Investing in Wellness: Financing Strategies for Behavioral Health in Indian Country

NATIONAL COUNCIL of URBAN INDIAN HEALTH

TOOLKIT

INVESTING IN WELLNESS:
FINANCING STRATEGIES FOR BEHAVIORAL HEALTH IN INDIAN COUNTRY

TOOLKIT

ACKNOWLEDGMENTS

Recommended Citation

National Council of Urban Indian Health (2024) BH-Financing-NCUIH-F.pdf

Acronyms

- **AI/AN:** American Indian and Alaska Native

- **APM:** Alternative Payment Methodology

- **BHI:** Behavioral Health Integration

- **CHC:** Community Health Center

- **CHIP:** Children's Health Insurance Program

- **CMS:** Centers for Medicare and Medicaid Services

- **FQHC:** Federally Qualified Health Center

- **GONA:** Gathering of Native Americans

- **IHCIA:** Indian Health Care Improvement Act

- **IHS:** Indian Health Service

- **IMD:** Institutions for Mental Disease

- **I/T/U** facilities (IHS, Tribes, and Urban Indian Organizations)

- **NCUIH:** National Council of Urban Indian Health

- **PPS:** Prospective Payment System

- **PCCM:** Primary Care Case Management

- **SUD:** Substance Use Disorder

- **UIO:** Urban Indian Organization

Definitions

▸ **Behavioral Health Integration:** "Behavioral Health Integration (BHI) is an approach that combines mental and behavioral health care with primary care. This integration allows primary care providers to include mental health screening, treatment, and specialty care within their practice, making it easier for patients to receive comprehensive care in one place"[i]

▸ **Community Health Center:** An entity receiving a grant pursuant to Section 330 of the Public Health Service Act.[ii]

▸ **Funding Parity:** "Equality of purchasing power established by law between different kinds of money at a given ratio."[iii]

▸ **Federally Qualified Health Center:** A term referring to health centers meeting the requirements set forth at 42 U.S. Code § 1395x(aa)(4), including entities receiving grants under Section 330 of the *Public Health Service Act* and IHS facilities, Tribal organizations, and Urban Indian Organizations.[iv]

▸ **GONA:** "GONA (Gathering of Native Americans) is a culturally-rooted planning process where community members come together to tackle issues identified by the community. This method employs an interactive approach that empowers and supports American Indian and Alaska Native Tribes, aligning with their cultural values, traditions, and spiritual practices."[v]

▸ **Institution for Mental Diseases:** A hospital, nursing facility, or other institution of more than 16 beds primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.[vi]

▸ **Primary Care Case Management:** A form of Medicaid Managed Care in which a provider receives a monthly payment to locate, coordinate, and monitor a beneficiary's covered primary care.[vii]

▸ **Prospective Payment System Rate:** A per-visit payment rate for federally qualified health centers designed to pay for all covered services provided to a beneficiary during a visit.[viii]

▸ **Tribal Health Organizations:** "Tribal health organizations are entities established and managed by Native American Tribes or consortiums of Tribes to deliver health care services to their communities. These organizations operate under the principles of self-determination and sovereignty, providing culturally appropriate medical, behavioral, and public health services tailored to the specific needs of their populations. They often work in partnership with federal and state agencies, such as the Indian Health Service (IHS), to enhance health outcomes and address health disparities among Native American and Alaska Native peoples."[ix]

▸ **Urban Indian Organizations:** "A nonprofit organization located in an urban center, governed by an AI/AN-controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which contracts with IHS to provide health care and referral services for urban Indians residing in that urban center."[x]

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TABLE OF CONTENTS

Executive Summary

Nineteen percent of American Indian/Alaska Native (AI/AN) people reported having a mental illness in the past year, including a significant number under the age of 18.[i] The increased burden of behavioral health conditions among AI/AN populations is influenced by many factors, including historical trauma and Indigenous determinants of health.

Immediate action for financing solutions and resources to address behavioral health financing is crucial,[ii] as behavioral health issues have not achieved equal policy attention or funding. Existing funding models often prove inadequate, offering only short-term grants that fail to address the persistent and complex behavioral health issues faced by AI/AN communities.

This toolkit was developed in response to the critical need for sustainable funding to address the disproportionate burden of behavioral health conditions in Indian Country.[iii] It seeks to bridge the gap that current funding models create by providing the necessary information and resources to develop practical financing strategies tailored to the AI/AN health care system. These strategies aim to enhance access to prevention, treatment, and recovery services for AI/AN beneficiaries, encompassing Tribal Nations, Tribal health organizations, and Urban Indian Organizations (UIOs).

Central to this toolkit are financing strategies that consider the patient's journey, with the primary goal of positively impacting behavioral health outcomes. Notably, this toolkit considers recent advocacy and growing momentum to incorporate traditional healing practices into behavioral health programming and treatment.

These strategies are:

▸ Enhancing Behavioral Health Care Access Through Optimizing Medicaid Reimbursement

▸ Traditional Healing as a Financially Sustainable Strategy for Improving Behavioral Health

▸ Cultivating Funding Opportunities for Behavioral Health Programming

▸ Investing in Prevention, Crisis Care, and Integrated Services

▸ Strategies to Build, Expand, and Sustain Behavioral Health Workforce

Serving as a resource for those working in health care administration, executive leadership roles, or in the field of behavioral health in AI/AN communities, this toolkit offers strategies and examples that both address the unique needs of Indian Country and can improve access to behavioral health services and outcomes.

Development of the toolkit followed a community-based participatory approach, and the toolkit methodology is outlined below. Feedback from this approach helped develop the key components and structure of this toolkit, including financing strategies, resources, case studies, and best practices.

How to Use This Toolkit

This comprehensive toolkit is designed for American Indian and Alaska Native (AI/AN) populations, Tribal Nations, Tribal health care systems and organizations, Urban Indian Organizations, and any organizations providing behavioral and mental health services to AI/AN communities.

▶ It serves as a resource for Tribal leaders, health care leaders, program planners, and policymakers involved in behavioral health financing and planning across the full continuum of care.

▶ The toolkit provides valuable guidance on delivering culturally competent behavioral health services, including mental health and substance use disorder care, from prevention to treatment and follow-up care.

▶ Use this toolkit to help develop sustainable financing strategies for implementing or maintaining behavioral health within Native communities.

▶ Where applicable, consider suggested policy implications for these strategies to further support their implementation and impact.

Methodology

▶ The methodology for developing the toolkit involved a multifaceted approach to gather comprehensive insights and perspectives.

▶ This included conducting a literature review from the last five years discussing behavioral health financing, reviewing previous data on federal grants received by UIOs, UIO Medicaid claims data, and NCUIH's 2023 annual policy assessment.

▶ In addition to these approaches, NCUIH conducted focus groups to ask those in the behavioral health field across Indian Country encompassing I/T/U (IHS, Tribes, and UIOs) facilities and stakeholders what should be in the toolkit.

▶ NCUIH invited behavioral health professionals from various parts of American Indian communities, including Tribal Nations, urban communities, and many others who work with AI/AN people in addressing behavioral health.

▶ From December 2023 to January 2024, 28 individuals whose work revolves around Native behavioral health care participated in behavioral health financing toolkit focus groups.

▶ Their firsthand experiences and expertise were essential in creating a toolkit that reflects the real needs, challenges, and opportunities Native communities face in behavioral health financing. Comments and feedback from focus groups and toolkit review sessions have been incorporated into this document.

Methodology

During the focus groups, NCUIH aimed to achieve the following objectives:

Identify What Works

We want to learn from your experiences and successes in securing funding for behavioral health services. What strategies have proven effective in our community, and what can we replicate or build upon?

Understand the Challenges

We recognize there are obstacles and gaps in funding. We seek to understand the challenges you face in securing funding for behavioral health services in our community.

Determine Toolkit Components

Your insights will guide us in identifying the most crucial elements that should be included in the toolkit. This toolkit will be a comprehensive resource for community leaders, organizations, and individuals seeking funding for behavioral health initiatives.

▸ To achieve these objectives, NCUIH prepared nine questions that guided the focus group discussions.

▸ Through encouraging open, candid, and constructive dialogue, participants could respond to each question. All participant answers are kept confidential, and anonymity has been preserved. In addition, participants were offered a one-hundred-and-fifty-dollar incentive for their time.

▸ The culmination of focus group recording transcriptions was analyzed by NCUIH using the software Dedoose.

▸ Once all information was collected and analyzed, drafts of the toolkit were presented both in person and through virtual feedback sessions before publication.

Focus Group Discussion Questions

1. What successful approaches/methods have you used in the past to secure behavioral health funding, if any?

2. In your opinion, what are key elements that should be included in a toolkit or resource guide to help your community and its leaders navigate the complexities of behavioral health funding?

3. Can you think of any innovative funding models or sources that should be explored to improve behavioral health services?

4. Are there any specific grant opportunities that you believe should be highlighted in the toolkit?

5. What are the current challenges or gaps you perceive in funding for behavioral health services in your community?

6. What do you believe are the most critical behavioral health needs in your community that require additional funding?

7. How have you balanced the need for traditional programming with the demands of modern health care financing?

8. What kind of data or evidence do you think is essential for making informed decisions about behavioral health funding?

9. How can federal and state policies be improved to better support behavioral health financing?

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SECTION 2:
BEHAVIORAL HEALTH LANDSCAPE

Epidemiology, Financing, and Traditional Healing

▸ Understanding the behavioral health landscape in American Indian and Alaska Native (AI/AN) communities sets the foundation for developing effective and culturally informed financing strategies.

▸ This section provides an overview of the prevalence and impact of behavioral health issues in Indian Country, highlighting the historical, cultural, and systemic factors that contribute to the challenges Native individuals and their communities face.

▸ Additionally, it examines the current financing challenges and funding mechanisms for behavioral health in Indian Country, highlighting the fragmented and often complex nature of funding streams.

▸ Lastly, this section emphasizes the need for and the importance of Traditional Healing practices and the need for sustained financing.

Epidemiology

> "There are 574 federally recognized AI/AN Tribes, more than 100 state-recognized Tribes, and additional Tribes that are neither state nor federally recognized."[i]

> "More than 9.6 million people (approximately 2.9 percent of the U.S. population) identified as AI/AN people, either alone or in combination with other races."[iii]

Map of Federally Recognized Tribal Lands Across the United States[ii]

Epidemiology

▸ Due to historical federal policies promoting colonization and assimilation, the AI/AN populations in the U.S. are at higher risk for many biopsychosocial conditions, from economic instability, homelessness, unemployment, poverty, and a lack of a cultural base or sense of community.

▸ The epidemiological impact on AI/AN populations over time is felt in behavioral health.

▸ "The high rates of alcohol, substance misuse and mental health disorders, suicide, violence, and behavior-related morbidity and mortality in AI/AN communities continue to be disproportionately higher than the rest of the U.S. population."[iv]

▸ "AI/AN people over the age of 18 experienced serious psychological distress at a ratio 3.8 times higher than non-Hispanic white people."[v]

▸ In 2019, suicide was the second leading cause of death for AI/AN people between the ages of 10 and 34;[vi] and from 2019-2020, AI/AN overdose mortality increased by 39 percent.[vii]

▸ Currently, the Indian Health Service (IHS), the federal agency responsible for providing federal health services to AI/AN people, serves 2.6 million AI/AN patients by delivering comprehensive health services, including behavioral health services, every year. [ix]

▸ Only 13.9 percent of AI/AN people over the age of 18 received mental health services in 2019.[x]

▸ Evidence-based treatments for AI/AN patients with substance use disorder hold substantial promise for improving treatment and access, more so when they are culturally appropriate.[xi]

▸ "By embedding behavioral health care with primary medical care and using health education on medical conditions to promote and activate health behavior changes, it is believed that better health outcomes can be achieved for the AI/AN population."[xii]

[viii]

SPIRITUAL · EMOTIONAL (Social)

HOLISTIC · INTERDEPENDENT

HEALTHY COMMUNITIES

HEALTHY FAMILIES

HEALTHY PEOPLE

LIFE IN BALANCE

INTERGENERATIONAL WELLNESS

HIGHLY FUNCTIONAL, INTEGRATED SYSTEM AND SERVICES

HONORING · COMMUNITY FOCUSED

MENTAL · PHYSICAL
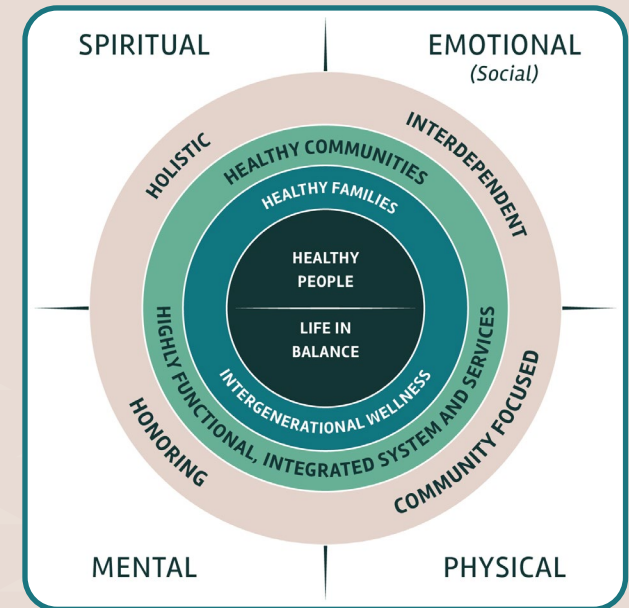
Access to Behavioral Health Services

▶ Behavioral health services encompass a person's emotional, psychological, social, and spiritual well-being, with two overall behavioral health disorder types: mental health and substance use disorders.[xiii]

▶ "Access to these services varies depending on potential barriers to care, such as high cost and insufficient insurance coverage, limited options and long waits, lack of awareness, and social stigma."[xiv]

▶ Throughout the United States, there are stark disparities in mental health care, with individuals in lower-income rural areas being more likely to say services are less accessible to them.[xv]

▶ Native American people face a system that struggles to recognize and build on their strengths, making it difficult for them to find treatment that best reflects their culture.[xvi]

▶ There's a distrust of non-Indigenous counselors and an expectation providers will lack cultural competency.[xvii]

▶ These different barriers make the AI/AN population less likely than majority populations to receive professional help for mental health.[xviii]

Epidemiology, Financing, and Traditional Healing

Behavioral Health Financing Landscape

▶ **Funding for behavioral health programs comes from various sources, including:**

Medicaid

Provides free or low-cost health coverage for low-income individuals and families, including mental health and substance use disorder services.[xix]

Medicare

Provides coverage for individuals aged 65 and older, including mental health services.[xx]

Private Insurance

Coverage varies depending on the plan but may include mental health and substance use disorder treatment.

