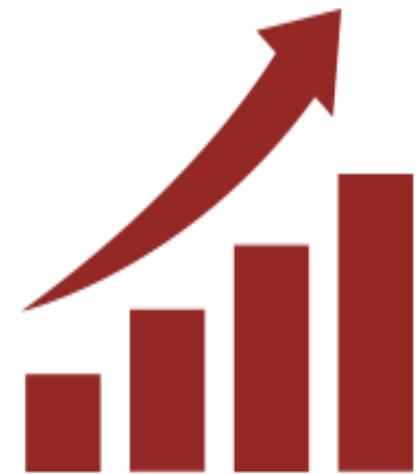
Alaska's BHA/Ps



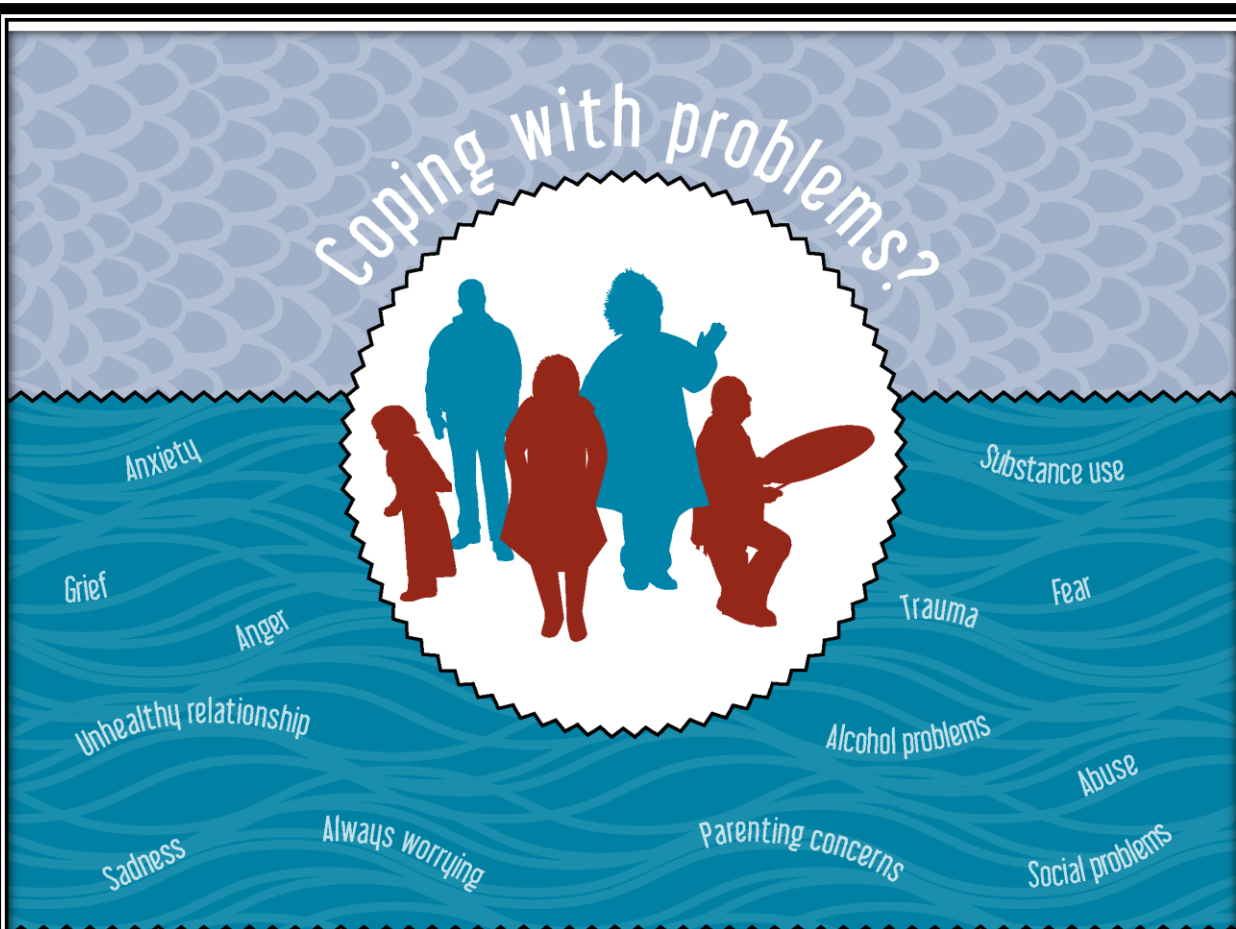
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Behavioral Health in Alaska

- **Adverse Childhood Events**
 - Historical trauma
- **Unintentional injury**
- **Suicide**
- **Substance abuse**
 - Binge drinking
 - Alcohol abuse mortality
- **Domestic violence**



Coping with problems?

