

Navajo Nation Behavioral Health Transformation: Progress Made, Current Challenges, and Future Opportunities



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Leveraging SAPT Block Grant Funds among both Tribal and
Urban Native American Providers – August 22, 2008

Objectives of Navajo Nation Behavioral Health New Mexico Initiative

- Expand & enhance existing BH services to respond to unmet needs:
 - Mental Health and Co-Occurring Disorders;
 - Small and remote communities;
 - Hard-to-reach individuals;
 - Cultural and Traditional services.
- Create a comprehensive behavioral health system.
- Access and link multiple funding sources to support the service system.

Navajo Nation Department of Behavioral Health Services

- Federally-funded, tribally-operated services provided under P.L. 93-638.
- Administratively located within the Navajo Nation Division of Health
 - Anslem Roanhorse, Executive Director
 - Herman Largo, Department Director
- Provides substance abuse services to admitted clients and community members at locations throughout the Navajo Nation.
 - Community Prevention and Education
 - Outpatient Treatment Services
 - Residential Treatment Services

NNDBHS Service Area

- Serves the entire Navajo Nation
 - More than 27,000 square miles;
 - Three states: Arizona, New Mexico, Utah;
- 13 outpatient or outreach sites;
- 2 adolescent residential treatment centers;
- Adult residential treatment center under development;
- Services focus primarily on substance abuse, with an expanding focus on co-occurring mental health needs.

The Navajo Nation in New Mexico

- Approximately one-third of the Nation lies in New Mexico, an area approximately the size of the state of New Hampshire;
- 68,000 Navajo tribal members live on the New Mexico part of the reservation;
- Approximately 100,000 Navajos in northwest New Mexico;
- DBHS service sites in Shiprock, Crownpoint, Ojo Encino, Tohatchi, and Gallup;

Existing NDBHS Services in New Mexico

- Prevention and education:
 - Shiprock, Crownpoint
- Outpatient substance abuse counseling:
 - Shiprock, Crownpoint, Ojo Encino
- Outreach and referral:
 - Tohatchi, Gallup, Ojo Encino
- Adolescent residential treatment:
 - Shiprock

Background: New Mexico Behavioral Health

- September 2003: Governor announces Interagency BH Purchasing Collaborative
 - Better services
 - Better access
 - Better use of taxpayer dollars
- Partnership with Legislature: HB 271
- Goal: single behavioral health delivery system across multiple state agencies, funding sources