Federal Funding

Includes grants and programs specifically aimed at supporting behavioral health services, such as those administered by the Indian Health Service (IHS).

State Funding

States may allocate funds for behavioral health services, often in conjunction with federal programs.

Private Funding

Includes donations, philanthropic grants, and other private sources of funding for behavioral health programs.

Epidemiology, Financing, and Traditional Healing

Behavioral Health Financing Landscape

▸ There are federal funding mechanisms for behavioral health financing for AI/AN patients.

▸ IHS is the primary due to its mission in support of raising "the physical, mental, social, and spiritual health of AI/ANs to the highest level."[xix]

▸ IHS directly "operates special facilities to treat [behavioral/mental health] conditions" throughout the country for IHS-eligible patients.[xx]

▸ IHS also administers grant programs specifically directed toward supporting AI/AN behavioral health programs, as authorized in Title VII of the *Indian Health Care Improvement Act* (IHCIA), through its Division of Behavioral Health.

▸ The I/T/U system consists of the IHS, Tribes, and the Urban Indian Organizations (UIOs).

▸ The behavioral health financing system is unique in the federal government in that these facilities are permitted to use revenue from Medicaid, Medicare, Veterans Affairs (VA) contracts, and other third-party billing sources (e.g., an insurance broker) to fund facility needs.

▸ These facilities are also permitted to apply for competitive federal grants across the government system.

▸ However, within the behavioral health financing landscape, funding is often fragmented, presenting challenges for both patients and health clinics.[xxi]

▸ For patients, fragmented funding means navigating multiple sources to finance their care, which can lead to gaps in coverage, delayed treatment, and difficulties in accessing comprehensive treatment.

▸ For health clinics, fragmented funding results in complex billing processes and challenges in sustaining programs due to funding requirements and the short-term nature of grants.
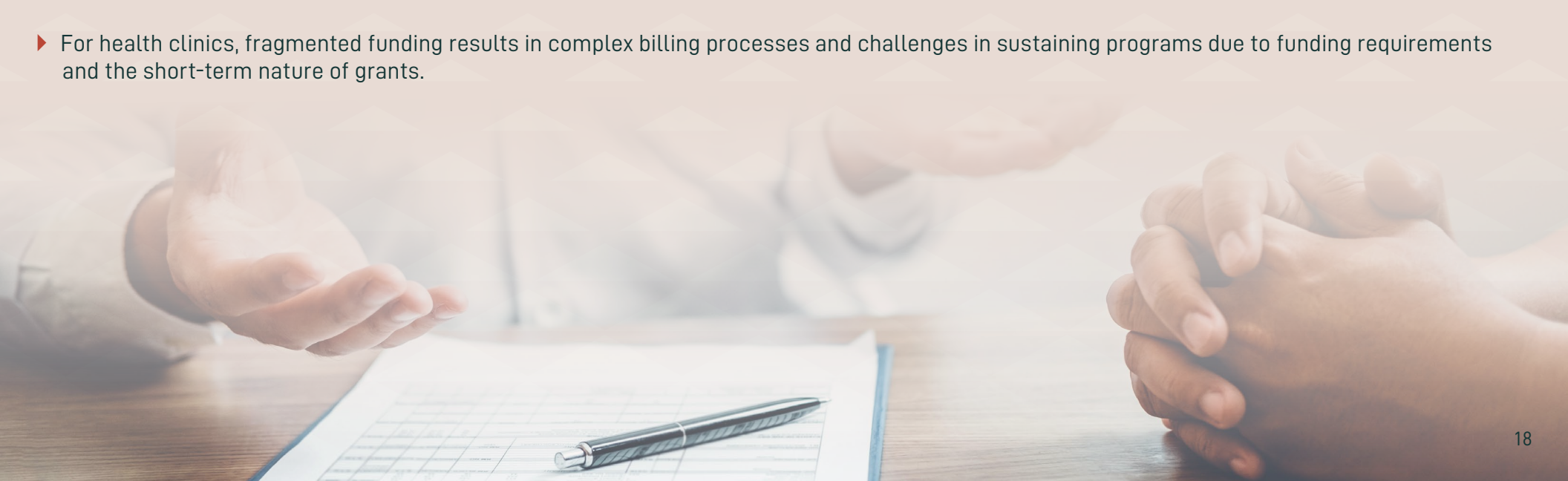
Epidemiology, Financing, and Traditional Healing

Additional challenges in financing behavioral health include:

Stigma and lack of funding parity (equitable purchasing power) for treating behavioral health conditions.[xxii]	**Challenges in navigating funding streams.**	**Workforce shortages due to inadequate pay leaving many without access to care or timely treatment.**[xxiii]

Traditional Healing

▶ A holistic approach to health and wellness, incorporating Traditional Healing practices, is essential in the behavioral health landscape for AI/AN communities.[xxiv]

▶ The AI/AN health care system provides Traditional Healing programs (e.g., sweat lodges) that support behavioral health through culturally tailored care.

▶ Challenges such as difficulties with Medicaid or Medicare reimbursement, safety regulations, billing and licensing for traditional practitioners, grant limitations, and limited western research on traditional programs' effectiveness hinder these services. Including Traditional Medicine and the use of Indigenous knowledge as an allowable expense in behavioral health funding programs is critical for I/T/U facilities.

> **"There is tremendous benefit in Traditional Healing, Traditional Medicine, and other traditional practices for Native patients. Research consistently points to the value of traditional healing practices designed and delivered by American Indians, for American Indians," and, according to the Minnesota Department of Health, "[t]raditional healing for American Indians has outcomes equivalent to conventional interventions in other populations."[xxv]**

▶ "Funding for Traditional Healing services and programs at I/T/U facilities has been minimal, coming mainly from Tribal funds/savings, pilot programs, private grants, and personal resources from staff within the I/T/U system."[xxvi]

▶ "The AI/AN community recognizes the valuable contributions of their healers and practitioners and has long aimed to offer Traditional Healing services in, at, or through I/T/U facilities in a complementary manner, often alongside Western-based delivery models to benefit AI/AN patients who request those services."[xxvii]

▶ In fulfillment of its trust obligation to maintain and improve the health of AI/AN people, it is the national policy of the United States "to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy."[xxviii]

▶ Due to the efficacy of Traditional Healing services for AI/AN people, funding for Traditional Healing is a necessary resource to ensure the highest possible health status.[xxix]

Traditional Healing

▸ The *Indian Health Care Improvement Act* (IHCIA) authorizes the use of federal funds to support Traditional Healing services provided throughout the Indian health system, which includes IHS, Tribal, and UIO facilities.

▸ Given Medicaid's role in fulfilling this trust responsibility, both as a critical source of health coverage for AI/AN people and supplemental funding for the I/T/U system, it is vital to consider innovative funding mechanisms through the Centers for Medicare and Medicaid Services (CMS).

▸ One funding mechanism may be for states to submit Section 1115(a) demonstration waivers, which give states flexibility to make changes to their Medicaid program as a demonstration or pilot project. [xxx]

▸ Under these waivers, the Secretary of Health and Human Services has the authority to waive federal rules to carry out demonstration projects (e.g., state waivers) that will promote the objectives of the Medicaid program, allowing the use of federal funding to cover services not typically included in the state Medicaid plan.[xxxi]

▸ States have begun applying for these waivers due to their ability to use unique approaches to address social determinants of health (SDOH).

▸ CMS must review and approve these demonstration applications, and in the case of the four states that have applied to cover Traditional Healing services, none have been approved as of May 2024.

▸ Recently, CMS announced they are creating a framework for Section 1115(a) applications to provide reimbursement for Traditional Healing practices.[xxxii]

▸ By leveraging Section 1115(a) demonstration waivers and other innovative funding mechanisms, states can enhance Medicaid's ability to cover culturally relevant health services for AI/AN beneficiaries.

▸ This not only supports the health and well-being of AI/AN communities but also aligns with the national policy aimed at ensuring the highest possible health status for AI/AN people.[xxxiii]

Impact of Policy on Behavioral Health Funding

▶ The United States' trust responsibility requires that it provide services and resources to improve the health of American Indian citizens.[xxxiv]

▶ The nation has this responsibility to AI/AN people no matter where they live, and Congress has further declared that a "major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level."[xxxv]

▶ As the Centers for Disease Control and Prevention (CDC) recognizes, "[m]ental and physical health are equally important components of overall health,"[xxxvi] and therefore, it is vital that the United States provides and supports mental health services to AI/AN people as part of its trust obligation for health.

▶ Unfortunately, the trust obligation is not fully enforced to the highest degree as IHS is not fully funded to meet needs. For example, the National Tribal Budget Formulation Workgroup recommended that the federal government's FY2024 budget fully fund the IHS at $49.8 billion. However, Congress enacted just $6.96 billion to fund the IHS, which includes funding for Tribal facilities and UIOs. This means that in FY24, the IHS is funded at just 13.5 percent of the level requested by Tribal Leaders.[xxxvii, xxxviii]

▶ This, in turn, leads to AI/AN people continuing to face poor behavioral health outcomes as a population.[xxxix]

"AI/AN have the highest rates of suicide of any minority group in the United States and high rates of SUD."[xl]

▶ "In fact, AI/AN people experience serious mental illnesses at a rate 1.58 times higher than the national average."[xli]

▶ These poor outcomes impact Native people no matter where they live.

▶ For example, according to a 2020 report from the CDC, non-Hispanic AI/AN people had the highest rates of drug overdose deaths in both urban and rural counties compared to other races, at 44.3 per 100,000 and 39.8, respectively.[xlii]

▶ The COVID-19 pandemic has only exacerbated and intensified these behavioral health needs in communities, and the impact of COVID-19 on AI/AN health has continued beyond the pandemic.

"Loss of AI/AN lives—especially the loss of elders—means loss of Native culture, including language, ceremonies, and more."

▶ In fact, one of every 168 AI/AN children experienced orphanhood or death of caregivers due to the COVID-19 pandemic and were 4.5 times more likely to lose a parent or grandparent caregiver than white children."[xliii]

Impact of Policy on Behavioral Health Funding

▸ Due to policies that impact behavioral health financing, there is also a concern that one of the most significant problems faced by Indian health care providers is competition for limited funding for behavioral health programs.

▸ As the National Tribal Budget Formulation Workgroup has stated, the "[f]ederal trust obligations to fund health care and public health in Indian Country cannot, and must not, be achieved through the competitive grant mechanism."[xliv]

▸ To address this problem, funding for behavioral health programs should be delivered on a non-competitive basis and through funding mechanisms that meet the needs of the Tribes, Tribal organizations, and UIOs serving AI/AN beneficiaries.

▸ Additionally, given the limited funding available to the I/T/U system, unfunded costs associated with meeting administrative requirements for behavioral health programs can result in a decrease in a facility's ability to provide other critically needed services to their patients.

All these inequities must be addressed for parity to be provided in financing behavioral health for the AI/AN population.

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SECTION 3:
UNDERSTANDING THE PATIENT'S JOURNEY

The Patient's Journey: The Importance of the Human Side of Behavioral Health Financing

▸ In the field of behavioral health financing, it's important to remember that as health care professionals, we are always dealing with more than just formulas and numbers.

▸ Behind every financial decision are real people seeking help and support during their most vulnerable moments.

▸ Our decisions impact not just patients but also their families and communities.

▸ Understanding the human side of behavioral health financing is not just about dollars and cents but about recognizing the profound impacts health care professionals have on people's lives.

▸ There is a responsibility to provide the best care possible and care that fits patients' unique cultural and individual needs.

▸ Undoubtedly, navigating the behavioral health system can be challenging and complex, as it often requires a delicate balance between providing excellent care and managing and making decisions about financial resources. It is our hope that the information in this toolkit sets the stage for a deeper exploration of behavioral health financing strategies, offering insights for health care professionals to create programs that prioritize both patient well-being and financial sustainability.

Consider the following questions as you build upon your organization's distinct strategic approach to financing behavioral health:

How do your financing decisions impact the quality of care patients receive?

For instance, heavy reliance on grants may lead to staff reductions or program interruption when grants end, affecting patient care and continuity.

Are there barriers in your current financing model that prevent patients from accessing care?

For example, inadequate insurance coverage for transportation services can limit patients' ability to travel to appointments, especially in rural areas.

How can you ensure that your financing strategies prioritize patient well-being and cultural needs?

