

Honoring Innovations Report

“A Newsletter for System of Care Communities in Indian Country” Issue #8, October 2012

A newsletter published by the National Indian Child Welfare Association (NICWA) describing best practices in American Indian/Alaska Native systems of care for current and graduated system of care communities

A “best practice” in the field of American Indian/Alaska Native children’s mental health is a process, method, training, or event that is believed to have a direct link in providing the desired outcome.

NICWA believes that such a designated practice requires attention to seven specific criteria listed below.

- Longevity
- Replicable*
- Harmonious with Indigenous Values and Teachings
- Sustainability
- Community Acceptance
- Input of Stakeholders Across Generations
- Culturally Competent Staffing

*When/Where applicable

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“You keep it going”: Sustainability for children’s mental health programs

“Sustainability” is not a word we hear in everyday conversation. An easier way to say it might be, “You keep it going.” This issue of the *Honoring*

Nations Report is dedicated to how tribal and urban Indian communities can keep their system of care going well after the grant funds are gone.

Which came first, the chicken or the egg?

Unlike most federal grant programs, the Comprehensive Community Mental Health Program for Children’s Mental Health, commonly known as the system of care (SOC) grant program, is designed primarily to promote changes to the systems that serve children and families. In most cases, services are provided to children and their families under SOC grants with the clear expectation that funded programs demonstrate a

new, different, and more effective way of delivering services. The program, first and foremost, promotes a way of thinking about systems and services that are values-driven. Its intention is to spread the SOC model and its values so that it becomes the “normal” way of providing services everywhere. To accomplish this task, the SOC grant program places great emphasis on sustainability. *(continued next page)*

NICWA’s Medicaid toolkit developed

The important role that Medicaid can play in providing a reliable and continuous funding source for children’s mental health programs has been noted repeatedly in this issue. Throughout the national community of SOC grantees, the importance of accessing Medicaid funding has been recognized time and time again. As part of our work helping tribal grantees build sustainability plans, NICWA has created a toolkit designed to help tribal behavioral health programs access and increase the use of Medicaid for children’s mental health services.

The toolkit is intended to provide information to tribes and tribal agencies. It includes chapters devoted to:

- Basic access considerations in terms of how tribes can best access Medicaid
- Medicaid billability for culturally appropriate services and programs
- Business infrastructure and identifying the “nuts and bolts” for building and improving the Medicaid business
- Issues regarding how tribes can best interface with state partners regarding policy and other advocacy work

NICWA’s Medicaid toolkit will be published and available this fall.

Which came first, the chicken or the egg?

When they think of how to keep an SOC going in their community, most often people think about funding. However, we have to ask, is funding more like the chicken or the egg? Does funding come from having the vision, values, services, and people who care about the model in place? Or do all of those elements arise only once funding is in place?

While a community can obtain a grant to start the SOC model locally, initial support is really intended to help plan and implement the very building blocks that make it possible to obtain more funding. Moreover, implementing core SOC values such as being family-driven, youth-guided, and culturally and linguistically competent actually requires very little funding. Interagency collaboration depends more on willing partners than on new funds. The willingness of people to decide to act collectively in new ways is a cornerstone of any successful SOC. Once this collective action is in place, systems change (and the funding to keep that change going) is much more likely to follow.

Implementing core system of care values such as being family-driven, youth-guided, and culturally and linguistically competent actually takes very little funding. Interagency collaboration depends more on willing partners than on new funds.

Mobilizing consumer-driven reform

Community readiness is a major aspect of building sustainability. Our culture and communities are too often weighed down by historical trauma and grief, which can cause people to lose hope, to accept the

problems of today (like youth suicide, for example) as normal, and to simply resign themselves to the status quo by denying the pain and suffering. The more historical trauma is understood in relationship to our current issues, the more able we become to address our challenges. The more the stigma that has historically been associated with mental health is lessened through community education and family engagement, the more people in need speak out and advocate for necessary services. Most reform movements in the education and human services fields have been consumer driven. When tribal families and youth themselves speak out for better services, leaders are more likely to listen, and it becomes more likely that the SOC approaches will continue. A sense of community "ownership" of the change process is important.

Growing infrastructure

Prioritizing infrastructure is also key. As administrative infrastructure expands and becomes more dependable (for example, the capacity to bill Medicaid or insurance companies), the more favorably potential funders will look upon the tribe or organization, and the more likely the organization can then expand funding streams to sustain services to children and families. Programs with good data collection systems are able to evaluate and report on their services and successes effectively. Programs with formal social marketing plans can develop a strong sense of community ownership as well. When a community develops and implements strong data collection methods and social marketing strategies that spread the word and promote the idea of a better way of working together, funders may be inclined to provide more support.

Grant funding and technical assistance are often needed to do things like achieve accreditation from national accrediting bodies, such as the Council on Accreditation, the Accreditation Association for Ambulatory Health, and the Joint Commission on Accreditation of Health Care Organizations. While achieving accreditation may seem expensive and daunting, it also brings credibility. Credibility and capacity go hand in hand.

