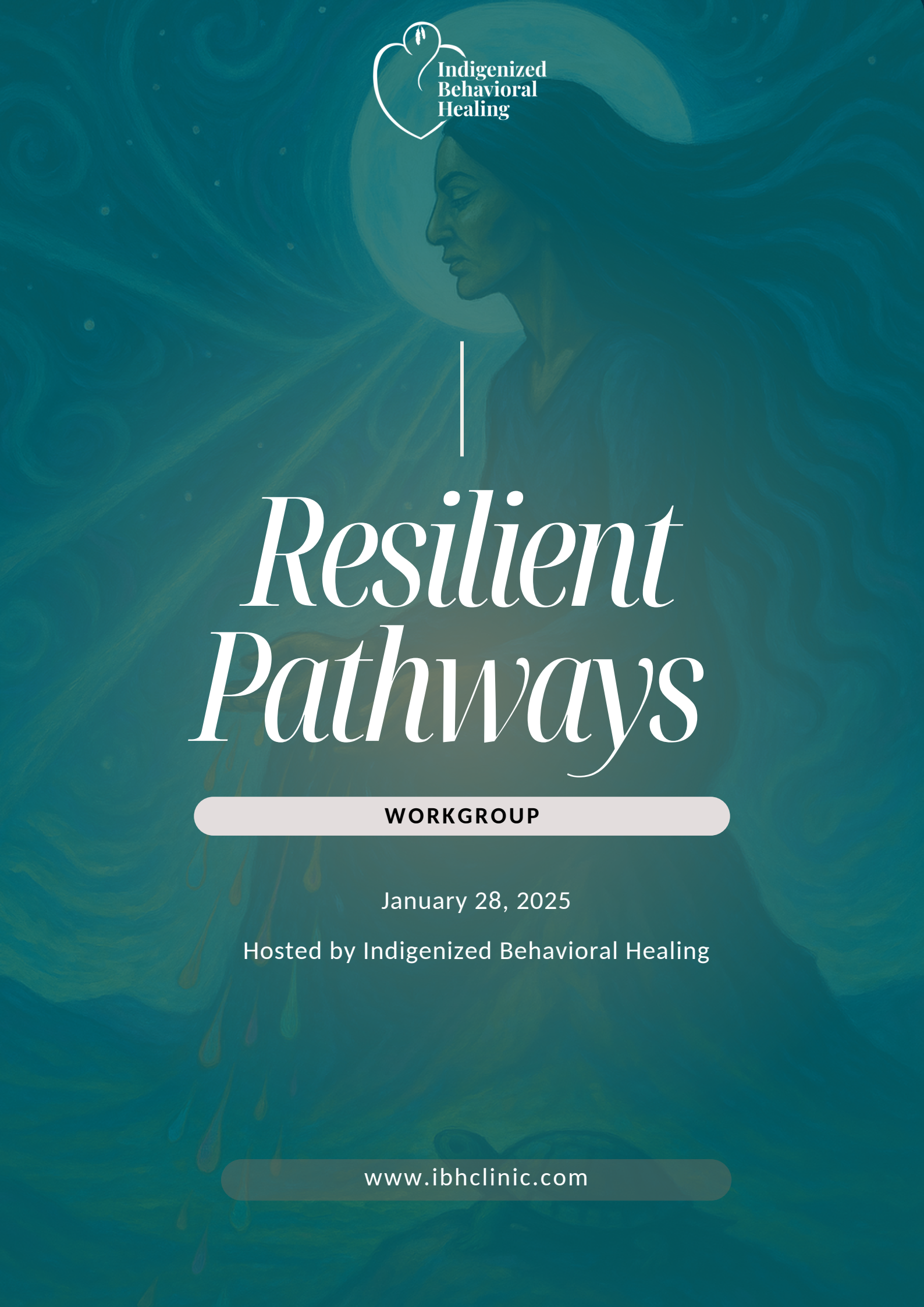
Indigenized Behavioral Healing



Resilient Pathways

WORKGROUP

January 28, 2025

Hosted by Indigenized Behavioral Healing

www.ibhclinic.com

Contents

Itinerary

08:00 AM - 08:30 AM	REGISTRATION
08:30 AM - 09:00 AM	WELCOME & OPENING BLESSING
09:00 AM - 10:30 AM	LEADERSHIP REPORT-OUT
10:30 AM - 10:45 AM	BREAK
10:30 AM - 11:00 AM	BREAK
11:00 AM - 12:30 PM	GOVERNANCE AND POLICY SESSION
12:30 PM - 01:30 PM	WORKGROUPS
01:30 PM - 03:30 PM	ACTION WORKGROUPS
03:30 PM - 04:00 PM	REPORT OUTS & CLOSING REFLECTIONS