For example, does your clinic have enough funding to train staff in cultural competency to ensure care and services are respectful and responsive to patients' cultural backgrounds?

How can you involve patients in decision-making regarding financing and behavioral health care options?

For example, consider creating opportunities for patient input, such as surveys or focus groups, to gather feedback on service delivery.

Challenges and Barriers to Accessing Mental Health Care for American Indian and Alaska Native People

Understanding the barriers to accessing mental health care for American Indian and Alaska Native (AI/AN) people is crucial for developing effective strategies to improve access and outcomes. By identifying these barriers, communities and health care organizations can work together to address them and ensure that individuals receive the care they need. On a broader scale, this can include advocating for increased funding and resources for mental health services, promoting culturally competent care, and supporting research to better understand the unique needs of AI/AN patient populations.[i]

Barriers:[ii]

▶ **Structural Obstacles**
(including geographic obstacles)

▶ **Mistrust**

▶ **Stigma and Shame**

▶ **Cultural Factors** (not aligned
with Western medicine)
**and Lack of Cultural Safety
Within Health Care System**

▶ **Self-Reliance**

▶ **Financial Obstacles**

The Patient's Journey: The Importance of the Human Side of Behavioral Health Financing

Key Touchpoints

▸ Behavioral health care operates within a larger ecosystem, where interconnected systems support individuals' mental health and well-being.

▸ This approach recognizes that mental health is influenced by individual choices, family, and social, environmental, and cultural factors.[iii]

▸ Collaboration among schools, local partnerships, families, and health care providers is key to promoting mental health and preventing behavioral health issues.[iv][v][vi]

▸ Understanding this approach is crucial for developing effective strategies prioritizing patient well-being and financial sustainability in behavioral health care.

▸ The steps in a patient's journey for behavioral health care reflect this interconnected ecosystem, highlighting the various touchpoints where individuals interact with different systems and support networks.

POLICY

COMMUNITY

INSTITUTIONAL

INTERPERSONAL

INDIVIDUAL

[vii]

The Patient's Journey: The Importance of the Human Side of Behavioral Health Financing

Steps in the Behavioral Health Journey

1 **Building Awareness and Education: Individuals begin learning about mental health wellness, suicide prevention, and substance use through community efforts.**

▶ **$$ Needs:** Funding for education campaigns, community outreach programs, and culturally competent messaging.

2 **Seeking Care: Knowing when and where to seek care for behavioral health issues, such as experiencing symptoms or recognizing the need for support.**

▶ **$$ Needs:** Expanding access to care, reducing patient costs, and improving the availability of services.

3 **Accessing Treatment and Support Services: Removing barriers to access ensures that individuals receive the care they need when they need it, improving overall health and well-being.**

▶ **$$ Needs:** Access to care, reducing patient costs, and improving the availability and quality of culturally competent services.

4 **Engaging in Treatment and Staying Connected to Care.**

▶ **$$ Needs:** Providing culturally competent care, peer support, harm reduction, and patient navigation services.

5 **Maintaining Wellness and Recovery. Support during recovery and maintenance helps individuals sustain wellness and prevent recurrence.**

▶ **$$ Needs:** On-going support services, recurrence prevention programs, and partnership efforts.

The Patient's Journey: The Importance of the Human Side of Behavioral Health Financing

▶ The patient's journey to wellness is not just a personal journey but a community effort. In many Native American communities, healing and wellness are collective experiences involving the entire family and community.

▶ Ceremonies often include the patient, family members, and community members and can last for days or weeks.

▶ Family and community members contribute to the healing process by actively participating in ceremonies, including drumming, singing, traditional dances, gathering medicine and foods, and offering prayers.[viii]

▶ Each touchpoint in the patient's journey presents an opportunity to remove barriers and improve access to care, ultimately leading to better outcomes for individuals and their communities.

▶ Building upon this understanding, the next section will explore five key strategies for financing behavioral health, emphasizing the importance of prioritizing patient well-being and financial sustainability.

▶ These strategies aim to address the challenges and barriers outlined earlier, offering a roadmap for creating more effective, inclusive, and sustainable behavioral health financing programs.

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SECTION 4:
BEHAVIORAL HEALTH FINANCING STRATEGIES

STRATEGY 1: Enhancing Behavioral Health Care Access Through Optimizing Medicaid Reimbursement

Background and Overview

▶ Optimizing Medicaid reimbursement for behavioral health services is a critical strategy for improving access to care and financial sustainability for Indian Health Care Providers (IHCP).

▶ Because Medicaid plays a crucial role in funding healthcare services for American Indian and Alaska Native people, Medicaid reimbursement is a vital revenue source for the I/T/U facilities.

▶ Collaboration and engagement with state Medicaid agencies, pursuing Federally Qualified Health Cetner/ Community Health Center (FQHC/CHC) designations, and leveraging models like Primary Care Case Management (PCCM) can enhance reimbursement while addressing critical behavioral health needs in American Indian and Alaska Native communities.

Research: Data and Studies

▶ Medicaid is a critical source of health coverage for American Indian and Alaska Native (AI/AN) people. According to the KFF nationwide, 30 percent of nonelderly AI/AN people are enrolled in Medicaid, and 44 percent of AI/AN children are enrolled in Medicaid and the Children's Health Insurance Program (CHIP).[i]

▶ The importance of this program is reflected in the amount of Medicaid beneficiaries who are treated by the Indian health system (consisting of the Indian Health Service (IHS), Tribal facilities, and Urban Indian Organizations (UIOs) – otherwise referred to as the I/T/U system).

▶ For example, as of 2019, 724,359 IHS patients were Medicaid beneficiaries.[ii] In 2022, 59 percent of AI/AN patients served at UIOs were Medicaid beneficiaries.[iii]

▶ As a result, Medicaid is a critical source of revenue for the I/T/U system.

▶ For example, in FY22, IHS collected over $1.2 billion from Medicaid;[iv] in FY23, it collected over $1.4 billion.[v] In 2019, UIOs received at least $89.5 million in Medicaid reimbursement for services provided to Medicaid beneficiaries.[vi]

▶ As other researchers have noted, "Medicaid covers many behavioral health services . . . [and] Medicaid coverage of behavioral health services is sometimes more comprehensive than private insurance coverage,"[vii] thus making it an important resource for funding behavioral health services.

▶ In fact, according to the Centers for Medicare and Medicaid Services (CMS), "Medicaid is the single largest payer for mental health services in the United States and is increasingly playing a larger role in the reimbursement of substance use disorder services."[viii]

STRATEGY 1: Enhancing Behavioral Health Care Access Through Optimizing Medicaid Reimbursement

Research: Data and Studies

▶ The IHS Office of Urban Indian Health Program's data is useful for understanding the role of Medicaid reimbursements in behavioral health financing for the I/T/U system in particular.

▶ Approximately 19 percent of UIO patients receive behavioral health services, which includes 14 percent for mental health services and 5 percent for substance abuse services.[ix]

> **Receiving Medicaid reimbursement for these services remains a challenge.**
> ▶▶ While representing **14 percent** of patients, mental health services comprise only **1.6 percent** of Medicaid reimbursements.
> ▶▶ While representing **five percent** of patients, substance abuse services comprise only **0.4 percent** of Medicaid reimbursements.[x]

Applicable Examples

▶ Several focus group participants identified behavioral health integration into a patient's primary care as a best practice for patient well-being.

▶ According to focus group participants, one way this has been accomplished at some I/T/U facilities is to co-locate behavioral health services with primary care.

▶ Coordinated care for appointments would decrease no-show rates, increasing the ability to bill for reimbursement and bring potential revenue into the local health care system.

▶ Thus, coordinated care is created so that a patient's care team includes a behavioral health provider. This also supports documentation of patient medications and treatments while improving patient care and coordination of services.

▶ I/T/U providers seeking to maximize Medicaid reimbursement for behavioral health integration should investigate whether their state Medicaid programs utilize primary care case management (PCCM) and whether the I/T/U facility and its providers may be able to serve as primary care case managers.

▶ In Medicaid PCCM, the state pays a designated primary care provider a monthly case management fee to "locate, coordinate, and monitor covered primary care,"[xi] for Medicaid and CHIP beneficiaries. The state continues to pay providers on a fee-for-service basis for services outside the scope of primary care management.

▶ Prior NCUIH research has found that some UIOs in states that utilize PCCM are able to receive reimbursement for managing beneficiaries' care as well as providing direct services to beneficiaries.[xii]

STRATEGY 1: Enhancing Behavioral Health Care Access Through Optimizing Medicaid Reimbursement

Applicable Examples

▸ For those beneficiaries whose care was managed by a UIO and who were patients at the UIOs, UIOs reported particular success in improving continuity of care, beneficiary access to services, and beneficiary engagement.

▸ Of particular note with respect to behavioral health financing, in a prior NCUIH report, one UIO that operates a residential family treatment center and an outpatient treatment center, in addition to a primary health care clinic and other facilities, worked with their state to form a type of PCCM entity known as an Indian Managed Care Entity and reported that the enhanced case management services they now offer results in higher medical compliance and providers believe these services will significantly reduce the rate at which illnesses develop in their beneficiary population.

▸ Primary care case management, therefore, may prove a viable strategy to address the disproportionately low reimbursement for behavioral health claims and improve patient care.

▸ Another strategy shared during focus groups was to pursue designation as a federally qualified health center (FQHC) or FQHC Look-Alike.

▸ I/T/U facilities may enroll in Medicaid with a provider designation of FQHC pursuant to Section 1905(l)(2)(B) of the *Social Security Act*.[xiii] They may do so regardless of whether they receive an FQHC designation from the Health Resources Services Administration (HRSA).[xiv] I/T/U facilities that enroll in Medicaid as an FQHC are not required to comply with the HRSA rules for receipt of Section 330 grant funding (discussed further below).

▸ In general, FQHCs received a Medicaid reimbursement rate referred to as the prospective payment system (PPS) rate.[xv] However, a state may establish an alternative payment methodology (APM) to pay FQHCs at a different rate than the normal PPS rate. For IHS and Tribal facilities, this may include the IHS All-Inclusive Rate.[xvi]

▸ A NCUIH analysis of calendar year 2021 Medicaid claims data for UIOs demonstrates that this may be an effective strategy for some I/T/U providers:

> **UIOs with FQHC designation received an average reimbursement of $72.10 for each outpatient mental health claim.**

> **UIOs without FQHC designation received an average reimbursement of $18.40 for each outpatient mental health claim.[xvii]**

▸ I/T/U facilities may also explore designation as a HRSA community health center (CHC), a term which is included within the overarching definition of FQHC but refers specifically to those health centers that receive a grant under Section 330 of the *Public Health Service (PHS) Act* (42 U.S.C. Section 254(b).[xviii]

> **While "all CHCs are FQHCs, not all FQHCs are CHCs."[xix]**

▶ **To receive a grant, a CHC must meet numerous statutory and regulatory requirements, including, but not limited to:**

Have a governing board where a majority of its members are patients

Serve everyone, even if they cannot pay

Focus on the needs of the groups of people and the areas they serve

Charge for services on a sliding fee scale

Develop systems of care that center on the patient

Provide all required services[xx]

Applicable Examples

▶ CHCs receive funding from HRSA and access to other critical benefits like the 340B Drug Pricing Program and the above-mentioned PPS rate.[xxi]

▶ Because Medicaid reimbursement for FQHCs is specifically designed "to ensure that federal grant dollars are used to cover the costs of the uninsured and medically underserved instead of subsidizing costs for the Medicaid population,"[xxii] pursuing this designation and funding may be an especially attractive option for I/T/U facilities who serve large uninsured populations and are working to maximize Medicaid reimbursement.

Policy Implications

▶ As noted above, Medicaid can cover a broad array of behavioral health services and is a significant source of behavioral health funding.

▶ A recent study by KFF determined that in the 45 states who responded to their survey, the majority covered more than 50 percent of the 55 behavioral health services listed in the survey.[xxiii]

▶ I/T/U facilities should carefully review the behavioral health benefits covered under their state Medicaid plan or by their network managed care organizations (MCOs) to ensure that they are optimizing their reimbursement by offering and billing for allowable benefits and services.

▶ I/T/U facilities should also be proactive about reviewing changes to their state's Medicaid behavioral health covered services. According to KFF, "Since FY 2016, behavioral health benefits have been the most frequent category of service expansions reported on KFF's annual Medicaid budget survey . . . [and] as access to behavioral health care is a key Medicaid priority at both the state and federal levels, these trends are likely to continue into the future. In addition to further expanding coverage of behavioral health services, states may take additional policy actions to increase access and improve outcomes for enrollees with behavioral health conditions."[xxiv] As new services are covered, I/T/U facilities should consider offering those services and review existing services to determine if they are now reimbursable by Medicaid or if billing changes could be made to bill existing services.

▶ I/T/U facilities should also consider working with their states as behavioral health services expansion is considered of particular importance in ensuring state compliance with the *Social Security Act*'s requirement that any state in which one or more Indian Health Programs or UIOs furnishes health care services must solicit advice from Indian Health Programs and UIOs "prior to submission of any plan amendments, waiver requests, and proposals for demonstration projects likely to have a direct effect on Indians, Indian Health Programs, or UIOs."[xxv]

▶ This requirement gives I/T/U providers a unique opportunity to work with state Medicaid offices to develop beneficial changes to the ways in which the state's Medicaid program serves AI/AN people.