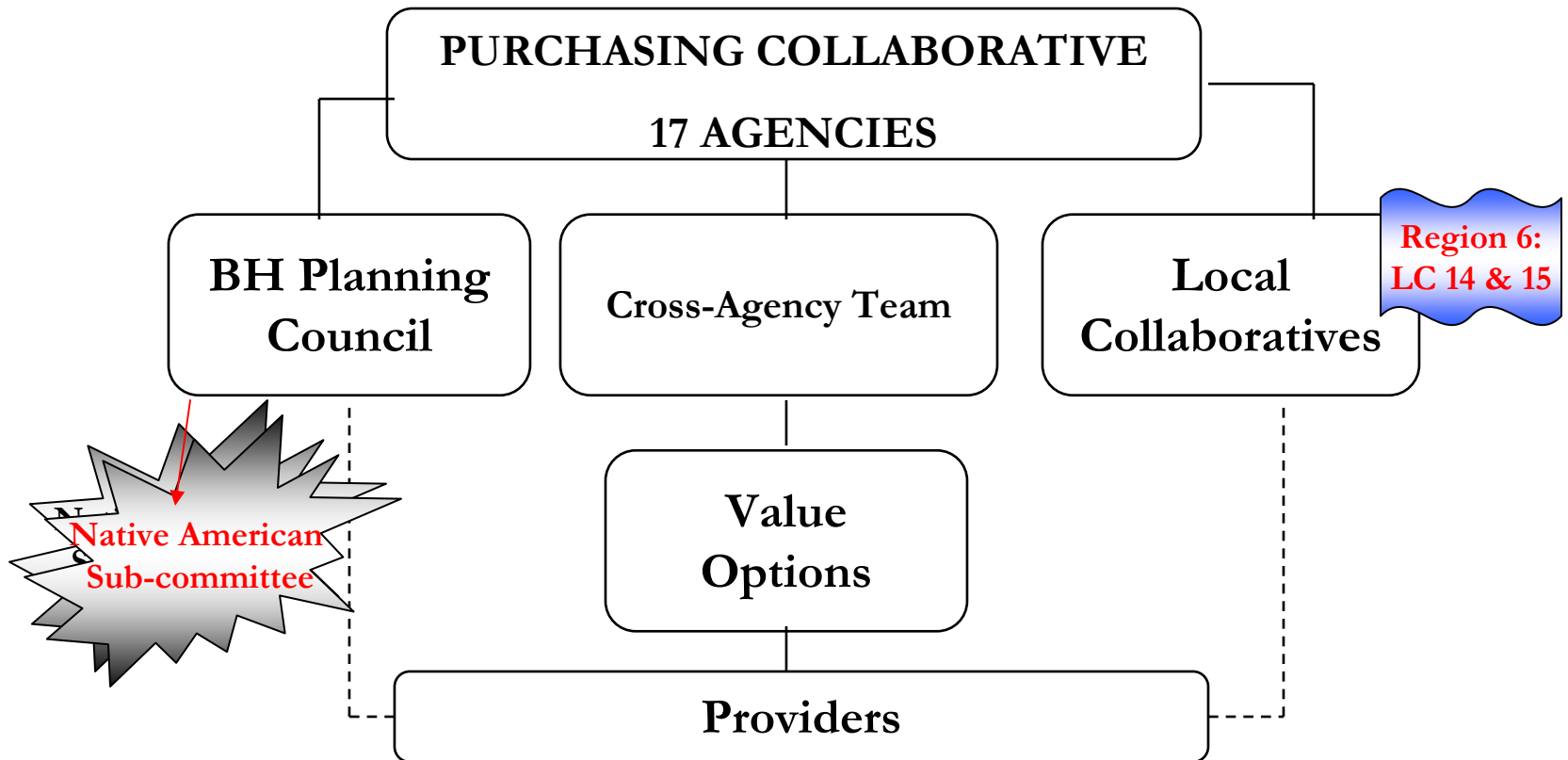
Vision: New Mexico Behavioral Health

- Single BH delivery system
- Available funds managed effectively & efficiently
- Support of recovery & resiliency expected
- Mental health promoted
- Adverse effects prevented or reduced
- Customers assisted in participating fully in the life of their communities

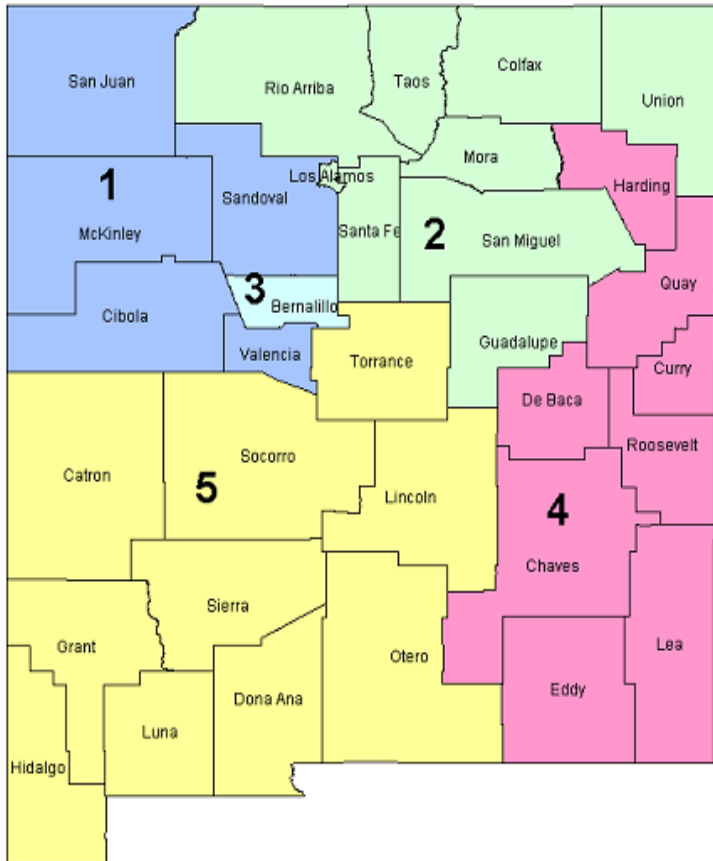
NM Behavioral Health: Purchasing Collaborative