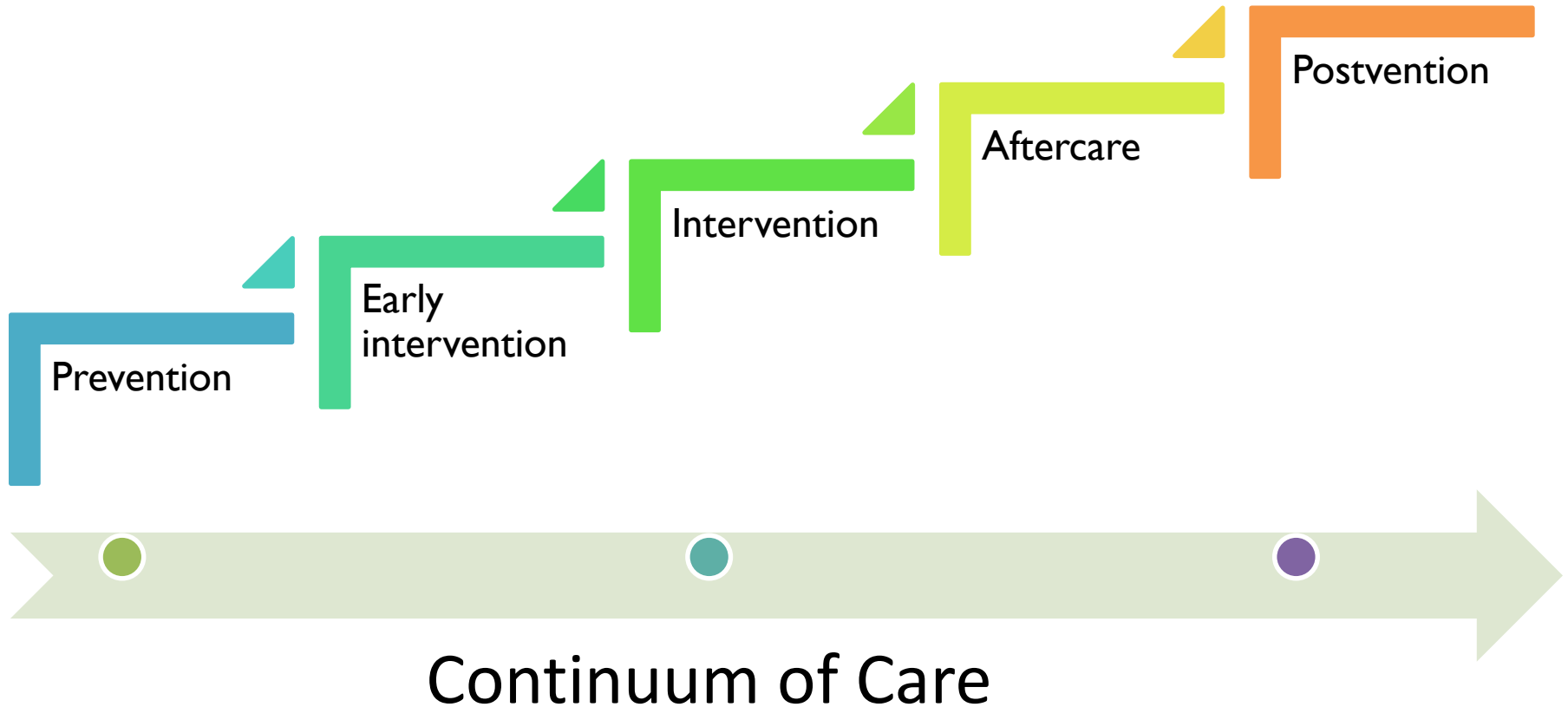


If you or someone you know needs help,
support is available in your community.



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BHA Scope of Practice



BHA Scope of Practice

- **Community prevention, education, and wellness activities**
- **Behavioral health screening**
- **Integrated healthcare services**
- **Screening and brief intervention**
- **Short-term crisis stabilization**
- **Individual, group, and family therapy**
- **Substance abuse assessment and treatment**
- **Case management and referrals**
- **Peer support services**