▶ Prior NCUIH research has revealed the benefit of the I/T/U system working in conjunction with state Medicaid offices to effect changes to Medicaid programs for the benefit of AI/AN beneficiaries.[xxvi]

STRATEGY 1: Enhancing Behavioral Health Care Access Through Optimizing Medicaid Reimbursement

Policy Implications

▶ I/T/U facility leaders can consider the following steps to successfully work with a state Medicaid office considering submitting proposed changes to CMS for approval:

⏩ Engage early with state officials: Discuss the need for changes and potential benefits for AI/AN beneficiaries with the state Medicaid office. This may be especially important for general changes to the state Medicaid program requiring AI/AN-specific provisions.

⏩ Participate in Tribal Consultation and Urban Confer: Provide input during sessions. Encourage state officials to engage in robust discussions over time to ensure ongoing solicitation of input from the I/T/U system.

⏩ Hold independent collaboration meetings: I/T/U leaders should consider meeting together to collaborate and develop unified positions where possible.

⏩ Provide ongoing detailed input: Provide draft language and details on proposed changes, including delivery, eligibility, and benefits for AI/AN beneficiaries. Provide current and projected enrollment data and budget estimates from I/T/U facilities.

▶ I/T/U leaders seeking to engage with their state Medicaid agencies regarding their Medicaid programs should be aware that CMS has already published specific guidance about enhancing behavioral health treatment through Medicaid. This guidance can be found at the following website: https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/index.html.

⏩ For SUD treatment, CMS has provided State Plan Amendment (SPA) templates: https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/substance-use-disorders/index.html.

Limitations and Barriers

▶ Participating in the Medicaid program includes increasingly onerous data reporting requirements to obtain and maintain eligibility, which creates significant administrative burdens on staff.

▶ It also requires staff to have the expertise to fulfill these requirements.

▶ Small UIOs have reported difficulty obtaining Medicaid eligibility because they do not have available staff to meet reporting requirements.[xxvii]

"We have seven different Medicaid plans, and they all have different requirements and processes. What works for one doesn't work for another. We're constantly doing a lot of administrative stuff, which takes away from the actual work." – Focus Group Participant

▶ The discussion of limitations and barriers suggests the need for state-specific technical assistance tailored toward smaller, low-capacity organizations.

Limitations and Barriers

▸ One particular barrier in the Medicaid program related to behavioral health treatment is the general provision on using Medicaid funds for services provided to nonelderly adults in "institutions for mental disease" (IMDs)[xxviii] shifting the responsibility for financing these services to the states and leading to limited access and high levels of unmet needs. This is frequently referred to as the IMD exclusion.

> **IMDs are defined as "hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders (SUDs)."[xxix]**

▸ This prohibition is particularly onerous because it prevents reimbursement for services provided to a Medicaid beneficiary inside or outside the IMD, as long as that beneficiary is a patient of the IMD.[xxx]

▸ States have several options within Medicaid policy to circumvent the IMD exclusion, including "Section 1115 demonstration waivers, managed care 'in lieu of' authority, disproportionate share hospital payments, and the SUPPORT Act state plan option."[xxxii]

▸▸ As of September 2024, there are 12 states with approved waivers for residential mental health services (AL, DC, ID, IN, MD, MO, NH, NM, OK, UT, VT, WA) and 11 states with waivers pending (AR, CA, CO, KY, MA, MT, NJ, NY, OR, WA, WV).[xxxiii]

▸▸ There are currently 37 states with approved waivers for residential substance use treatment (AK, CA, CO, CT, DC, DE, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, UT, VA, VT, WA, WI, WV) and five states with waivers pending (AL, AZ, AR, MA, WA).[xxxiv]

Figure 1: States with Approved or Pending Waivers of the IMD Exclusion[xviii]

Current as of May 2021
^FL, HI, MO, NY, and SC have approved waivers with SUD features that do not include a waiver of the IMD exclusion.
*MA and NM have approved SUD IMD waivers and pending MH IMD waivers.
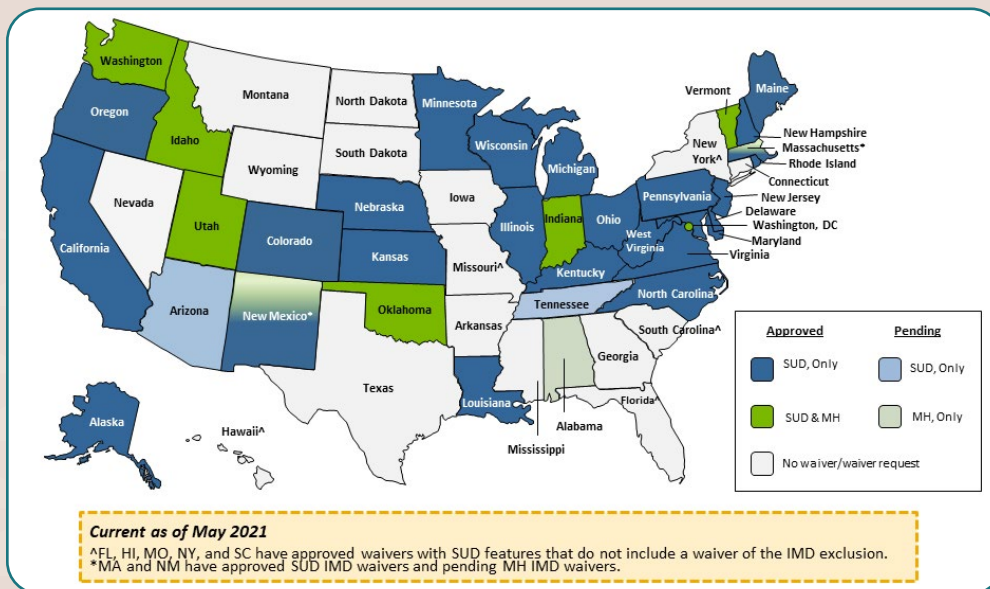
▸ Because the IMD exemption does not apply to outpatient facilities that provide behavioral health, SUD treatment, and mental health services, I/T/U facilities should consider methods of maximizing outpatient behavioral health treatment that is reimbursable under the applicable state plan to avoid the IMD exclusion.

▸ Similarly, I/T/U facilities may be able to meet the needs of smaller communities by developing smaller facilities that fall under the 16-bed limit for IMD exclusion.

▸ As discussed above, I/T/U leaders can also engage their state Medicaid agencies to develop Section 1115 waivers to address the IMD exclusion.

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STRATEGY 2: Traditional Healing as a Financially Sustainable Strategy for Improving Behavioral Health

Background and Overview

▶ Traditional Healing includes the customs, ceremonies, remedies, and activities that American Indian and Alaska Native (AI/AN) Tribes and communities practice.

▶ There is a diverse variety of traditions, but a shared commonality among many Tribes and cultures is the emphasis on maintaining a harmonious balance of health and wellness through the four fundamental aspects of health—physical, spiritual, mental, and emotional health.[i]

▶ Traditional Healing was shared as a financially sustainable strategy for improving behavioral health.[ii]

▶ Traditional Healing practices among AI/AN communities encompass a rich tapestry of ceremonies and remedies deeply rooted in Indigenous cultures for healing and maintaining wellness. Many of these ceremonies are conducted by vetted Traditional Healers with the necessary experience to safely and respectfully hold these ceremonies for their community. However, due to colonization and governmental policies, not all AI/AN people have access to Traditional Healing practices, despite community demand.[iii]

▶ These practices emphasize a holistic approach to health, focusing on the interconnectedness of physical, spiritual, mental, and emotional well-being.

▶ Ethnomedical literature highlights the significance of Traditional Healing methods in addressing health disparities and promoting cultural continuity within Indigenous communities.

▶ For instance, studies by J. Carlos C. underscore the role of Traditional Healers in preserving cultural identity and strengthening community resilience among Native American populations.[iv] Focus group participants also stated the spiritual importance of participating in Traditional Healing with members of their community, strengthening their community connection and overall identity as AI/AN people.

▶ Additionally, the therapeutic efficacy of talking circles, sweat lodge ceremonies, and Traditional Healing in general are integral components of Indigenous healing systems.[v]

> By integrating community, cultural, and experiential perspectives and Indigenous concepts of health, we gain a deeper understanding of the profound wisdom embedded in these age-old healing traditions and their enduring relevance in contemporary health practices.

STRATEGY 2: Traditional Healing as a Financially Sustainable Strategy for Improving Behavioral Health

Background and Overview

▸ Previous research has emphasized the effectiveness of Traditional Healing for patients.

▸ However, Traditional Healing practices can also be part of financial sustainability strategies for Tribal Health Organizations.

As compared to Western medicine, Traditional Healing is not only effective; it is cost-effective.

▸ Urban Indian Organizations (UIOs) previously shared that the costs of implementing Traditional Healing programs that often focus on preventative care (ceremonial spaces, traditional medicines, traditional food programs) are low relative to the cost of Western medicine/interventions, and the impacts for Traditional Healing are high.[vi]

▸ One example of a Traditional Healing practice commonly integrated into behavioral health is talking circles which "build bonds and community resiliency of like individuals, using storytelling to establish trust and respect in the circle and find community support to source answers for members."[vii]

STRATEGY 2: Traditional Healing as a Financially Sustainable Strategy for Improving Behavioral Health

Research: Data and Studies

▶ Many focus group respondents reported using Traditional Healing practices as part of their behavioral health programming.

▶ Financing Traditional Healing practices was a high priority for these respondents.

One respondent described a strategy for optimizing Medicaid reimbursements by registering their Traditional Healers with a National Provider Identifier (NPI) record so that they are eligible for Medicaid reimbursement.[viii]

▶ In previous research by NCUIH on Traditional Healing, some UIOs reported having to bill Traditional Healing programs with the existing behavioral health coding system in order to make those programs eligible for reimbursement.[ix]

▶ For example, the Traditional Healing practice of talking circles was billed as "group therapy" at one UIO. UIOs shared that specific coding systems developed for Traditional Healing programs are desired instead of using existing codes that are culturally inappropriate to relate to specific Western interventions.[x]

Applicable Example

▶ One of the earliest examples captured in the literature of integrating Traditional Healing into behavioral health services is at the Office of Native Medicine at the Chinle Comprehensive Health Care Facility within the Indian Health Service (IHS),[xi] which initiated its program in 2000.[xii]

▶ The facility has four Traditional Healers on staff to provide services alongside Western medicine.

▶ The focus group respondents confirmed previous research emphasizing that Traditional Healing is important for patient recruitment and retention, leading to revenue growth and stability.

STRATEGY 2: Traditional Healing as a Financially Sustainable Strategy for Improving Behavioral Health

Policy Implications

▸ As of September 2024, there are at least four states (Arizona, California, New Mexico, and Oregon) that have submitted Section 1115(a) demonstration waivers that propose reimbursement for Traditional Healing services offered to AI/AN Medicaid beneficiaries. The Centers for Medicare and Medicaid Services (CMS) has not yet approved federal financial support for any of these proposed services, although they remain under consideration. CMS is also in the process of developing a Traditional Healing framework for future Section 1115(a) demonstration waivers.[xiii]

▸ If approved, states would have a model to reference for integrating Traditional Healing services into their own Section 1115(a) demonstration waivers for reimbursement of Traditional Healing services.

■ State has submitted Section 1115(a) demonstration waiver
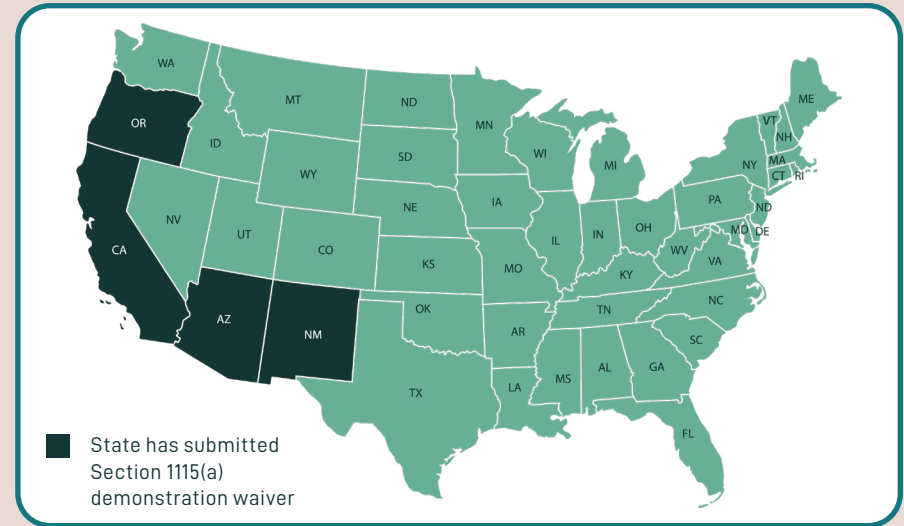
Limitations and Barriers

▸ Several respondents mentioned that their state Medicaid offices have not established a process of credentialing for Traditional Healers.

▸ Without a state credentialing process for Traditional Healers, these providers must obtain additional credentials (such as Licensed Professional Counselor), which requires academic degrees, testing, and supervised work experience.[xiv]

▸ Without licensure, the provided services will not be eligible for Medicaid reimbursement.

▸ There is genuine concern that these ceremonies could be misunderstood, misappropriated, or exploited if integrated into Western medical settings without proper understanding and respect for their cultural significance.

▸ Furthermore, many Indigenous communities have experienced a long history of colonization and marginalization, leading to a deep-seated mistrust of Western institutions, including health care systems.