Welcome to the Resilient Pathways Workgroup

Boozhoo! Welcome to the “Resilient Pathways” workgroup! We're thrilled to embark on this journey with you as you learn the strategies and techniques to attract and retain your ideal clients. Throughout this workbook, you'll find valuable insights, practical exercises, and actionable steps to help you achieve your goals.

OUR TEAM

DR. TAMI JOLLIE-TROTTIER, PHD, PLLC

— Founder and Lead Organizer

— Indigenized Behavioral Healing™

— Identifying Pain Points and Desires

ALONA JARMIN, RN, BSN, MSN

— Project Coordinator

— Clarifying Your Brand Message

— Communicating Your Value Effectively

NATHAN DAVIS

— Native-Led Medicaid & Healthcare Initiatives

— Tribal-State Liaison

— Leveraging Social Media Platforms

MONIQUE RUNNELS

— ND Department of Health and Human Services

— Medicaid Tribal Liaison

— Utilizing Email Marketing Strategies

Our Vision

INDIGENOUS APPROACHES EMBEDDED ACROSS SYSTEMS

Embedding across multiple healthcare systems:

- Prevents cultural work from being boxed in
- Protects against over-medicalization
- Keeps healing relational and community-based
- Preserves flexibility across programs

Workforce	Care Coordination	Behavioral Health	Prevention and Community Outreach
• Community Health Representatives (CHRs) • Tribal Outreach Workers • Peer and Family Supports	• Engagement strategies • Family involvement • Trust-building • Continuity of care	• Group formats • Relational healing models • Community-based prevention • Trauma-informed engagement	• Early intervention • Wellness promotion • Connection to care

Resilient Pathways Roadmap

Our team began sofhvd fv

DEFINE THE PROBLEM AND THE INNOVATION

IDENTIFY POLICY PATHWAYS AND FEASIBILITY

STAKEHOLDER CONVENING & STRATEGIC DIRECTION

CO-DESIGN OF SECTION 1115 MEDICAID DEMONSTRATION WAIVER

- Draft 1115 concept paper
- Align Traditional Healing services with CMS innovation priorities
- Define evaluation and outcome measures
- Prepare for federal review and negotiation

CO-DESIGN OF TRIBAL LED MODEL

- Design a tribally led governance and contracting framework
- Align Medicaid authorities, payment models, and oversight roles
- Develop sustainability strategy
- Formalize state–tribal agreements

IMPLEMENTATION, SUSTAINABILITY, & SCALING

General FAQs

Q: Why are we exploring two different pathways?

A: Because there is **more than one legitimate way** to support Traditional Native Healing within Medicaid. North Dakota must choose the approach that best fits:

- Tribal sovereignty and governance priorities
- State Medicaid structure and capacity
- Speed to implementation
- Long-term sustainability

This workgroup exists to **gather guidance, align stakeholders, and identify the strongest path forward.**

Q: Do we have to choose only one path?

A: Not necessarily. Some states begin with a tribally led model and later pursue a Section 1115 waiver to expand, formalize, or scale services. The question is what sequence makes sense for North Dakota.

Q: Will tribes be forced to standardize sacred or cultural practices?

A: No. Neither pathway requires tribes to disclose or standardize sacred knowledge. Policy design can:

- Define **service categories** without detailing ceremonies
- Allow tribes to determine **how care is delivered**
- **Protect cultural protocols** through governance and agreements

Q: Does this mean only certain tribes can participate?

A: The intent is to create a model that:

- Is **inclusive of all North Dakota tribes**
- Allows for **tribe-specific implementation**
- Does not require every tribe to participate in the same way or at the same time

Participation can be **opt-in and phased**, respecting each tribe's readiness and priorities.