Based on level of certification



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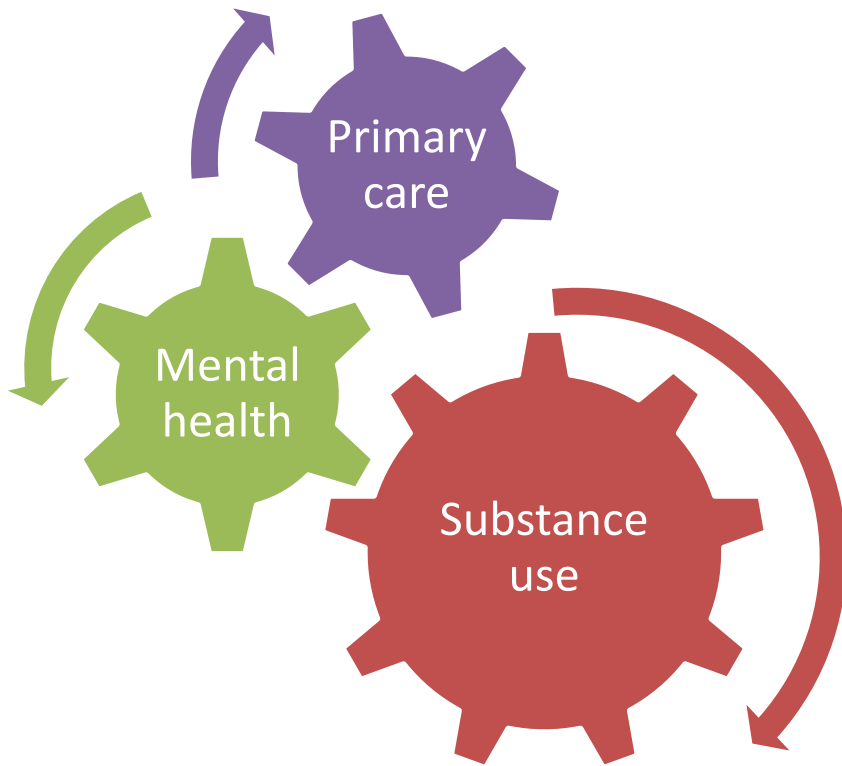


We recently had multiple referrals for families needing help to develop parenting skills. Since one of the BHAs travels regularly to another village to work with a family, they were also able to provide one-on-one visits with other families.

Individual, group, and family
therapy



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We just hired two BHAs to work in our medical clinics providing integrated care services...

These BHAs will use short-term, solution-focused interventions with patients who have been referred by their Primary Care Providers using a “warm hand-off.” These BHAs will focus on behavioral health issues arising from chronic medical concerns.

BHAs are an integral part of our substance abuse programs. They assist in facilitating sessions for our Intensive Outpatient Substance Abuse program that is delivered via televideo to the villages and, recently, they volunteered to fill-in at our recovery camp program, which is currently experiencing a staffing shortage.





We continue to provide a high amount of community service in our hub community and surrounding villages. In a few villages, we started a new initiative utilizing recovery support leaders, who serve as mentors to support positive and healthy activities in the community and support youth learning important life lessons and skills.



Community prevention, education,
and wellness activities



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This quarter, our BHAs

- *Located referral resources and coordinated with them to get people suffering from substance disorders access to services*
- *Facilitated a major clean-up project with one of the elders in their home*
- *Assisted with 11 Medicaid applications*
- *Completed weekly visits to elder homes*





Alaska Native Tribal
Health Consortium

Our BHA partnered with a local youth group and started weekly family and youth gatherings at the clinic. During these gatherings, community members often reach out to the BHA to learn more about behavioral health services.

Community prevention, education,
and wellness activities



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Although there have been no suicide completions this quarter, we have had four deaths due to drowning. This is tough on our region and BHA crisis response was strong.

BHAs have been an active part in assisting the villages when there has been a death or crisis; they have been provided initial responses and secondary support to those affected.

Many of our BHAs are working to further their education, including one BHA who recently graduated with her BSW. Overall, we are hoping to grow our BHA program so that we are able to provide support in more home communities and offer culturally appropriate services that are in need within the region.



Training & Certification

Behavioral Health Aide program



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BHA Training

Courses and curriculum related to scope

- Varies by level; levels build on each other
- Knowledge and skills competency checklist
- 100 hr practicum (by level)

- **Two tracks**
 - Specialized (certification focus)
 - Alternative (academic degree)
- **Training delivery**
 - Blended delivery
 - Maximize distance-delivery
 - Supervisor / organization involvement
 - On the job training
 - Elder co-instructors



BHA-I Training

- General Orientation (28)
- Orientation to Village-based BH Services (8)
- Ethics & Consent (6)
- Confidentiality & Privacy (6)
- Intro to Behavioral Health (24)
- Intro to Counseling (12)
- Intro to Documentation (12)
- Survey of Community Resources & Case Management (8)
- Working with Diverse Populations (12)
- Intro to Group Counseling (8)
- Crisis Intervention (16)
- HIV/AIDS & Blood-Borne Pathogens (8)
- Community Approach to Promoting Behavioral Health (8)
- Family Systems I (16)
- Recovery, Health, Wellness, & Balance (8)