▸ This history of exploitation and mistreatment, as highlighted by the University of Washington's Indigenous Wellness Research Institute understandably contributes to a reluctance to freely share sacred practices that are integral to AI/AN identity and well-being.[xv]

▸ Thus, collaboration with CMS and states is critical to fully implementing this strategy in a sustaining way.

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Background and Overview

▸ Federal funding is particularly meaningful for American Indian health care providers, as it is required by the United States' trust obligation to provide "federal health services to maintain and improve the health of" American Indians and Alaska Natives (AI/AN) people.[i]

▸ The Indian Health Service (IHS) provides grants aimed at enhancing the health outcomes of AI/AN people by funding projects that address their specific health care needs.[ii] Federal and state grants are pivotal in enhancing behavioral health services for AI/AN populations.

▸ In fulfillment of the United States' trust obligation for Native health, Congress has specifically stated that it is "a major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services."[iii][iv]

▸ Additionally, it is the national policy of the United States "to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy."[v]

▸ These principles form the basis for funding the IHS, Tribal facilities, and Urban Indian Organizations (UIOs) (I/T/U) directly with federal funds, enabling them to provide health care and behavioral health services to AI/AN people throughout the United States, no matter where they live.

▸ Funding is insufficient.

▸ Health care executives, administrators, Tribal leaders, and medical professionals are compelled to innovate and secure funding from diverse sources to offer comprehensive care to AI/AN people.[vi]

▸ This toolkit presents the third strategy, offering a summary of federal, state, and private funding opportunities that can enhance and expand behavioral health programs.

Research: Data and Studies

▸ One of the most important sources of funding for Tribal health organizations and UIOs is the Substance Abuse and Mental Health Services Administration (SAMHSA), a sub-agency of HHS focused on "improving the lives of individuals living with mental and substance use disorders and their families."[vii]

▸ Medicaid is the second-largest source of federal funding for UIOs. Medicaid plays a critical role in providing health care to AI/AN people, with a significant portion of patients at UIOs being Medicaid beneficiaries. This underscores the importance of Medicaid in supporting health care services for these populations.[viii]

▸ "UIOs are funded in large part through grants and contracts from the IHS under Title V of the *Indian Health Care Improvement Act* (IHCIA). Therefore, the allocation of IHS funds directly affects the ability of UIOs to maintain and expand services for AI/AN people in urban areas," which is detailed in the Medicaid section of this toolkit.[ix]

▸ In the past decade, thirteen UIOs have received funding specifically from SAMHSA's Native Connections/ Tribal Behavioral Health program, which funds activities to help "American Indian and Alaska Native communities identify and address the behavioral health needs of Native youth."[x]

▸ By August 2023, SAMHSA awarded 302 Native Connection five-year grants to AI/AN entities across nine cohorts, with the first cohort starting in 2015 and the ninth in 2023. The Native Connections program, part of SAMHSA's initiative, focuses on preventing suicide and substance abuse, addressing trauma, and promoting mental health among AI/AN youth up to age 24.[xi]

▸ Another important source of behavioral health funding is IHS's Demonstration Projects for Indian Health program. The program includes behavioral health but is not limited to it. Its stated objective is "to promote improved health care among AI/AN people through research studies and demonstration projects, addressing such issues as, but not limited to, women's health care, national Indian health outreach and education I, II & III, Tribal dental clinical and preventive support centers, national HIV program, healthy lifestyles in youth, and Native public health resilience."[xii]

STRATEGY 3: Cultivating Funding Opportunities for Behavioral Health Programming

Research: Data and Studies

Programs and Grants Available to Fund Behavioral Services and Programs Serving American Indian and Alaska Native People

Numerous programs and grants are available to support behavioral health services for AI/AN people. These programs are typically designed to address the unique cultural and social needs of these communities and may include mental health services, substance abuse treatment, suicide prevention programs, and more. Examples of such programs, grants, and grant search platforms include:

IHS Division of Behavioral Health (DBH) The DBH offers programs aimed at improving the mental health and well-being of AI/AN people. These may include funding opportunities for community-driven behavioral health care.[xiii]

SAMHSA Tribal Grants SAMHSA offers various grant programs specifically targeting Native American communities. These grants can support prevention, treatment, and recovery services for mental and substance use disorders.[xiv]

ANA Social and Economic Development Strategies (SEDS) SEDS grants are designed to support the economic and social development of Native American communities, including projects that may address behavioral health issues.[xv]

SAMHSA Native Connections Grants These are geared towards helping AI/AN communities identify and address the mental health and substance abuse needs of their young people. [xvi]

Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program This program provides funds to states and tribes to develop and implement youth suicide prevention and early intervention strategies.[xvii]

American Indian and Alaska Native Behavioral Health Center of Excellence This program aims to establish a center to advance the behavioral health equity of AI/AN people.[xviii]

IHS Demonstration Projects for Indian Health This program supports research studies and demonstration projects addressing various health issues, including behavioral health.[xix]

The National Tribal Broadband Grant, Living Languages Grant Program Grants through the Bureau of Indian Affairs that could indirectly support behavioral services by improving community infrastructure and education.[xx]

Native American Vocational and Technical Education Program Provides grants to improve vocational and technical education, which can include behavioral health training.

Research: Data and Studies

Programs and Grants Available to Fund Behavioral Services and Programs Serving American Indian and Alaska Native People

▶ **Office of Indian Economic Development:** Offers access to capital through grant programs.[xxii]

▶ **Instrumentl:** A grant-finding platform listing several grants for nonprofit organizations serving Native Americans, which could include those providing behavioral services.[xxiii]

▶ **Rural Community Toolbox:** Provides funding opportunities for AmeriCorps VISTA service members to develop or expand anti-poverty projects, including those related to behavioral health.[xxiv]

▶ **Grants.gov:** A centralized location to find and apply for federal funding opportunities, listing all available funding programs for various entities, including government, nonprofit organizations, and more.[xxv]

▶ **Office of Justice Programs:** Offers current funding opportunities and information on how to apply for them.[xxvi]

▶ **Department of Commerce:** Provides grants and contract opportunities, including support through the Minority Business Development Agency (MBDA).[xxvii]

▶ **Economic Development Administration:** Lists funding opportunities, including those under the *American Rescue Plan/CARES Act*, Build to Scale, and Public Works and Economic Adjustment Assistance.[xxviii]

▶ **Department of the Interior:** Provides information on its grant programs and current funding opportunities, which are searchable through the Catalog of Federal Domestic Assistance.[xxix]

▶ **Administration for Children and Families:** Has a forecast of funding opportunities and open Notices of Funding Opportunities (NOFOs), including eligibility requirements.[xxx]

▶ **National Institutes of Health:** Offers a variety of grants, contracts, and programs that can even help repay loans for researchers.[xxxi]

▶ **Health Resources and Services Administration (HRSA):** Allows you to find grant funding, particularly for nonprofit organizations.[xxxii]

STRATEGY 3: Cultivating Funding Opportunities for Behavioral Health Programming

Applicable Example

▶ The Alaska Native Tribal Health Consortium (ANTHC) leads the region's largest Tribal health organization.[xxxiii]

▶ ANTHC has successfully used technology and telehealth to meet the needs of Alaska Native people. Notably, ANTHC operates the nation's only fully telehealth behavioral health clinic for specific Tribal and federal types, showcasing their commitment to accessible and effective health care solutions. [xxxiv]

▶ In addition to ANTHC, diverse operational and funding models are employed by different Tribes, with notable efforts by the Navajo Nation and Cherokee Nation. Each Tribal Nation, IHS, and UIO's approaches to funding and operating behavioral health programs can vary widely depending on the resources available to them and the specific needs of their members.

▶ These programs are designed to provide culturally appropriate behavioral health services, including mental health and substance abuse treatment.

Policy Implications

Increased Federal Funding and Fulfillment of Trust Obligations

The background section above highlights the critical role of federal funding in meeting the United States' trust obligation to provide health services to AI/AN people. Policymakers should consider the following:

▶ Appropriators should ensure that Tribal health funding is increased at all relevant agencies, not just the IHS. As discussed above, multiple federal agencies support the provision of health services to AI/AN people, and each must be fully funded to meet the scope of the United States' trust responsibility to Native people.

▶ **Pursuant to Executive Order 14112:** Reforming Federal Funding and Support for Tribal Nations To Better Embrace Our Trust Responsibilities and Promote the Next Era of Tribal Self-Determination, the federal government is currently in the process of "identif[ing] chronic shortfalls in federal funding and support programs for Tribal Nations," and submitting "recommendations to the President describing the additional funding and programming necessary to better live up to the federal government's trust responsibilities and help address the needs of all Tribal Nations."

▶ I/T/U behavioral health providers should work with agency, Tribal, and UIO leaders to identify the behavioral health needs of their communities and ensure that these are calculated and included in the recommendations that will be submitted to the President.[xxxv]

STRATEGY 3: Cultivating Funding Opportunities for Behavioral Health Programming

Enhanced Appropriations

▸ Increasing federal appropriations for IHS, Tribal health care systems, and Urban indian Organizations to address the chronic underfunding issues. This ensures that AI/AN communities receive adequate health and behavioral health services.

Sustained Funding Commitments

▸ Implementing multi-year funding commitments to provide stability and predictability in the provision of health services, allowing for better planning and long-term projects.

Policy Implications

Improved Grant Access and Administration

These strategies align with the federal government's efforts under EO 14112 to "increase the accessibility, equity, flexibility, and utility of federal funding and support programs for Tribal Nations while increasing the transparency and efficiency of federal funding processes to better live up to the federal government's trust responsibilities and support Tribal self-determination."[xxxvi]

Policy implications include:

▸ **Streamlined Application Processes:** Simplifying the grant application process and reducing administrative burdens to make it easier for Tribes and UIOs to apply for and manage grants.

▸ **Explicit Inclusion in Funding Opportunities:** Ensuring that UIOs are explicitly listed as eligible entities in all relevant federal grant opportunities, in addition to Tribal organizations, to prevent unintentional exclusions. This recommendation does not extend to those funding opportunities unique to Tribal self-government and self-determination. As UIOs are not Tribal governments, they will not be eligible for all funding opportunities made available to Tribal organizations.

Policy Implications

Addressing Matching Fund Requirements

Matching fund requirements in federal grants can impose a financial burden.

Policy implications include:

▶ **Eliminating Matching Requirements:** Removing or reducing matching fund requirements for grants to Tribal facilities and UIOs and recognizing their unique financial challenges.[xxxvii]

▶ **Alternative Funding Mechanisms:** Exploring alternative funding mechanisms that do not require matching funds but still ensure accountability and effective use of resources.[xxxviii]

Targeted Behavioral Health Programs

Identify specific behavioral health programs that support AI/AN communities.

Policy implications involve:

▶ **Dedicated Behavioral Health Funding:** Increasing dedicated funding for behavioral health programs that address mental health, substance abuse, and suicide prevention in AI/AN populations.[xxxix]

▶ **Culturally Appropriate Services:** Ensuring that behavioral health services are culturally tailored to meet the unique needs of AI/AN communities, incorporating traditional practices and community-based approaches. [xl]

Broadening Private and State Funding Opportunities

Diversify funding sources.

Policy implications include:

▶ **Incentivizing Private Contributions:** Creating incentives for private foundations and corporations to fund behavioral health initiatives for AI/AN communities.[xli]

▶ **State Collaboration:** Encouraging state governments to develop grant programs and partnerships with Tribal facilities and UIOs to enhance behavioral health services.[xlii]

STRATEGY 3: Cultivating Funding Opportunities for Behavioral Health Programming

Policy Implications

Monitoring and Evaluation
Monitor and evaluate funding programs.

Policy implications include:

▸ **Performance Metrics:** Establishing clear performance metrics and evaluation frameworks to assess the impact of funded programs on the health outcomes of AI/AN communities.[xliii]

▸ **Accountability and Transparency:** Ensuring accountability and transparency in the allocation and use of funds to build trust and demonstrate the effectiveness of investments in AI/AN health services.[xliv]

By addressing these policy implications, stakeholders can work towards creating a more equitable and effective system for funding and delivering behavioral health services to AI/AN populations.

Barriers and Limitations

▸ One concern for Tribes and Tribal organizations is whether federal funding is available through self-governance and self-determination contracts or compacts, which enable them to oversee service management.

▸ The *Indian Self-Determination and Education Assistance Act* (ISDEAA) allows Tribes and Tribal organizations to either administer or assume control over certain programs that would otherwise be administered by federal agencies such as the IHS and the Bureau of Indian Affairs.[xlv]

▸ Directors of Tribal behavioral health programs must work closely with Tribal leaders to pursue self-governance options that best support their nation's exercise of sovereignty and self-determination.

▸ There are other potential barriers to accessing federal and state funding for behavioral health programs. For example, despite Congress specifically designating UIOs as eligible entities for certain grants and funding opportunities, there are instances where agencies within HHS may unintentionally omit UIOs from the NOFO.

▸ Failure to explicitly include UIOs in legislative and/or NOFO language often effectively prohibits UIOs from accessing the related funding, even if the legislation and NOFO did not intentionally exclude UIOs.

▸ Many agencies mistakenly assume that UIOs fall within the "Tribal Organization" designation for funding, which is incorrect.

STRATEGY 3: Cultivating Funding Opportunities for Behavioral Health Programming

Barriers and Limitations

▸ Organizations applying for government grants should ensure they understand eligibility requirements and not rely solely on the funding agency to accurately reflect them.

▸ Another barrier is matching requirements for federal grants. For example, the National Indian Health Board has noted that "too often, federal grant programs require match requirements by the local government or receiving entity. This is not only often a financial burden that puts these necessary dollars out of reach for many Tribal communities, but it is a direct violation of the federal trust responsibility to Tribal nations."[xlvi]

▸ Organizations should ensure their grant funding plans properly account for any required matching funds while continuing to advocate for removing these requirements to fulfill the trust obligation.