Policy Overviews

STAKEHOLDER CONVENING AND STRATEGIC DIRECTION

	Section 1115 Medicaid Demonstration Waiver	Tribal Led Model
Core Purpose	Federal demonstration authority to test/scale an innovation (new benefit design, new payment arrangements, new delivery system features) with CMS approval.	Implement/expand Traditional Healing through tribal–state agreements, state plan levers, and payment models (e.g., APM/encounter rate, contracts), often integrating cultural care across systems.
Governence	State Medicaid agency is the formal waiver holder; tribes can be co-designers and implementation partners, but governance must be structured through the waiver terms and state processes.	Governance can be designed to be tribally centered through MOUs/MOAs, tribal contracting, tribal billing authorities, and state plan mechanisms—often more flexible for tribal control over design and implementation.
Financing	Medicaid spending under 1115 authority with federal match (FMAP) + a required non-federal share (often state/tribal IGTs/certified public expenditures depending on design). Arizona's approval notes implementation tied to securing non-federal share.	Uses existing Medicaid financing streams and authorities (e.g., Tribal FQHC APM/encounter rate, state plan payments) plus state–tribal contracting; can also leverage 100% FMAP for "services received through" IHS/tribal facilities under CMS policy conditions (where applicable).
Example States	Arizona, California, New Mexico, Oregon (CMS approved traditional health care practices 1115 demonstrations in Oct 2024).	Washington (strong tribal Medicaid infrastructure via APM/state plan + tribal billing/contracting mechanisms).

01

Option 01

SECTION 1115 MEDICAID DEMONSTRATION WAIVER

Overview

What is it?

A federal policy tool that allows states—and in some cases tribes working with states—to test new, innovative approaches to delivering and paying for Medicaid services that go beyond standard Medicaid rules.

A 1115 waiver lets the federal government temporarily waive certain Medicaid requirements so a state can experiment with new models of care, as long as the demonstration:

- Promotes Medicaid's core objectives, and
- Does not cost the federal government more than Medicaid would have otherwise ("budget neutrality").

Legal Foundation

- Authorized under Section 1115 of the Social Security Act
- Approved and overseen by the Centers for Medicare & Medicaid Services (CMS)

What makes a 1115 waiver different from regular Medicaid?

Unlike standard Medicaid State Plan services, 1115 waivers can:

- Test non-traditional services not normally billable under Medicaid
- Support whole-person, community-based, and culturally grounded care
- Pilot new payment models, workforce strategies, or delivery systems
- Allow time-limited innovation before permanent adoption

01

Section 1115 Medicaid Demonstration Waiver

Common uses of 1115 waivers

States use 1115 waivers to:

- Integrate **behavioral health, substance use, and physical health**
- Address **social determinants of health** (housing supports, nutrition, care coordination)
- Expand **community-based prevention and early intervention**
- Test **value-based care and alternative payment models**
- Improve access for **rural, frontier, and underserved populations**
- Develop **culturally responsive or population-specific care models**

Duration and Oversight

Typically approved for 5 years
Must include:

- Clear goals and hypotheses
- Evaluation and reporting requirements
- Public input and transparency

Successful demonstrations can later be:

- Renewed
- Scaled statewide
- Converted into permanent Medicaid State Plan services

Why 1115 waivers matter for culturally grounded care

1115 waivers are often used to:

- Pilot **Indigenous-led, community-defined healing models**
- Support **prevention, relational, and non-clinical services**
- Address **historical trauma, access barriers, and workforce gaps**
- Create pathways for **traditional healing and holistic health** to be sustainably funded