BHA-II Training

- ❑ Psycho-physiology & Behavioral Health (16)
- ❑ Intro to Co-Occurring Disorders (8)
- ❑ Tobacco Dependency Treatment (8)
- ❑ DSM Practice Application (12)
- ❑ Advance Interviewing Skills (16)
- ❑ ASAM Practice Application (12)
- ❑ Case Studies & Clinical Case Management (8)
- ❑ Traditional Health Based Practices (8)
- ❑ Intermediate Therapeutic Groups Counseling (16)
- ❑ Applied Crisis Management (8)
- ❑ Community Development Approach to Prevention (12)
- ❑ Family Systems II (16)



BHA-III

- ❑ Treatment of Co-Occurring Disorders (12)
- ❑ Advanced Behavioral Health Clinical Care (40)
- ❑ Documentation & Quality Assurance (16)
- ❑ Intro to Case Management Supervision (16)
- ❑ Applied Case Studies in Alaska Native Culture Based Issues (8)
- ❑ Behavioral Health Clinical Team Building (12)
- ❑ Intro to Supervision (8)

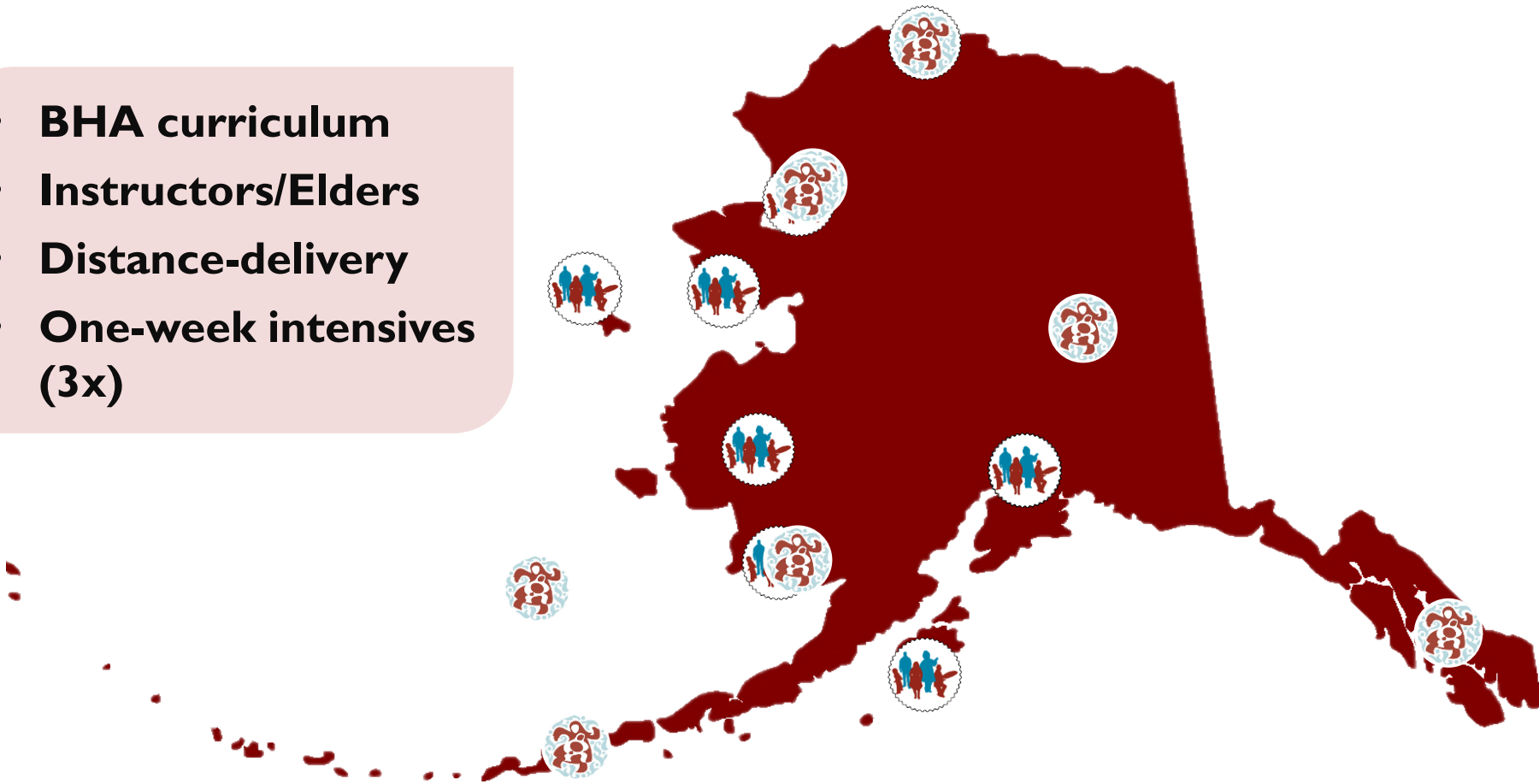
BHP

- ❑ Issues In Village-Based Behavioral Health Care (40)
- ❑ Special Issues in Behavioral Health Services (16)
- ❑ Competencies for Village-Based Supervision (16)
- ❑ Principals & Practice of Clinical Supervision (40)