In 2023 and into 2024, NCUIH hosted focus groups and asked AI/AN-serving organizations what additional challenges they faced regarding grant funding.

They responded with the following "common" challenges:

▸ Organizations lack the technical expertise to apply for grants.[xlvii]

▸ Limited staff to implement grant programs.

▸ Funding organizations with funding opportunities that don't align with cultural and/or traditional approaches to healing.[xlviii]

▸ Time-dependent grants can be a barrier: The sustainability of programs that support behavioral health and AI/AN communities is impacted by lapses in funding when a grant ends or a grant is of a short duration in which only short-term outcomes can be achieved.[xlix]

▸ There is still work to be done in this area of financing behavioral health through grants. Still, successful use is also needed to support Tribal sovereignty and the trust responsibility to support continued improvement in the mental health of AI/AN people.

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Background and Overview

▶ Implementing effective cost reduction and resource management strategies is crucial for sustainable behavioral health financing. Prevention, crisis care, and integrated services play key roles in cost management, offering opportunities to reduce the need for expensive crisis interventions, prevent escalation of behavioral health issues, and streamline behavioral health care delivery.[i]

▶ Addressing behavioral health issues after they have escalated can lead to poorer health outcomes and increased costs for patients, health care systems, and communities.[ii] Protective factors, such as community events or health education, can play a crucial role in prevention and other proactive approaches to behavioral health.[iii] By bolstering factors like cultural resilience and social support networks, communities can take proactive steps to reduce the likelihood of behavioral health issues rather than relying solely on reactive measures after challenges have arisen.[iv] Investing in preventative approaches can result in long-term cost savings and improved health outcomes.[v]

▶ In this section, we suggest three key intervention approaches to consider implementing: primary prevention, behavioral health integration (BHI), and crisis intervention. As preventative care strategies, these models can reduce costs and serve as essential components of a comprehensive strategy for financing behavioral health treatment in Indian Country.

STRATEGY 4: Investing in Prevention, Crisis Care, and Integrated Services

Maximizing Impact: The Cost Savings and Benefits of Primary Prevention in Behavioral Health Financing

Research: Data and Studies

Primary prevention in behavioral health focuses on preventing the onset of mental health disorders and substance use issues before they occur.[vi] By addressing risk factors and promoting protective factors, such as healthy coping mechanisms and strong social support networks, primary prevention can significantly reduce the need for costly interventions like hospitalizations or long-term treatment.[vii] For example, primary prevention programs that promote mental wellness through education, community support, and early intervention can lead to decreased rates of depression and substance use disorders, resulting in lower health care costs and improved overall well-being in the long term.[viii]

Long-Term Economic and Social Impact of Prevention

▸ **Cost Savings:** Research shows that for every dollar spent on prevention and early intervention for mental health and addiction, there is a return of $2 to $10 in reduced health care costs. [ix]

▸ **Increased Productivity and Workforce Participation:**[x] Mental health issues can often keep individuals out of the workforce, leading to lower rates of insurance coverage. Sufficient health care access can lead to positive long-term health outcomes, increasing workforce participation and productivity.[xi]

▸ **Reduced Incidence and Severity of Mental and Physical Disease**[xii]

▸ **Lower Rates of Mental Health Disorders and Substance Use**[xiii]

▸ **Decreased Burden on Health Care Systems and Emergency Services**[xiv]

▸ **Prioritizing Native Youth:** Focusing on youth in Native cultures is essential because they are at a critical stage of development where preventive interventions can have a significant long-term impact. Research indicates that 75 percent of mental illnesses emerge before the age of 25 years.[xv]

▸ **Addresses Root Causes:** Prevention addresses underlying factors such as social determinants of health and historical and intergenerational trauma that influence mental wellness and substance use.[xvi]

Traditional Healing: Prevention Practices

Developing culturally tailored prevention programs is a particularly important consideration for AI/AN health care providers seeking to reduce costs as a financing strategy for behavioral health. Traditional Healing practices differ among Tribes and should be assessed for appropriateness by the specific Tribe and community members. Studies have highlighted the positive impacts of engaging with cultural beliefs, values, and practices on AI/AN resilience mental health outcomes.[xvii] For example, positive self-image has been shown as a protective factor for AI/AN adolescents against substance misuse.[xviii]

When designing preventative programs, consider exploring approaches to prevention that incorporate cultural traditions, empower youth, and foster community healing.[xix] There are many prevention programs that incorporate Traditional Healing, promote resilience, and foster community and cultural connection[,xx] such as:

▸ Cultural Promotion Programming that Emphasizes Holistic Perspectives and Connection

▸ Youth Empowerment Programs

▸ Healing Circles

▸ Traditional Healing Ceremonies, *e.g., sweat lodges and smudging*

▸ Educational Programs on Traditional Teachings, Language, and Cultural Practices

▸ Community Gardens

▸ Storytelling and Oral Tradition

▸ Art Therapy

▸ Time with Elders

▸ Traditional Games and Sports

▸ Community Engagement Events *e.g., powwows and feasts*

Applicable Example

CASE STUDY: The Qungasvik Intervention is a culturally grounded prevention strategy for suicide and substance risk prevention.[xxi]
Qungasvik 'Toolbox' Prevention Approach

The Qungasvik 'Toolbox' prevention approach, developed by Yup'ik communities, targets alcohol use disorder (AUD) and suicide prevention among 12-18-year-old Yup'ik Alaska Native youth. It emphasizes cultural 'reasons for sobriety' and 'reasons for life,' rooted in Yup'ik Indigenous theory. The program's success in implementing how culture is translated into health interventions led to expansion to four additional communities, using culturally tailored outcomes measures.[xxii] Implementation involved critical steps in community-based participatory research (CBPR), including understanding researchers' roles, working through Tribal councils and local leaders, and recognizing local strengths and resources. The approach emphasizes community ownership, respects local cultural contexts, and demonstrates the effectiveness of culturally tailored prevention approaches in addressing behavioral health issues.

STRATEGY 4: Investing in Prevention, Crisis Care, and Integrated Services

Behavioral Health Integration: A Key Strategy for Reducing Costly Interventions and Improving Access to Care

Research: Data and Studies

In addition to reducing reliance on costly interventions through prevention programs, Indian health care providers can also reduce costs through behavioral health integration (BHI). BHI is a health care approach that combines mental health and substance use services with primary care services for a patient. This integration allows for a more patient-centered approach to health care, simultaneously addressing physical and mental health needs. BHI can help with costs by reducing the need for separate and often duplicative services, streamlining care coordination, and preventing costly complications. Additionally, BHI can improve patient outcomes by providing more comprehensive and coordinated care, leading to better management of chronic conditions, improved medication adherence, and enhanced overall well-being.

BHI is especially important because up to 70 percent of visits to primary care providers are due to patients' psychological issues, including anxiety, panic, depression, and stress.[xxiii] Despite this, "over 80 percent of patients with medically unexplained symptoms receive psychosocial treatment from their primary care physician, with only 10 percent following through on a referral to a mental health provider who is not located in the same facility."[xxiv]

"For whole person health work, it [behavioral health] needs to be integrated into primary care" -NCUIH Focus Group Participant

These statistics underscore that while patients might initially report physical health concerns, research indicates that underlying behavioral health issues often drive these visits.[xxv] It is important to recognize the barriers that prevent individuals from seeking early treatment.[xxvi] Additionally, research suggests that integrating Traditional Health beliefs and practices for this approach is effective for American Indian and Alaska Native populations.[xxvii] Integrated care can help address disparities in behavioral health care by reducing stigma and providing coordinated care.

▶ Connect with Patients and Share Patient Education

▶ Coordinate Care and Refer Patients to Specialists

▶ Screen Patients

▶ Expand Access to Services

Early detection of behavioral health issues through integrated care makes sure patients with behavioral health challenges do not fall through the cracks. It can save costs by identifying and addressing behavioral health issues early, preventing their progression into more severe conditions that require costly interventions. This approach improves access to care, enhances care coordination, and addresses the relationship between physical and mental health.

Patient satisfaction and increased accessibility to behavioral health services can lead to cost savings by reducing the need for more costly interventions. When individuals can easily access and are satisfied with ongoing mental health support, they are less likely to experience acute crises, resulting in decreased emergency room visits, hospitalizations, and overall health care costs.

From Vision to Action: Implementing Behavioral Health Integration Services

Getting started with behavioral health integration requires careful planning and assessment to ensure success. Behavioral health integration is not a one-size-fits-all model. Models of care exist along a spectrum that can be tailored to your organization's needs. For instance, adopting a collaborative care model could tailor your approach to integrating behavioral health services within your primary care setting. Another option could be to implement a co-located services model, where behavioral health and substance use services are in the same location as primary care services, allowing for easier access and coordination of patient care.

No two programs will look the same, depending on your organization's needs. Implementing BHI requires a comprehensive approach that considers the unique needs of your organization and community.

Pre-implementation[xxviii]

▸ Needs Assessment

▸ Stakeholder Engagement

▸ Strategic Planning

▸ Infrastructure Assessment

Implementation

▸ Workflow Design

▸ Staff Training

▸ Technology Considerations

▸ Patient Engagement and Education

Sustainability

▸ Strategic Planning for Resource Allocation

▸ Community Partnerships

▸ Evaluation and Feedback Loop

▸ Continuous Improvement

When implementing integrated care, consider incorporating same-day behavioral health care access. Same-day access can yield significant benefits both in terms of patient outcomes and financial savings. "High no-show rates of patients, which can exceed 50 percent, are not only detrimental to patient outcomes but also have a negative financial impact on health care organizations."[xxix] For instance, behavioral health centers that transitioned to same-day access experienced significant benefits. A study of 169 health organizations across 25 states revealed that these facilities saved an average of 1.2 hours in staff time, cut client wait times by 44 percent, boosted intake volume by 10 percent, and achieved annual savings of $20.1 million annually.[xxx]

STRATEGY 4: Investing in Prevention, Crisis Care, and Integrated Services

Saving Lives, Saving Costs: The Role of Crisis Response in Behavioral Health Financing

Research and Data Studies

A third strategy that Indigenous health care providers may consider to reduce behavioral health costs is crisis intervention. Crisis intervention for behavioral health is a short-term immediate response to individuals experiencing acute mental health crises.[xxxi] It involves providing timely and targeted support to stabilize the individual and prevent further escalation of the crisis.[xxxii] This intervention is critical in ensuring the safety and well-being of individuals in crisis; it can also lead to cost savings by reducing the need for more intensive and costly interventions later on.

Crisis intervention services can lead to cost savings by: [xxxiii]

▶ Reducing inpatient utilization
▶ Diverting individuals from emergency departments
▶ Diverting individuals from jail
▶ Encouraging more appropriate use of community-based behavioral health services

Cost Savings Examples:

For every dollar invested in mental health crisis stabilization, there was a return of $2.16, based on reduced utilization of emergency department, outpatient, and inpatient psychiatric services.[xxxiv]

The Crisis Now business case in Maricopa County, Arizona, which includes comprehensive crisis services, suggested a potential reduction in inpatient spending of $260 million following a $100 million investment in the crisis continuum.[xxxv]

Key components of crisis behavioral health services include: [xxxvi]

▶ Crisis Call Centers
▶ Mobile Crisis Teams
▶ Crisis Receiving and Stabilization Facilities

Implementing Crisis Response: Key Considerations

Crisis intervention in Indian Country has historically faced many challenges, including limited resources, cultural barriers, lack of trust, jurisdictional issues, and lack of trauma-informed approaches to care.[xxxvii] These challenges highlight the need for culturally tailored crisis response in AI/AN communities.

STRATEGY 4: Investing in Prevention, Crisis Care, and Integrated Services

Applicable Example

Native and Strong Lifeline (NSLL)– A Culturally Sensitive Crisis Intervention Program for Native Communities in Washington State[xxxviii]

▸ NSLL is the nation's first 988 crisis line designed by and for Indigenous people in Washington state, operated by Volunteers of America Western Washington (VOAWW).

▸ It was created through community-based efforts, informed by surveys and input from local Indigenous communities and service providers.

▸ NSLL aims to address the high rates of suicide among Indigenous populations and provide culturally informed crisis services and resources.

Implementation Challenges and Solutions

Challenge: limited resources and funding.

Solution: engaging with local communities and leveraging state funding to support NSLL.

STRATEGY 4: Investing in Prevention, Crisis Care, and Integrated Services

Barriers and Limitations

Financing Prevention Programs

When developing a strategy for funding prevention programs, it is important to consider several key factors for success. Implementing a diverse funding strategy that leverages various sources can increase the financial sustainability of your primary prevention program and enhance its impact on the community. Securing funding for prevention often involves leveraging a combination of federal, state, and private grants. Establishing partnerships can also help secure ongoing support for program sustainability. Consider the following strategies to finance your preventative programming.

Step 1. **Assess Needs and Prioritize Goals**: Spend time defining your program's goals and objectives and aligning these goals with prospective funders' priorities. Conduct a thorough needs assessment within your community to identify prevention priorities.