- **Departments:**
 - **Human Services**
 - **Health**
 - **Children, Youth & Families**
 - **Corrections**
 - **Aging & Long Term Services**
 - **Public Education**
 - **Transportation**
 - **Labor**
 - **Indian Affairs**
 - **Finance & Administration**
 - **Higher Education**
- **Division of Vocational Rehab.**
- **Admin. Office of the Courts**
- **Mortgage Finance Authority**
- **Health Policy Commission**
- **Developmental Disabilities Planning Council**
- **Governor's Commission on Disability**
- **Governor's Senior Policy Advisor on Health**
- **Children's Cabinet**
- **Office of Workforce Training & Development**

New Mexico Behavioral Health: A Collaborative System



NM Behavioral Health: Service Regions



- Region 6 covers the whole state and includes all Native American Communities

NM Native American Communities



- **22 Native American Tribes:**
 - 19 Pueblos
 - 2 Apache Tribes
 - Navajo Nation
 - Urban & off reservation
- **Total Native American Population is 191,475 (2000 US Census)**

NM Behavioral Health: Local Collaboratives

- Five Judicial Districts are used to define geographic area of non-tribal Local Collaboratives (LC).
- Geographic area of Native American LC is defined by the LC itself.
- Total of 15 Local Collaboratives
- Two Native American LC's established so far, with another in the works.

NM Behavioral Health: Function of Local Collaboratives

- Communities coming together to develop strong local voices for BH needs and issues;
- Participate in community needs assessments;
- Recommending priorities to policymakers and funding sources;
- Help with capacity building and resource development and planning.