BHA AAS Degree

- **BHA curriculum**
- **Instructors/Elders**
- **Distance-delivery**
- **One-week intensives (3x)**



ANTHC & Alaska Pacific University

	MAJORS & PROGRAMS	ADMISSIONS & COSTS	CAMPUS LIFE & ACTIVITIES	ABOUT OUR UNIVERSITY
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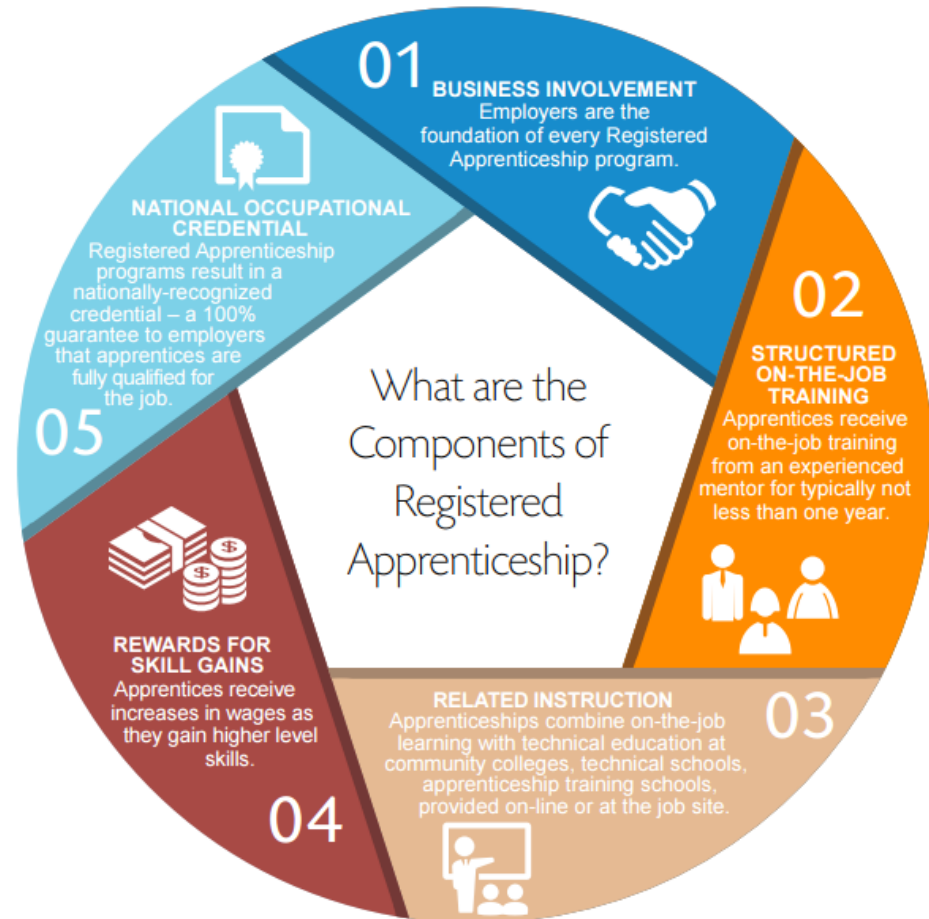
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[Student How To Videos](#)
[Student Blackboard Help](#)

Keep in mind that Blackboard is not the only tool

BHA Registered Apprenticeship

- Model for workforce training and development
- BHA RA model meets BHA-I and BHA-II