Step 2. **Research and Identify Funding Sources:** Potential funding sources for primary prevention programs may include:

▸ Grant Funding

▸ Private Partnerships

▸ Community Fundraising Campaigns

▸ Fee-for-Service Models

Step 3. **Develop a Sustainability Plan:** Keep your vision looking forward by creating a sustainability plan that outlines how your program will continue to operate and grow beyond the initial funding period. Key strategies for sustainability based on best practices and successful models in Tribal communities are highlighted below.[xxxix]

▸ Build and Support Community-Level Networks

▸ Build Trust by Listening to Everyone

▸ Commitment to the Community

▸ Develop Policy at the Tribal, State, Federal, and Local Levels

▸ Cross Train Behavioral Health Clinicians and Other Staff

Step 4. **Evaluate and Report Program Outcomes and Impact:** Build regular evaluations that measure the impact of your program in your strategic plan. This information will be invaluable to behavioral health funding requests that require knowledge of previous success outcomes in supporting services/programs.

Barriers and limitations to prevention and early intervention in behavioral health are multifaced and may include:

▸ Grant funding for preventive efforts is competitive and often only gives preference to short-term interventions that can demonstrate outcomes within a three-year time frame, whereas prevention interventions typically require long-term follow-up periods.[xl]

▸ Implementing integrated care can be complex and is often met with cultural, informational, and financial barriers.[xli]

▸ There is often a lack of accessibility and equitable access to crisis intervention services for AI/AN populations.[xlii]

▸ Stigma and privacy often prohibit people from help-seeking behaviors for mental health concerns.[xliii]

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Background and Overview

▶ To build and sustain a strong behavioral and mental health workforce for Native American health care, it's essential to understand American Indian and Alaska Native (AI/AN) culture, offer comprehensive support, and align with local values.

▶ Implementing cost-effective strategies and efficient financing is crucial.

▶ Telehealth expands mental health care access in remote AI/AN communities, reducing travel barriers and associated costs. Behavioral health aides (BHAs), often from the communities they serve, provide culturally relevant care, reducing strain on licensed professionals and lowering personnel costs.

▶ Peer support workers with lived mental health experience improve engagement and outcomes at a lower cost than clinicians, fostering community resilience.[i] Integrating Traditional Healing practices with modern medical approaches ensures culturally informed care and efficient resource use.

▶ Training providers in cultural competency enhances service delivery and reduces costs from miscommunication and ineffective care.[ii]

▶ A robust support system with ongoing education, supervision, and mentorship is vital.

▶ A supportive work environment addressing unique job stresses improves retention and satisfaction, reducing costly turnover.

▶ A holistic approach incorporating telehealth, BHAs, peer support, cultural alignment, cost-cutting measures, and effective financing creates a sustainable and effective mental health support system for Native American communities. [iii]

STRATEGY 5: Strategies to Build, Expand, and Sustain Behavioral Health Workforce

Research: Data and Studies

▸ Recent studies offer valuable insights into improving staffing and delivering behavioral and mental health services for organizations serving AI/AN people.

▸ By addressing unique challenges such as limited resources, geographical barriers, and cultural sensitivities, these research findings help optimize resource allocation, reduce costs, and improve the quality of care.

▸ Implementing certain strategies enables AI/AN organizations to stretch their financial resources further, ensure more efficient service delivery, and provide culturally competent care that meets the specific needs of their communities.[iv][v]

Utilizing Psychiatric Mental Health Nurse Practitioners

▸ Psychiatric Mental Health Nurse Practitioners (PMHNPs) can expand access to behavioral health care in AI/AN communities.

▸ PMHNPs offer a wide range of services, including screening, assessment, diagnosis, treatment, and medication prescription, presenting a cost-effective alternative to psychiatrists.

▸ This approach enables organizations to maximize resources and improve care accessibility, reducing the financial burden of hiring more expensive psychiatrists.[vi]

Implementing Peer Support Models

▸ Implementing peer support models can enhance service delivery by redistributing responsibilities from highly trained professionals to peers with lived experience of mental illness.

▸ This approach reduces costs and fosters a supportive environment that emphasizes peer work in public mental health service delivery.

▸ By leveraging the cultural competence and relatability of peer supporters, AI/AN organizations can improve client engagement and outcomes, making better use of limited funding.[vii]

Adopting Open-Access Methods

▸ Open access methods, offering same-day appointments for initial intake and diagnostic evaluation, can address high no-show rates and enhance patient outcomes.

▸ Adopting open access methods is crucial for timely access to behavioral health services, as delays between a crisis and service provision reduce the likelihood of patients keeping their appointments.

▸ This also improves staff productivity and financial stability by increasing patient volume and clinician efficiency.[viii]

STRATEGY 5: Strategies to Build, Expand, and Sustain Behavioral Health Workforce

Research: Data and Studies

Utilizing Community Health Representatives

▸ Utilizing community health workers (CHWs), typically referred to as community health representatives (CHR) across Indian Country, for patient outreach and care coordination is cost-effective.

▸ CHRs bridge the gap between clinical services and community resources, allowing nurses and social workers to focus on more complex tasks.

▸ This model provides culturally sensitive outreach and support from lay professionals within the community, enhancing overall care quality and integration with community services, thus optimizing the allocation of financial resources.[ix][x]

Cultural Competence and Local Community Practices

▸ Additional recommendations from focus groups and literature reviews conducted by NCUIH discovered the need for cultural competence in behavioral health services.

▸ Recruiting and training staff to understand and respect the unique cultural attributes of AI/AN communities is essential for effective care.

▸ Indigenous behavioral/mental health professionals, familiar with local history and culture, are crucial for addressing access to care and incorporating traditional health concepts, which can lead to better health outcomes and cost-effective care delivery.[xi]

Training and Education

▸ Ongoing training programs are essential to prepare the workforce for behavioral health challenges in AI/AN communities.

▸ Including Tribal members in behavioral health care is key to meeting specific needs, as shown within the Alaska Native Tribal Health Consortium.

▸ Research supporting innovative approaches, such as culturally relevant treatment for substance use disorders and the effectiveness of school-based health centers (SBHCs) in Tribal settings, justifies incorporating local Tribal adaptations.

▸ These measures ensure that financial investments are directed toward effective, culturally appropriate interventions.[xii]

Addressing Workforce Challenges in Rural Areas

▸ The critical need for health care professionals in rural areas like Alaska highlights significant workforce challenges.

▸ Initiatives like registered health care apprenticeships are needed to strengthen the workforce in underserved areas to address high vacancy rates and ensure more efficient use of resources.[xiii]

STRATEGY 5: Strategies to Build, Expand, and Sustain Behavioral Health Workforce

Research: Data and Studies

Research Dissemination and Tribal-State Partnerships

▸ AI/AN Tribal data is essential for understanding and addressing unique health challenges.

▸ Collaborations with universities, federal agencies, and non-governmental organizations (NGOs) enhance data analysis and effective health programs, supporting better resource allocation and policy advocacy.

▸ Working with Tribal authorities ensures data is gathered ethically and respects Tribal sovereignty, providing insights into cultural practices and health priorities.

▸ These partnerships enhance resource allocation, policy advocacy, and continuous monitoring of health services.[xiv][xv]

Integrating Telehealth Services and Workforce Expansion Strategies

▸ Integrating telehealth services and workforce expansion strategies can significantly improve behavioral health services for AI/AN communities.

▸ Telehealth increases access to behavioral health services, allows professionals to work from various locations, reduces the need for physical office space, and maintains continuity of care.

▸ Training and deploying behavioral health aides, implementing peer support programs, investing in education and training, and encouraging licensure portability can address regional shortages and make better use of available funds.[xvi][xvii]

Combining Traditional and Telehealth Models

▸ Combining traditional in-person services with telehealth for a hybrid model of care can cater to diverse client needs and preferences, offering a flexible and efficient service delivery model.

▸ Telehealth platforms for supervision can help mentor new professionals and aides, ensuring quality control without geographical constraints.

▸ Leveraging data from telehealth services can identify workforce needs, client demographics, and service gaps, leading to more informed decisions about workforce expansion.

▸ Advocating for supportive policies and regulations that foster the growth of telehealth and workforce initiatives is critical, including reimbursement policies, privacy laws, and telehealth-friendly regulations.[xviii][xix]

> By incorporating these strategies, AI/AN organizations can enhance their staffing models, reduce costs, and improve the quality of behavioral health and mental health services. These approaches lead to better health outcomes, increased accessibility, and sustainable service delivery for AI/AN communities.

Applicable Examples

▶ Through a qualitative review of focus group conversations held by NCUIH,[xx] participating organizations shared innovative approaches, including ongoing training with cultural adaptations, community-based initiatives and collaborations to support workforce development, CHW certifications, and billing for specialty services offered in rural settings.

▶ The Alaska Native Tribal Health Consortium (ANTHC) team led a collaborative storyboarding effort that included a content review by physicians.

▶ They developed what could be considered one of their most innovative educational methods to date: an augmented reality learning experience that integrates culturally relevant visuals and references with clear explanations of neurophysiology.

▶ When patients use mixed reality glasses, they are virtually placed around a campfire, complete with the sounds of crackling wood. The information is delivered in a storytelling format.

▶ Users can choose various chapters covering topics such as the epidemiology of opioid use in Alaska, different brain functions, and the impact of opioids on the brain.

▶ Throughout each chapter of this new curriculum, 3D images offer immersive sensory experiences. For instance, a towering bear image illustrates how the brain responds to stress.

▶ In the summer of 2021, ANTHC staff collaborated with local language experts to translate materials into the Yup'ik language, further increasing accessibility for patients. This technology has proven to be highly effective for ANTHC staff.

▶ It addressed the gaps identified in the initial assessment phase of the project and has also turned out to be a surprisingly cost-effective and practical solution.[xxi]

▶ Another great example is how the Healthy Alaskans 2020 plan development showcases effective Tribal-state collaborations to improve behavioral health indicators and public health goals.

▶ The Healthy Alaskans 2020 plan exemplifies effective Tribal-state collaborations by uniting the ANTHC and the State of Alaska in a joint effort to improve public health.

▶ This partnership involved identifying key behavioral health indicators, setting measurable public health goals, and implementing culturally relevant strategies.

STRATEGY 5: Strategies to Build, Expand, and Sustain Behavioral Health Workforce

▶ Through shared decision-making, resource pooling, and community engagement, the plan achieved targeted health improvements and strengthened community health systems, showcasing a successful model for collaborative public health initiatives.[xxii]

▶ These initiatives not only enhance the quality and accessibility of behavioral health services but also significantly cut costs and generate funding for further development.

▶ By leveraging advanced technologies like augmented reality and fostering strategic collaborations, organizations like ANTHC can reduce expenses associated with traditional educational materials and outreach programs.

▶ The cost savings from these innovations are redirected towards expanding and improving behavioral health services, ensuring sustainable funding. Additionally, the success and visibility of such projects can attract grants, partnerships, and other funding opportunities, thereby creating a positive feedback loop that continuously supports and enhances behavioral health initiatives.

Policy Implications

Cultural Competency Training and Integration

▶ **Implication:** Mandate cultural competency training for all behavioral health professionals in AI/AN communities.

▶ **Rationale:** Culturally informed care enhances trust and effectiveness, improving patient outcomes.[xxiii]

Telehealth Expansion and Support

▶ **Implication:** Expand telehealth infrastructure and support in remote AI/AN areas.

▶ **Rationale:** Telehealth reduces geographical barriers, allowing continuous care and immediate access to mental health services.[xxiv]

Support for Behavioral Health Aides

▶ **Implication:** Fund and certify BHAs/CHRs, providing ongoing training and supervision.

▶ **Rationale:** BHAs/CHRs provide culturally relevant care and enhance workforce capacity.[xxv]

Peer Support Worker Integration

▶ **Implication:** Integrate peer support workers through dedicated funding and training programs.

▶ **Rationale:** Peer support workers improve patient engagement and outcomes through relatable support.[xxvi]

STRATEGY 5: Strategies to Build, Expand, and Sustain Behavioral Health Workforce

Policy Implications

Utilization of Psychiatric Mental Health Nurse Practitioners (PMHNPs)

▶ **Implication:** Support the role of PMHNPs in providing comprehensive mental health care.

▶ **Rationale:** PMHNPs are a cost-effective alternative to psychiatrists, expanding access to essential services.[xxvii]

Open Access Methods

▶ **Implication:** Promote open access scheduling for behavioral health services.

▶ **Rationale:** Timely access to services improves patient outcomes and enhances healthcare delivery efficiency.[xxviii]

Community Health Representative Role Expansion

▶ **Implication:** Fund and train CHRs to bridge the gap between clinical services and community resources.

▶ **Rationale:** CHRs enhance care integration and quality through culturally sensitive outreach.[xxix]

Combining Traditional and Telehealth Models

▶ **Implication:** Support a hybrid model of care combining traditional in-person services with telehealth.

▶ **Rationale:** This approach accommodates diverse client needs, offering flexible and efficient service delivery.[xxx]

Sustainable Workforce Development

▶ **Implication:** Initiate health care apprenticeships and workforce development programs for rural areas.

▶ **Rationale:** Addressing workforce shortages ensures the availability of health care professionals in critical areas.[xxxi]

Funding for Innovative Educational Approaches

▶ **Implication:** Allocate funding for innovative educational tools like augmented reality tailored to an AI/AN cultural context.

▶ **Rationale:** Advanced educational technologies enhance patient understanding and engagement, making health education more effective.[xxxii]

STRATEGY 5: Strategies to Build, Expand, and Sustain Behavioral Health Workforce

Policy Implications

Tribal-State Partnerships and Data Sharing

▶ **Implication:** Encourage collaborations between tribal authorities, state governments, and academic institutions for data sharing and resource allocation.