NM Behavioral Health: Tribal Involvement

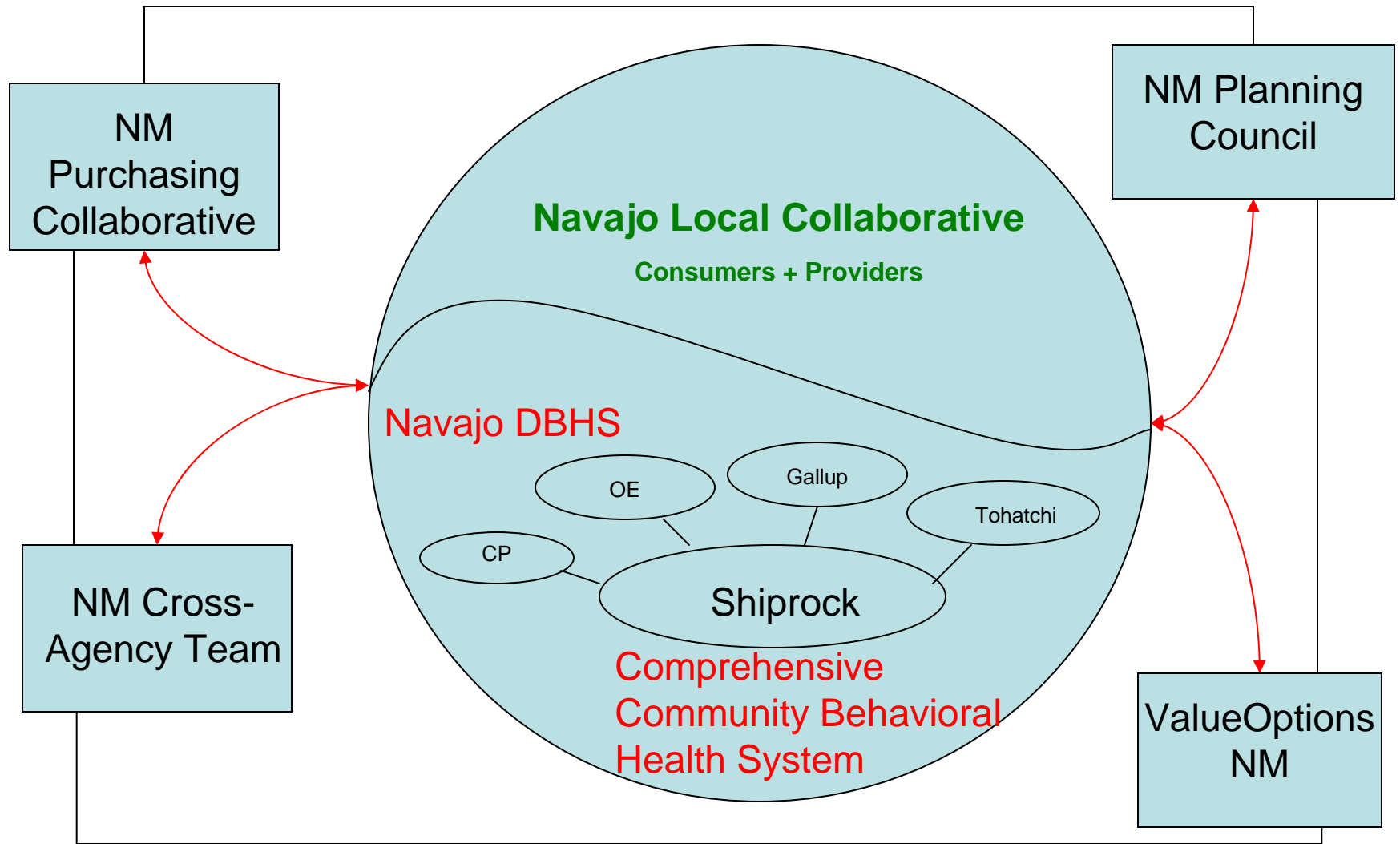
- Indian Affairs Department (IAD) active and voting member of the Purchasing Collaborative;
- Mandatory Native American and consumer/family representation on BHPC;
- Native American Subcommittee of the Planning Council ensures continuous voice ;
 - IAD chairs subcommittee;
- Native voice is included in focus of federal MH Transformation Grant & capacity development plans.

NM Behavioral Health Planning Council 2007

- 6 nominations from each LC
 - 2 consumer
 - 2 family members
 - 2 provider/advocates
- 3 total from each LC are appointed by the governor
 - 1 from each category

Relationship Between State and Tribal BH Systems

Tribal Consultation



Initiatives for Navajo Nation BH

- Involvement in System Reform
- Development of a Local Collaborative
- Developing Comprehensive Behavioral Health Service System
- Medicaid Provider Status
- BH Workforce Development
- Information Management
- Regional Adult Residential Treatment Center

Having a Voice in System Reform

- Representation on Governor's Behavioral Health Planning Council
- Establishing BHPC Native American Subcommittee thru legislation
- New Mexico's Tribal Consultation process
- Monthly meetings of Local Collaborative, BH Planning Council, and BH Purchasing Collaborative help advance legislative initiatives of interest to our communities.

Navajo Local Collaborative

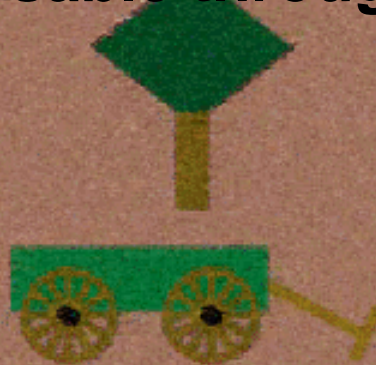
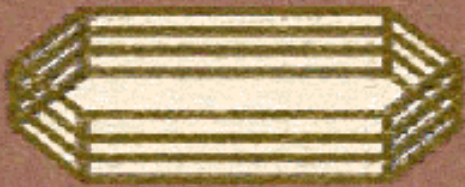
- NM Transformation created the opportunity for Navajo Local Collaborative
- Letter of Readiness
- Cultural Competence
- Consumer involvement
 - Definition of “Consumer”
- Advocating for change