If a program has well-functioning policies and procedures in place, the program is more likely to operate successfully. Funding to sustain SOC services and supports is most likely to come to those organizations that have built capacity and have become impeccable with record keeping, quality control, fiscal management, and service delivery. For most grant communities, accessing Medicaid reimbursement will be vital to the sustainability of a range of services. To access Medicaid reimbursement, SOC programs must establish a strong infrastructure that includes all of the pieces needed to qualify, from credentialed professionals to billing systems.

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Turtle Mountain Sacred Child Project: Four phases of sustainability

The Turtle Mountain Band of Chippewa (Turtle Mountain) started providing youth with mental health services through an SOC grant from 1997–2003. Along with the Spirit Lake Nation, the Standing Rock Sioux Tribe, the Three Affiliated Tribes of Fort Berthold, and the Trenton Indian Service Area, Turtle Mountain participated in the Sacred Child Project of North Dakota.

Today, as part of Turtle Mountain Child Welfare and Family Services, the Turtle Mountain Sacred Child Project addresses mental health needs of youth through wraparound services. Through such services, Turtle Mountain is able to develop individualized care plans for youth. A care coordinator leads a team of family members, teachers, and health and mental health care providers to work together for the well-being of the child.

“Being a care coordinator, you are the main person that knows what’s going on with [a youth’s] mental health,” said Project Coordinator Jan Birkland. “We work with the family as a unit to meet their needs, whatever the family needs. It’s their voice and their choice.”

At Turtle Mountain, there are four key phases of their wraparound model.

Phase 1: Start at the base

Turtle Mountain started by taking a look at their community’s needs and quickly recognized that their emphasis would be on building up their families and strengthening their communities. They would do this by providing prevention services for high-risk youth through wraparound services.

Phase 2: Build trust

Building a strong relationship with the state was essential for Turtle Mountain because their

community does not have the ability to self-fund their services. “Our needs are greater than our pocketbooks and our land-base,” said Birkland.

Turtle Mountain built a good relationship with the state with the help of Deborah Painte, director of the Sacred Child Project of North Dakota. That relationship paid off when they started working to secure an amendment to the state Medicaid plan. It was this change that made it possible for them to finance their wraparound services with Medicaid funding. They were successfully able to negotiate with the state to adjust the educational qualifications for service providers on the reservation, requiring a wraparound certification rather than a bachelor’s degree or master’s degree.

“It takes a lot of time to get amendments to these Medicaid plans,” said Painte. Turtle Mountain started billing Medicaid in 2000.

Phase 3: Prove yourself

Because Turtle Mountain relies entirely on Medicaid funding, it was important for them to evaluate the impact of their program on the community. “You have to have something to bring to the state to prove that this is working,” said Birkland.

As a result, Turtle Mountain instituted an evaluation survey tool, which is completed by youth up to six times over two years of service. The tool measures the effectiveness of the wraparound services and makes it possible to report credible data to the funder. Now Turtle Mountain has a proven track record of community improvement.

Phase 4: Follow through

Turtle Mountain has sustained services for nearly a decade since it graduated as an SOC in 2003. Since graduating, Turtle Mountain System of Care was awarded another grant from the Administration of Children and Families to continue to build their systems. The Medicine Moon Project focused on linking child welfare services and eliminating duplication of services across systems. In addition, some of the additional grant resources were used to develop an information management system, further adding to the infrastructure and strength of the program.

Turtle Mountain Sacred Child Project’s services have increased over the last nine years, according to Birkland. While they have been careful not to build new systems that are not sustainable, they have continued to refine and improve their systems.

Applying their own wraparound concepts in program development has been the key to success from Birkland’s point of view. For example, the Turtle Mountain Sacred Child Project uses the phrase, “Keep going forward, that’s what moves the healing process,” to encourage families. The same applies to their program, and the results are self-evident.

To build sustainability, Birkland recommends tribes “...seek out and tap into ‘pots of money’ that are available, become eligible, and build a good relationship with the state.”

The project demonstrates the power of a balanced approach, clear and shared vision and values, service and management capacity, well-established relationships, and feasible financing strategies. Together these are far more powerful than any single approach.

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management, and services.

Building relationships

Relationships are also central to sustaining SOC services and philosophy. Few, if any, tribes or nonprofit Indian organizations are in a position to keep SOC going independently. By their very nature, SOC models are collaborative and interagency endeavors. Referrals for service will dry up if relationships are not maintained with schools and child welfare, juvenile justice, health care, and other providers, both Indian and non-Indian. Few programs will keep going without strong relationships with the governmental offices that manage mental health care financing, such as the state Medicaid office or the county mental health department. Further, positive relationships within the tribe or nonprofit will help sustain the model. From top leadership to the general citizen, sustaining an SOC requires the active commitment to a common vision and values. Each is accountable to the other for maintaining that commitment to keep the SOC approach going.