▶ **Rationale:** These partnerships improve policy advocacy and service monitoring, respecting Tribal sovereignty.[xxxiii]

Regulatory Support for Telehealth and Workforce Initiatives

▶ **Implication:** Develop supportive policies and regulations for telehealth growth and workforce expansion.

▶ **Rationale:** Supportive regulatory frameworks are essential for sustaining telehealth services and addressing regional workforce shortages effectively.[xxxiv]

Limitations and Barriers

Workforce Shortages

▶ **Barrier:** There is a critical shortage of health care professionals willing to work in underserved AI/AN areas.[xli]

▶ **Limitation:** High vacancy rates and turnover reduce continuity of care and increase recruitment and training costs.[xlii]

Integration of Traditional Practices

▶ **Barrier:** Integrating traditional healing practices with modern medical approaches requires extensive collaboration and mutual respect.[xliii]

▶ **Limitation:** Differences in medical paradigms and skepticism from both sides can hinder effective integration.[xliv]

Telehealth Implementation

▶ **Barrier:** Setting up and maintaining telehealth infrastructure in remote areas can be technologically and financially demanding.[xlv]

▶ **Limitation:** Limited internet access and digital literacy among some community members can impede the effectiveness of telehealth services.[xlvi]

Regulatory and Policy Support

▶ **Barrier:** Navigating regulatory frameworks and securing policy support for telehealth and workforce initiatives can be complex.[xlvii]

▶ **Limitation:** Inconsistent policies and a lack of supportive regulations can stymie the growth of telehealth services and workforce development.[xlviii]

Addressing these barriers requires a multifaceted approach that combines community engagement, adequate funding, cultural competence training, technological investment, and supportive policies.

Training and Education

▶ **Barrier:** Providing ongoing, culturally relevant training and education to a diverse workforce requires significant investment and coordination.[xlix]

▶ **Limitation:** Insufficient training programs tailored to the unique needs of AI/AN communities can lead to gaps in service quality and effectiveness.[l]

Community Engagement

▶ **Barrier:** Engaging AI/AN communities in the design and implementation of health care programs can be difficult due to historical mistrust and differing priorities.[li]

▶ **Limitation:** Lack of community involvement can result in programs that are not culturally appropriate or well-received.[lii]

Data Sharing and Research Collaboration

▶ **Barrier:** Ensuring ethical data collection and sharing that respects Tribal sovereignty requires careful negotiation and trust-building.[liii]

▶ **Limitation:** Limited data availability and collaboration can hinder the development of evidence-based policies and practices.[liv]

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SECTION 5:

TYING IT ALL TOGETHER: A ROADMAP TO SUSTAINABILITY

Tying It All Together: A Roadmap to Sustainability

▶ This toolkit aims to serve as a tangible resource for outlining and implementing effective financing strategies for behavioral health within your organization or community.

▶ The strategies outlined in the toolkit, like behavioral health itself, are complex and require coordinated efforts across sectors.

▶ This toolkit helps pave the way for planning sustainable behavioral health programs.

▶ Innovation and integration are key; embedding behavioral health services into routine care can create additional touchpoints for patient care.

▶ Planning with partners and understanding financial considerations in advance are crucial steps. Staying ahead of workforce needs and ensuring Medicaid-reimbursable services are accessible by enrolling eligible patients is essential.

▶ Additionally, early strategic planning for sustainability and braided funding have emerged as best practices for the financial sustainability of behavioral health programming.

Developing a Funding Strategy for Your Organization

▶ A comprehensive funding strategy involves understanding community options and needs. Just as a journey requires a map, a funding strategy needs a solid plan.

▶ No single funding source will suffice for all your community's behavioral health needs; consider diversifying funding streams.

▶ A well-thought-out strategy can help ensure behavioral health programs' long-term viability and effectiveness.

Key factors for developing a behavioral health financing strategic plan include:

Assessment of Needs and Resources:	Identify community needs and available resources, possibly through community asset mapping, community needs assessment, or Gathering of Native Americans (GONA) processes.
Strategic Planning:	Align funding strategies with organizational goals and community needs.
Diversification of Funding Sources:	Spend time researching funding sources that meet the community's needs in scope. Rely on multiple funding sources to mitigate risk.
Sustainability Planning:	Plan for program continuation beyond initial funding, including leveraging other non-behavioral health programs.

Tying It All Together: A Roadmap to Sustainability

The Importance of Community Partnerships for Addressing Social Determinants of Health

▸ Physical and behavioral health, as well as risk factors, often overlap and are connected to social determinants of health (SDOH), such as economic instability, homelessness, or intergenerational trauma.[i]

▸ Efforts to improve the behavioral health of your community members must prioritize prevention and implement policy, systems, and environmental changes across sectors.

▸ For example, collaborating with local schools and other community organizations can extend the reach of mental health education and support services.

▸ Additionally, partnerships can help fund community health initiatives, such as after-school programs that provide mental health support or creating community gardens that promote physical activity and access to fresh, healthy foods.

▸ These partnerships address immediate needs and contribute to the community's long-term health and well-being by creating connections and a supportive behavioral health and prevention environment.

Using a Braided Funding Framework

▸ Braided funding models use multiple funding sources in a coordinated fashion to support a single program while maintaining the identity of each source.[ii]

▸ This method allows for efficient resource use, enabling organizations to track each funding stream independently.

▸ For example, an organization might braid federal grants with state funding and private donations to comprehensively support a behavioral health program.

▸ This approach promotes sustainability.

Advantages of Braided Funding Models:[iii]

Optimize resource allocation by layering funding sources.

Promote sustainability by diversifying revenue streams.

Improve outcomes by creating integrated systems of care.

Address service gaps by monitoring spending data and adjusting allocations.

Tying It All Together: A Roadmap to Sustainability

Challenges of Braided Funding Models:[iv]

Administrative burdens of multiple data collection and reporting requirements

Reduced interchangeability of funds due to administrative requirements to meet service needs

Need for provider training to avoid duplicate billing

Uncertainty due to unpredictable grant awards or time-limited funding

Evaluation challenges measuring return on investment across multiple sources

The Patient's Journey

▶ Remember to incorporate the patient's journey into your distinct strategy for developing and financing behavioral health programs, as it is crucial for both cost-saving and improved health outcomes.

▶ By understanding and addressing the various touchpoints along this journey, from education and awareness to wellness and recovery, programs can be tailored to meet the specific needs of patients at each stage.

▶ This approach can lead to more effective prevention strategies, reduced crisis intervention needs, and better long-term health management, saving costs and improving the overall well-being of individuals and communities.

▶ Additionally, when working with AI/AN communities, it may be important to consider traditional ways of healing.

▶ Traditional Healing practices have been proven effective in promoting mental health and well-being.[v]

Final Thoughts

▶ When considering strategies for behavioral health financing for your organization or community, it is essential to view the five strategies presented in this toolkit not as isolated efforts but as interconnected components of your strategic plan.

▶ *Enhancing Behavioral Health Care Access Through Optimizing Medicaid Reimbursement* focuses on efficiently utilizing Medicaid benefits to improve overall access to behavioral roalth services.

▶ *Traditional Healing as a Financially Sustainable Strategy for Improving Behavioral Health* recognizes and integrates culturally relevant approaches, enhancing patient engagement and treatment effectiveness.

▶ *Cultivating Funding Opportunities for Behavioral Health Programming* expands the resources available for patient care and community support services, enabling a more holistic approach to treatment.

▶ *Investing in Prevention, Crisis Care, and Integrated Services* focuses on early intervention and continuity of care, reducing the overall burden on the healthcare system and improving long-term outcomes.

▶ *Strategies to Build, Expand, and Sustain Behavioral Health Workforce* increases access to care and provides patients with more options for treatment, including remote and specialized services.

Tying It All Together: A Roadmap to Sustainability

Final Thoughts

This toolkit is simply a starting point for developing sustainable, impactful programs that address the complex behavioral health needs in AI/AN communities. Remember to lend time to each step of the planning process for behavioral health programming. Here are additional key actions for consideration:

▶ Take a seat at the table by actively participating in policy discussions and decision-making processes at local, state, and federal levels. Advocate for policy changes prioritizing behavioral health funding, such as Medicaid expansion, increased funding for mental health services, including Traditional Healing services, and parity laws ensuring equal coverage for mental and physical health treatments. Engage with government officials, attend public hearings, and join advisory boards to ensure that your voice and the needs of your community are represented and addressed in policy decisions.

▶ Ensure that funding strategies prioritize patient needs and preferences. This could include increasing access to culturally competent care, ensuring a skilled and trained workforce, providing resources for patient education and patient autonomy, and incorporating patient feedback into programming and funding decisions.

▶ Develop funding strategies that address the underlying systemic issues contributing to behavioral health disparities. This could involve funding initiatives that address social determinants of health, such as housing insecurity or access to healthy food, and investing in integrated care models that treat the whole person.

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Resources

Strategy One: Enhancing Behavioral Health Care Access Through Optimizing Medicaid Reimbursement

- **Understanding Billing Restrictions for Behavioral Health**
- **Centers for Medicare & Medicaid Services Tribal Behavioral Health Coverage**
- **Application Process for Becoming an FQHC or FQHC Look-Alike**
- **CMS Guidance Regarding Mental Health and Substance Use Disorder Services**
- **CMS Resources for Expanding Substance Use Disorder Services in Medicaid, Including State Plan Amendment (SPA) Templates**
- **CMS Repository of Federal Policy Guidance**
- **CMS Division of Tribal Affairs Homepage with Links to AI/AN-Specific Information for Medicaid, CHIP, and Medicare**

Strategy Two: Traditional Healing as a Financially Sustainable Strategy for Improving Behavioral Health

- **Recent Trends in Third-Party Billing at Urban Indian Organizations: Thematic Analysis of Traditional Healing Programs at Urban Indian Organizations and Meta-Analysis of Health Outcomes**
- **U.S. National Institutes of Health: 2019 Traditional Medicine Summit Report**

Strategy Three: Cultivating Funding Opportunities for Behavioral Health Programming

- **Grants.gov Grants Learning Center**
- **Grants.gov Community Blog**
- **Foundation Center Guide**
- **GrantSpace**
  - Candid
  - Foundation Directory
- **Nonprofit Grant Writing Guide**
- **GrantsPlus**
- **The Grantsmanship Center**
  - Funding Sources
  - Tribal Resources
- **National Institutes of Health (NIH)**
  - NIH Grant Writing Tips Sheets

- **U.S. Department of Education**
  - Grants Overview
  - Grant Applications and Other Forms
- **TechSoup**
  - Blog
  - Grant Writing Skills
- **Indian Health Service**
  - Funding Opportunities
  - Grants Information
- **National Indian Health Board Project Management Toolkit**
- **Centers for Disease Control and Prevention (CDC) - Office of Tribal Affairs and Strategic Alliances**

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - Grants | SAMHSA
  - Tribal Affairs and Policy | SAMHSA
- **National Congress of American Indians (NCAI)/Resources**
- **Rural Health Information Hub (RHIhub) Funding Resources**
  - Grant Writing Resources
- **Department of Interior Indian Affairs**

Resources

Strategy Four: Investing in Prevention, Crisis Care, and Integrated Services

- **Financial Modeling Workbook - AIMS Center**
- **SAMHSA**
  - A Guide to SAMHSA's Strategic Prevention Framework
  - SAMHSA Recovery Resources for American Indians and Alaska Natives | SAMHSA
  - SAMHSA Overdose Prevention and Response Toolkit
  - Cultural Factors that Protect Against Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations
  - Messages of Hope Promoting Wellness to Prevent Suicide in Alaska 2023-2027 Statewide Suicide Prevention Plan

- **Models of Tribal Promising Practices: Tribal Opioid Overdose Prevention Care Coordination and Data Systems**
  - National Council of Mental Wellbeing
  - Financing the Future of Integrated Care

- **American Medical Association**
  - Behavioral Health Integration Workflow Guide: How-To Guide

- **SAMHSA**
  - Organizational Assessment Toolkit for Primary and Behavioral Health Clinic Integration
  - SAMHSA National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit

- **Behavioral Health Integration Initiative (BH21)**
  - BH2I Behavioral Health Integrated Initiative: Integrated Care 101
  - BH2I Behavioral Health Integration Initiative: Integrated Pediatric Care 101 BH21
  - BH2I Behavioral Health Integration Initiative: Engaging Primary Care Providers in Integrated Care

- **American Psychiatric Association**
  - American Psychiatric Association: The Practice and Billing Toolkit

- **988 Suicide & Crisis Lifeline**
  - Native American, Indian, Indigenous, & Alaska Natives
  - StrongHearts Native Helpline

Strategy Five: Strategies to Build, Expand, and Sustain Behavioral Health Workforce

- **Training and Certification Programs**
  - Telehealth Certification Institute
  - Project ECHO

- **Partnerships and Collaborations**
  - National Indian Health Board
  - Tribal Epidemiology Centers

- **Policy and Advocacy Resources**
  - American Telemedicine Association
  - National Council of Urban Indian Health

- **Telehealth Platforms**
  - Doxy.me
  - Zoom for Healthcare
  - American Well

- **Workforce Management Software**
  - HealthStream
  - Kronos Workforce Central

- **Data Analytics and Reporting Tools**
  - Tableau
  - SAS

- **Educational and Training Platforms**
  - Coursera
  - Udemy

- **Remote Monitoring Tools**
  - TytoCare
  - Health Recovery Solutions

- **Financing Peer Recovery Support**
  - Opportunities to Enhance the Substance Use Disorder Workforce

- **Braided Funding**
  - Examining the Use of Braided Funding for Substance Use Disorder Services