Navajo Local Collaborative

- Current projects and initiatives
 - Total Community Approach
 - Consumer Summit
 - New Legislative Initiatives

Future Opportunities

- ❖ Reinvestment Grant
- ❖ Clinical Home Model
- ❖ Comprehensive Community Support Services
- ❖ “Sheep Camp Therapy” - CCSS
- ❖ Reimbursable through Medicaid

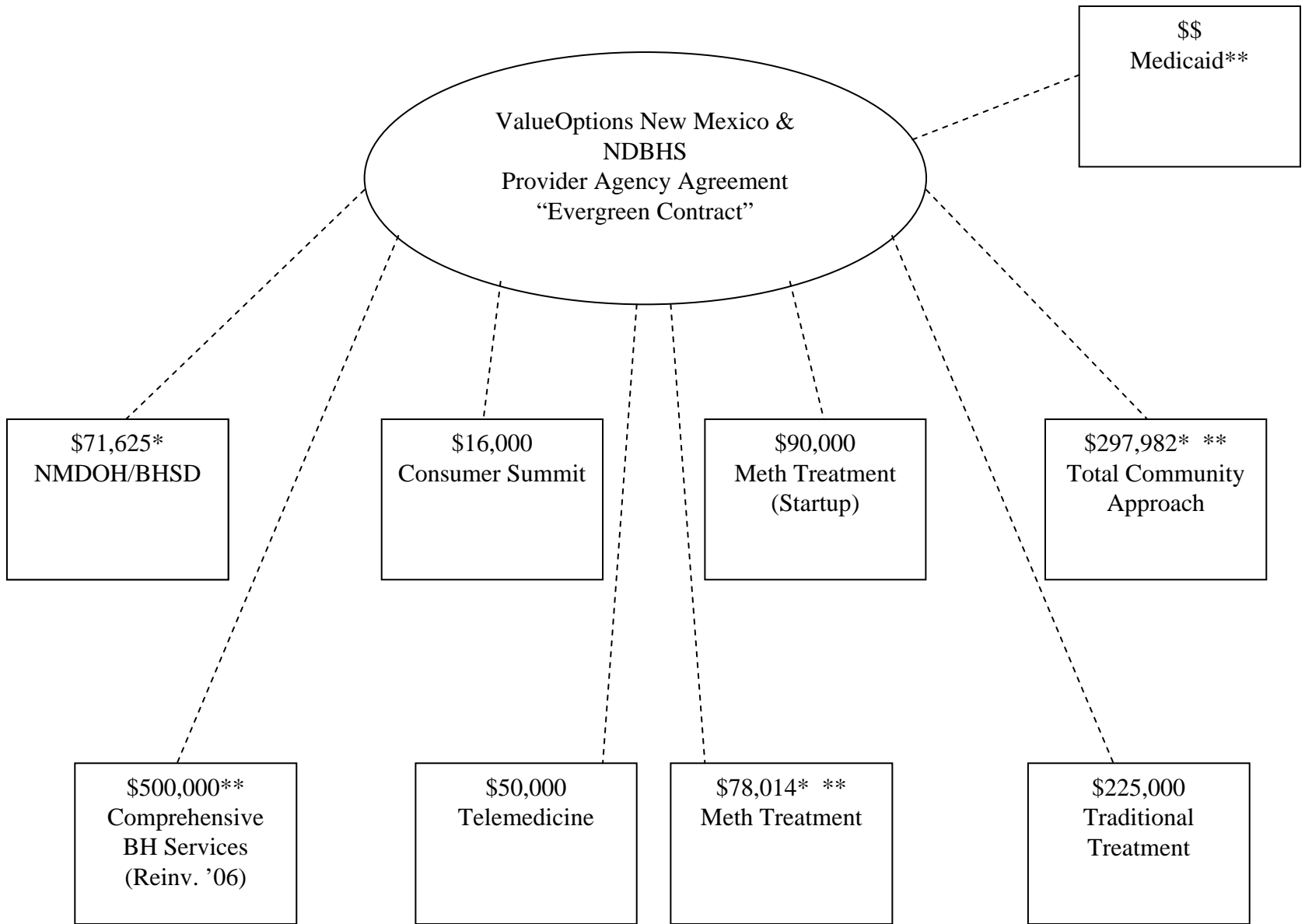


Workforce Development

- Native American Subcommittee (NASC) formed a workgroup to address needs of rural and frontier Native providers
- Legislation passed to modify Counseling Board regulations, allowing Certified counselors to obtain Licensure thru “grandfathering”
 - Native Counselors were primarily “Certified”
 - Only “Licensed” can bill Medicaid
- Collaboration with other tribes and state increased through NASC.
- Collaboration with universities, licensing board, and other state entities.

Becoming a Medicaid Provider

- Limited State Funding – \$71,625. DOH
“Native American Set-Aside”
- New Mexico Behavioral Health
Transformation – Paradigm Shift.
- Value Options New Mexico Provider
 - Provider Registration
 - Infrastructure
 - Orientation



Becoming Medicaid Provider

- Application Process
- Establishing program as 638 provider of BH (including MH) services
 - OMB Rate = \$256 per visit Outpatient
- Growing Pains
 - Sovereignty
 - Waiver
 - Policies and Procedures
 - Licensure Requirements
 - Whose rules do we follow?
- Status

Clinical Services Information Management

- Implementing a Clinical Information System
 - Hardware
 - Software
 - Implementation
 - Security
 - Training
- Benefits of CIS
- Data/Billing Systems

Regional Adult Residential Treatment Center

D. SLOAN ARCHITECTS, P.C.



SHIPROCK ADULT RESIDENTIAL TREATMENT CENTER
95 % CONSTRUCTION DOCUMENTS PHASE



Regional Adult Residential Treatment Center

- Long-term project creating 72-bed residential and transitional living facility for men, women, and women with children