www.ebham.org



BHA

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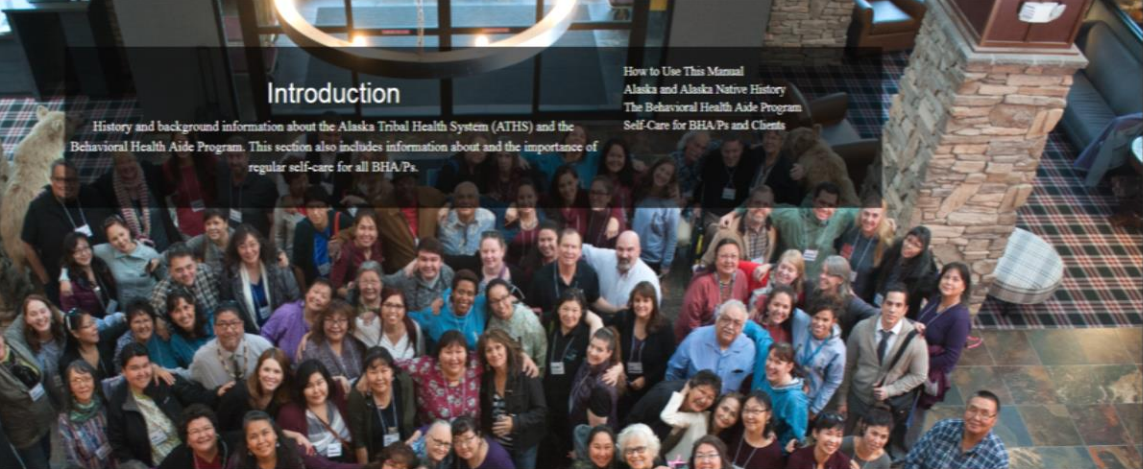
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Professional Orientation Clinical Skills for Client Care Client Care Topics Overlapping Issues

Introduction

History and background information about the Alaska Tribal Health System (ATHS) and the Behavioral Health Aide Program. This section also includes information about and the importance of regular self-care for all BHA/Ps.

How to Use This Manual
Alaska and Alaska Native History
The Behavioral Health Aide Program
Self-Care for BHA/Ps and Clients



Investing in the BHA Workforce



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Investment

Behavioral Health Aide

- **Commitment to certification process**
- **Tuition -funding opportunities**
- **Complete/pass training requirements**
 - Develop competencies
 - Expand career opportunities

Organization

- **Employee salary**
- **Administrative & clinical supervision**
- **On-the-job training**
- **Space/equipment to attend distance courses**
- **Tuition/training expenses**
 - Employer-employee agreement



Funding and Reimbursement

- **Pass-through grants**
(Alaska)
- **Grants**
- **Program funds**
- **BHA Registered Apprenticeship**
- **Scholarships**
- **Medicaid**
 - Billable provider types
- **Encounter rate vs. Fee for Service**
 - Costs for training built in
- **Health records and billing systems in place**



Partnership across regions

DEVELOPING YOUR BHA PROGRAM



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Considerations for development

- **Identify stakeholders**
- **Who are you serving?**
 - What are your BH concerns/needs?
 - How do BHAs fit into your system of care?
- **Defining the BHA scope of practice**
 - What competencies are needed?
- **Certifying your BHAs**
 - Board, processes, requirements
- **Training your BHAs**
 - What model of training will meet your needs?



Quyana!

ANTHC: www.anthc.org

CHAPCB: www.akchap.org

BHA program

email: bhaprogram@anthc.org

web: anthc.org/behavioral-health-aide-program/



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Growing Our Own: A Grassroots Approach to
Increasing Behavioral Health Access for American
Indian and Alaska Native People

Sue Steward, CHAP Project Director
Northwest Portland Area Indian Health Board

May 17, 2019



Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health



Goals

- a. Explain* the need to develop culturally informed Tribal behavioral health workforces;
- b. Describe* the evolution of the NPAIHB BHA/P program;
- c. Discuss and identify* the steps to create a system of Behavioral Health Aide education and training.



Meet Our Portland Area Team



Christina Peters



Sue Steward



Miranda Davis



Pam Johnson



Tanya Firemoon



Savannah Shaw



CHAP Expansion

- leadership
- Funding
- Policy
- Education Programs
- Sustainability



Legal Basis for Federal Services to American Indians and Alaska Natives

- IHS Trust Responsibility
- Funding shortage 50%
- Discretionary funding vs entitlement

- lhs.gov

Legal Basis for Federal Services to American Indians and Alaska Natives

- ✓ United States Constitution
- ✓ The Snyder Act of 1921
- ✓ The Transfer Act of 1954
- ✓ Indian Sanitation Facilities and Services Act of 1959
- ✓ The Indian Self-Determination and Education Assistance Act (enacted 1975)
- ✓ Indian Health Care Improvement Act of 1976
- ✓ The Indian Alcohol and Substance Abuse prevention and Treatment Act of 1986
- ✓ The Indian Child Protection and Family Violence Prevention Act of 1990

This is not an all-inclusive list.



Policy

IHS Interim CHAP Policy
National CHAP Certification Board
Area CHAP Certification Boards

National CHAP Certification Board

25%

Northwest Portland Area CHAP Certification Board



IHS CHAP
Interim
Policy

50%



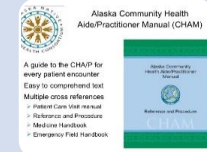
NPAIHB
Resolution
Authorizing
the creation
of PACCB

75%



PACCB
Membership
Seats and
Appointment

33%



PACCB
Standards
and
Procedures

75%

Percentages on each pillar represent the authors estimation of completion of that project phase.