CMS Approved Demonstration Waivers

SCAN A QR CODE FOR THE DEMONSTRATION WAIVER

01

Calinfornia

Cal-AIM

02

Arizona

AHCCCS

03

Oregon

Oregon Health Plan

04

New Mexico

NM Turquoise Care

CMS Approved Demonstration Waivers

	Qualifying Criteria	Participating Facilities	Provider Qualifications	Implementation Expenditures	CHIP
AZ	All Medicaid beneficiaries able to receive services through IHS or Tribal facilities	Only IHS and Tribal	Employed/ contracted with a qualifying facility, including UIOs that are contracted with an IHS or Tribal facility	No	No
CA	Initially: All Medicaid and CHIP beneficiaries able to receive services through IHS, Tribal, or UIO facilities with a substance-use disorder enrolled in the Drug Medi-Cal Organized Delivery System (DMC-ODS) Later: All Medicaid and CHIP beneficiaries able to receive services through IHS, Tribal and UIO facilities	IHS, Tribal and UIOs (initially will be only those facilities in DMC-ODS managed care network)	Employed/ contracted with a qualifying facility, including UIOs that are contracted with an IHS or Tribal facility and (initially) qualifying facility meets DMC-ODS managed care provider requirements	No	Yes
NM	All Medicaid beneficiaries able to receive services through IHS, Tribal, or UIO facilities	IHS, Tribal, and UIOs	Employed/ contracted with a qualifying facility, including UIOs that are contracted with an IHS or Tribal facility	$1,250,000 over 4 years	No (Medicaid Expansion CHIP only in NM)
OR	All Medicaid and CHIP beneficiaries able to receive services through IHS, Tribal, or UIO facilities	IHS, Tribal, and UIOs	Employed/ contracted with a qualifying facility, including UIOs that are contracted with an IHS or Tribal facility	$4,350,000 over 3 years	Yes

Table 1. Cooper, J., Smyth, K., and Friedman, K. (2024, October 31). *All Tribes Webinar – Traditional Health Care Practices & Section 1115 Demonstrations* [PowerPoint slides]. https://www.cms.gov/files/document/20241031atcslides.pdf

Section 1115 Demonstration Waiver FAQs

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CMS Requirements

BUDGET NUETRALITY

Utilization estimates for traditional healing services to inform waiver design and projections

EVALUATION PROTOCOLS

Identification and credentialing of traditional healers according to cultural protocols

TRANSPARENCY

Define eligible services and cultural protocols to ensure integrity

REPORTING

Facilities equipped to deliver services and bill Medicaid effectively

Tribal Resources Needed

DATA

Utilization estimates for traditional healing services to inform waiver design and projections

CERTIFIED PRACTITIONERS

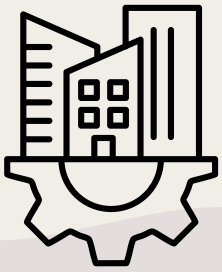
Identification and credentialing of traditional healers according to cultural protocols

GOVERNANCE INPUT

Define eligible services and cultural protocols to ensure integrity

INFRASTRUCTURE

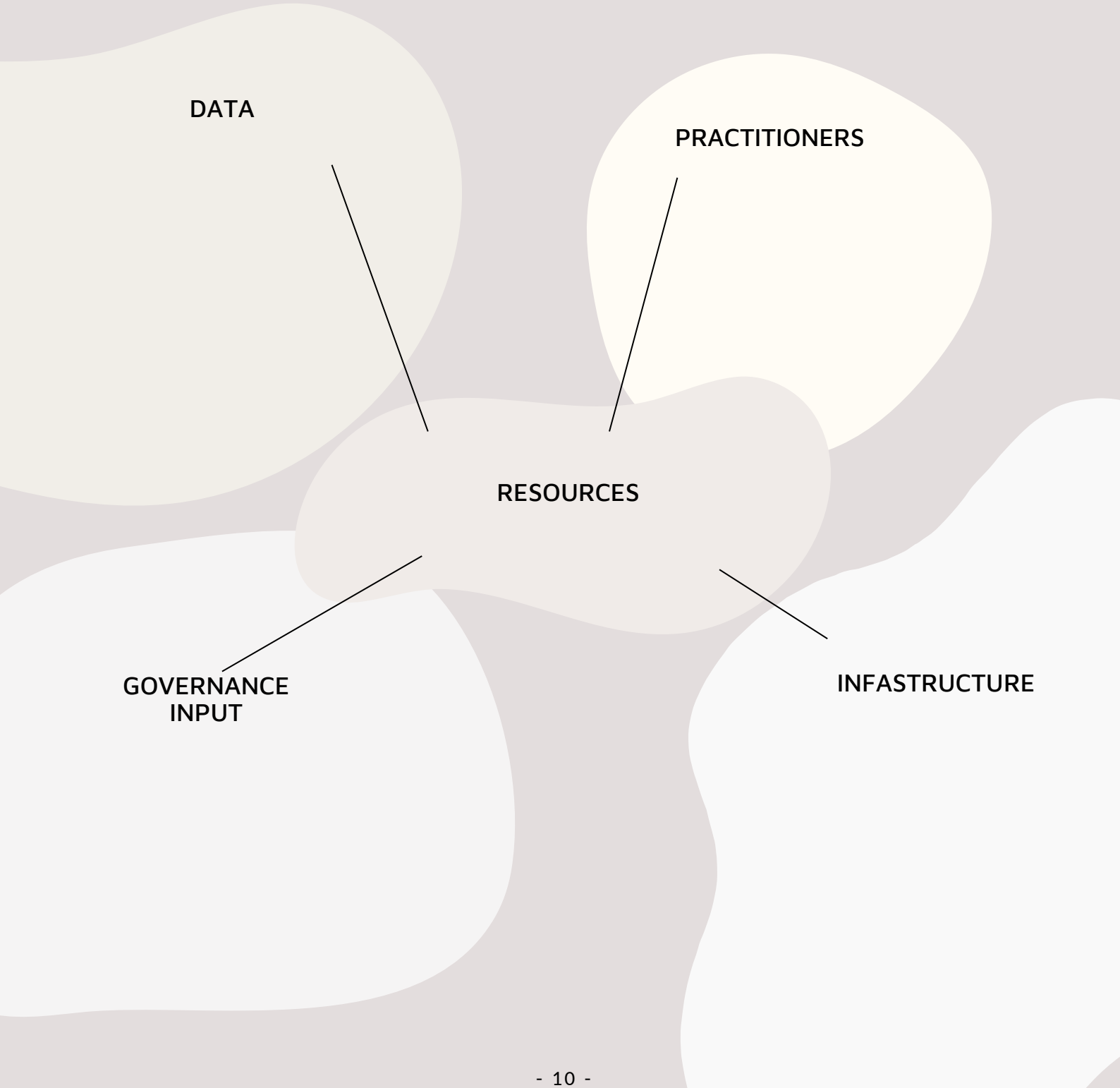
Facilities equipped to deliver services and bill Medicaid effectively