- Facility now under construction;
- NM Transformation and DBHS create sources of operating funds for the Adult Regional Treatment Center

DBHS Shiprock

Traditional Services Provided Jan. – June, 2007

Client Service	Hours
Cultural Education	1752
Traditional Ceremonies	1307
Cultural/Traditional Activities	328
Ceremonial Preparation	238
Practitioner Assistance	234
Traditional Group Counseling	188
Traditional Family Counseling	35
Traditional Individual Counseling	18
Selected Clinical Services	
Group Therapy	2782
Group Psychoeducation	1309
Individual Psychotherapy	593

DBHS Traditional & Cultural Services

- Traditional Services are the central element in what DBHS offers to its clients.
- Large amounts of Traditional Services are being provided, but little reimbursement available.



Interweaving Western Clinical and Traditional Healing



- Traditional Practitioners on staff provide cultural education, assessment, diagnosis, and healing treatment.
- Counselors and therapists build on the parallels with therapeutic concepts of healthy relationships, assertive communication, and coping skills.

Funding support needed for Traditional Services

- NM and Navajo Nation laying the groundwork in their current “Promising Practices.”
- Legislative resolution to “study the effectiveness of traditional healing for behavioral health and provide recommendations to the BH Purchasing Collaborative.”
- NMDOH currently provides limited reimbursement of Traditional Services.
- Reform is needed at the Federal level, with CMS approval for reimbursement of Traditional Services through Medicaid.
- DBHS recommends a pilot project to begin implementing this funding stream.

Future Opportunities



- **Reauthorization of Indian Health Care Improvement Act**
- **Tri-State Medicaid Agency (NM, AZ, Utah)**
- **Opportunities for increased block grant funding for substance abuse and MH services for Navajo Nation.**