Together, vision and values, family and youth voices, and credible and

compelling data, along with effective social marketing, help build the political will needed to support keeping SOC programs going. The reality of today's world is that there are many unmet mental health needs, many competing service designs, and too little information about what works and how to prioritize resources. Tribal leaders must choose between many competing interests: education, roads, economic development, or children's mental health. When SOC advocates keep their agendas in front of those who have the power to allocate resources, sustainability is much more likely. The ultimate purpose of sustaining the SOC is to improve the lives of children and families by permanently changing the way of doing business to one that promotes SOC values and principles.

Prioritizing culture

Standards of practice that are community-based and culturally congruent are also more likely to be sustained. While cultural competence is usually thought of as something used when working across cultures, it is equally important when working within a culture. When our services are supported by our cultures and

also support our culture, there is mutual benefit for both. For example, meetings conducted in the traditional language help sustain the language and the program. When traditional ceremonies are incorporated into SOC services, traditions and cultural knowledge is retained and sustained. When cultural identity enhancement is incorporated into the SOC approach, the culture is being passed on at the same time that youth and families learn positive skills for living and being.

"Colonization dismembered our people," says Theada Newbreast of the Blackfeet Nation. "Our job is 're-membering.'" Fortunately for our people, the SOC model fosters our remembering of who we really are. Keeping it going is right in alignment with the larger healing agendas of our communities and tribes. The more often we tell this story to those who make policy and funding decisions, the more likely we are to achieve sustainability. In the end, it matters little what came first; what matters is that the cycle continues and those that care keep it going.

The Urban Native Center for Life Empowerment: Using advocacy to enhance sustainability efforts

Janet King knows what it takes to keep an SOC going. Her role as community relations coordinator for the Urban Native Center for Life Empowerment keeps her immersed within the day-to-day work within the community. In addition, King finds she often has to "steal" time from working within the community in order to advocate for the community on issues including funding and policy.

The Urban Native Center for Life Empowerment is an SOC program within the Community Wellness Department of the Native American Health Center in Oakland, California, and a 2009 SOC graduate. When California passed the 2004 Mental Health Services Act, King advocated for underserved communities. She carried the message that "...the best interventions are often times [those] that draw on culture."

Throughout the duration of their SOC grant from 2003–2009, the Native American Health Center strengthened its advocacy through empowering the youth and family voice, conducting social marketing, and building key relationships in Alameda County. In 2010, the Center joined five other underserved racial minority populations in the California Reducing Disparities Project. As part of this project, they are now challenging mainstream concepts of effective mental and behavioral health treatment services and advocating for culturally based best practices.

Through its relationships and advocacy, the Center has helped expand the inclusion of minority populations as children's mental health stakeholders in the county. Recently, King influenced the language of grant eligibility requirements from Contra Costa and Alameda Counties to include American Indian/Alaska Native needs.

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These grants now include funds allocated to a Native American Early Prevention Plan. Traditional cultural practices as a form of treatment are being funded for the first time under this grant program.

King has some advice for current SOC communities: Liberate someone from the program development work and designate them to focus on sustainability and relationships. For SOC [work] to be sustained, the organization must work at the policy level and work toward the inclusion of family-driven, culturally competent values in mental health funding streams.

King asserts that this only happens when the necessary coalitions and partnerships are in place, saying, "That takes dedicated time and attention."

The Blackfeet Family Wellness Center: Accessing the benefits of Medicaid

The Blackfeet Nation System of Care was funded by SAMHSA from 2005–2011. Since their "graduation" in September 2011, they renamed their mental health services program the Blackfeet Family Wellness Center to be more appealing to the community. Dan Aune, a technical assistance provider who has been working with the Blackfeet Nation of Browning, Montana, on their Po'ka (Child) Project, has been helping them reach their goal of being a Medicaid provider. For years, the program has been training their staff to meet state licensing criteria in preparation.

Just recently, the Blackfeet Family Wellness Center became licensed as a community mental health center, which allows them to bill Medicaid for their services. "The tribe has funded this project for the last nine months," said Aune. "They are anxious to see money come in and see the fruits of their investment."

As the Blackfeet Nation becomes more familiar with the ins and outs of Medicaid, they continue to build capacity to provide services and bill for them. Aune predicts the Center will be to a level of "productive sustainability" in the next six to nine months. Simply put, services will be paying for themselves.

Aune's advice to current SOC communities? "Hire a manager who knows about mental and behavioral health on the administrative level and can develop and train staff on policies and procedures that fit the state criteria for billing Medicaid."

National Federation of Families 23rd Annual Conference November 14 - 18, 2012 Grand Hyatt, Washington, D.C.

For 23 years, the National Federation of Families for Children's Mental Health conference has brought thousands of families, youth, and professionals together to discuss the latest trends in children's mental health while fostering personal and professional development in a wide variety of areas such as advocacy, leadership and transformation.

This year's conference theme, "Sustaining and Expanding Excellence in Children's Mental Health Services and Supports," will be reflected throughout the program.

To register, or more information, see their website www.conference.ffcmh.org.