CHAP TAG

- I H S Circular 18-01 created CHAP TAG as a vehicle to implement CHAP nationally per IHCA 2010.
- Tribal leadership was invited to provide subject matter expertise, program information, innovative solutions, and advice to the Indian Health Service to establish a National CHAP.

Progress to date

Selected Tribal Leadership;
Created a charter;

Tribes educated about CHR;
Tribes educated about CHA/P;
Workgroups created for DHAT,
BHA/P and implementation -
CHA/P will come later;

9 DRAFT Interim policies have
been developed and shared
between TAG and IHS.

DTLL released on May 7th Tribal
consultation through June 7th



CHR v. CHA

- **Legislative Authority-** CHAP is authorized under 25 USC § 1616 a-d while the CHR Program is authorized under IHCIA PL. 100-713.
- **Funding Sources-** The Alaska CHAP is funded through the hospital and health clinics (H&HC) line item in the IHS budget and CHRs are funded through a specific CHR line item.
- **Scopes of Work-** While the “community health” portion of the names are similar, the scope of work for a Community Health Aide and Community Health Representative are vastly different. CHAs are mid-level primary medical providers who can provide basic medical attention and can connect a patient to clinical care. CHRs provide health promotion, prevention, and outreach to community members.



AK CHAP Certification Board

The federally authorized Community Health Aide Program Certification Board (CHAPCB) was created in 1998, and charged with formalizing the process for maintaining CHA/P training and practice standards and policies. The CHAPCB:

- Certifies CHA/P Training Centers.
- Certifies individual Community Health Aides/Practitioners, Behavioral Health Aides/Practitioners and Dental Health Aides at all levels of training. The term of the certificate is 2 years.
- Approves the *Alaska Community Health Aide/Practitioner Manual* and *Alaska Behavioral Health Aide/Practitioner Manual* revision.

Copies of the *Certification Board Standards and Procedures* are available from the Alaska Native Tribal Health Consortium (ANTHC) Community Health Services CHAP/Rural Health Consultant, and at the web site: www.akchap.org

There are currently 12 members on the Board, one federal representative appointed by the Alaska Area Native Health Service Director, one State of Alaska appointed representative and the remaining Board positions are determined by a variety of tribal groups representing CHAP interests. A Dental Academic Review Committee Representative was added in 2003; a Behavioral Health Representative was added in 2008.

The Board is managed by the Alaska Native Tribal Health Consortium who employs a full-time support staff. Application process fees paid to the Board for the purpose of CHA/P, DHA, and BHA/P certification pay for all of the Board expenses. There are no recurring funds in the CHAPCB budget.



CHAP Board Advisory Workgroup

Andrew Shogren, Chair – Suquamish
Libby Cope, Co-chair – Makah
Kay Culbertson, Secretary - Cowlitz

Committee Purpose:

To inform and support the development of a Portland Area CHAP Federal Certification Board in accordance with IHS policy (yet to be finalized) as referenced in IHS Circular 18-01 that provides DHAT's, BHA/P's and CHA/P's individual certification as well as review and certification of training centers, curricula, continuing education and manuals that dictate patient care.

- Monthly meetings with Zoom
- 36 member team engages in quarterly face to face during QBM week
- Working on strategic planning for ACCB implementation
- Is developing priorities for education campaign
- Identifying ways to build quality assurance into CHAP
- Identifying ways to build quality measures for reporting into CHAP



Who Attends

Training Center Directors and/or
Coordinators

Field Staff CHA Programs

Education Partners - University

Academic Review Committee ARC

Subcommittee of CHAP Certification Board

Responsible for curriculum
development and advising on
related issues.



WHY CHAP

550 + Providers

170 + Communities

Over 300,000 billable encounters annually

Increases the reach of dentists, behavioral health clinicians and medical advanced practice providers into hard to reach areas to increase access to care preventing unnecessary medevacs, urgent care visits and deaths.

- Proven history of success in Alaska
- Wrap around care for communities where little or none exists
- Culturally relevant
- Responsive
- Increases AI/AN providers



NPAIHB BHA Program





BHA Program

- Village-based counselors to provide culturally-informed, community-based, clinical services
- Provide behavioral health prevention, intervention, aftercare, and postvention
- Training and practicum requirements
- On-the-job training
- Four levels of certification



BHA Education & Scope of Practice

- **BHA-I**
 - Screening
 - Initial intake process
 - Case management
 - Community education, prevention, early intervention
- **BHA-II**
 - Substance abuse assessment and treatment
- **BHA-III**
 - Rehabilitative services for clients with co-occurring disorders
 - Quality assurance case reviews
- **BHP**
 - Team leadership
 - Mentor/support BHA-I, II, and III



Behavioral Health Aide Roll Out Plan

ACTIVITIES AND TASKS	Responsible Party	Timeline																			
		2018				2019				2020				2021				2022			
		1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q
BHA Program Study																					
Select/Contract with Consulting Firm	NPAIHB	█																			
Complete Study	Cumming		█																		
Approve BHA Program																					
Present/Approve Program	NPAIHB			█	█																
Seat Federal & Advisory Boards	NPAIHB/I.H.S.					█	█														
Develop/Approve Program	Board							█													
Select BHA Education Partner																					
Identify Potential Education Partners	Board						█	█	█	█											
Select Education Partner	Board								█	█											
BHA Training Program																					
Begin Training Program	Educator												█								
Complete First Class and Place	Educator													█							
Ongoing Program Management																					
Board	Board						█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Staff Board	NPAIHB						█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Support Program	NPAIHB						█	█	█	█	█	█	█	█	█	█	█	█	█	█	█



Northwest Portland Area
 Indian Health Board
Indian Leadership for Indian Health



Community Readiness

- It can take up to 9 months to see a psychiatrist
- It can take up to 3 months to see a dentist
- There is a high interest in CHAP - all disciplines
- Tribes participate in tribal based practices and welcome more opportunities



GAP ANALYSIS

Data Sources



- Health Provider Shortage data
- BHA Program Roll Out Feasibility Report conducted by Cumming
- AIHC Health Profiles
- Data from the Alaska CHA/P & BHA/P Programs

AIM 1

Understand what underlying factors contribute to the need for mid-level medical and behavioral health providers in Washington Tribal and urban Indian communities

AIM 2

Describe specific data points and qualitative information characterizing this regional demand

AIM 3

Analyze the potential of the Community and Behavioral Health Aide program to address the provider shortage



BHA Advisory Workgroup

- Marilyn Scott, Chair - Upper Skagit
- Cheryl Rasar, Co-Chair - Swinomish
- Charlene Abrahamson, Secretary - AIHC

This 30 member workgroup of dynamic leaders from Tribes and related organizations is charged with providing subject matter expertise, program information, innovative solutions, and advice to the NPAIHB Project staff to establish a culturally sensitive Portland Area BHAP.



BHA/P Project Evolution

- Project start up funding grant from NorthSound BHO and Washington Tribes provided a percentage of their ACH MTF funds
- CHAP Board Advisory Workgroup - July 18, 2018
- BHA Advisory Workgroup - September 27, 2018
- Identify Educational Partner - October 25, 2018
- Access to AK eBHAM - March 15, 2019
 - Assure Culturally Appropriate for NW Tribes
 - Include MAT for SUD education
- Access to AK BHA Curriculum - March 15, 2019
 - Assure Culturally Appropriate for NW Tribes
 - Include MAT for SUD education



BHA/P Project Evolution

- Stand up the federal Portland Area CHAP Certification Board (ACCB) when the policy is approved - 2019
 - IHS Policy for CHAP Expansion and Regional ACCB - DTLL 5/8/2019
 - NPAIHB Resolution to create a PACCB - draft is done
 - PACCB Standards & Procedures - 75% complete
 - Membership as approved by NPAIHB and PA IHS Director - 33% complete
- Create a BHA/P education demonstration project to welcome 1-2 BHA students in September 2019
 - Identify funding to support student education for 2 years
 - Create process for student selection - draft completed
 - Identify students for BHA education
 - Establish Agreement with ANTHC and NPAIHB
 - Establish Tribal and Student Agreements for education and employment
 - Identify & address IT assessment/needs for online students



BHA/P Project Evolution

- Amend funding agreements 2020
- Medicaid reimbursement
 - Work with respective state Medicaid agencies and CMS to get a SPA adopted for CHAP - February 2020
- Identify EHR needs with Tribes supporting BHA/P's
 - Charting must be detailed
 - Standardized templates are helpful
 - Education and understanding of billable codes for sustainability
- Identify funding to support the project for 2020 and 2021 - June 2019
- Create Policies and Procedures for BHA education program - January 2020
- Identify & select year 2 students - March 2020
- Welcome second class of BHA's - August 2020



Sustainability

Include Elder's into the model
Quality Assurance Process
Quality Measures for Reporting
Evaluation Process
Financing
Credentialing/Certification
Incentivize training

- Leadership Desire
- Community Buy in & Support
- Adapt & Standardize for NW Tribes & THO's
- Local Education Program
- Re-occurring funding
- Ability to bill for services



Questions?