Identifying Our Strengths

Begin by analyzing your target audience's primary needs and challenges. This understanding forms the foundation of your UVP, as it ensures that what you offer is precisely aligned with what your ideal clients are seeking.

MIND MAP



Understanding Your Ideal Client

DEFINING YOUR IDEAL CLIENT AVATAR

Create a detailed profile of your ideal client, including demographics, psychographics, pain points, and goals. Consider their challenges, desires, and preferences to gain a deeper understanding of who they are and how you can best serve them.

CONDUCTING MARKET RESEARCH

Conduct market research to gather insights about your target audience. Use surveys, interviews, and competitor analysis to identify trends, preferences, and unmet needs within your niche.

Policy Pathways

NEED TO KNOW

Overview

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- Pilot new payment models, workforce strategies, or delivery systems
- Allow time-limited innovation before permanent adoption

States Using 1115 Waivers to Support Traditional Healing/Cultural Services

Exercise: Evaluate different marketing channels, including social media, email marketing, content marketing, and networking events. Determine which channels are most effective for reaching and engaging your ideal client based on their preferences and behavior.

State & Amended Demonstration	Key Language Used	Mechanism Used to Pay for Services	What This Enables
California California Advancing and Innovating Medi-Cal	"Community-defined services," "Non-clinical interventions," "Whole-person care"	Enhanced Care Management (ECM) + Community Supports under managed care	Indigenous organizations define healing practices that are Integrated into Drug Medi-Cal for SUD treatment; services reimbursed if outcomes are demonstrated
Orgeon Oregon Health Plan (OHP)	"Traditional Health Workers," "Flexible services," "Health-related services"	Global budgets to CCOs with discretionary spending	Payment for cultural healers, elders, peer supports without clinical licensure, including sweat lodges, drumming. Reimbursed for services at IHS, Tribal, UIO facilities
New Mexico New Mexico Turquoise Care	"Community health representatives," "Population-specific services," "Prevention"	Managed care + braided IHS/tribal funds	Indigenous approaches embedded across systems (not siloed). Reimbursement for services at IHS, Tribal, and UIO facilities; infrastructure support.
Arizona Arizona Health Care Cost Containment System	"Tribal RBHAs," "Integrated behavioral health," "Tribal authority"	Tribal Regional Behavioral Health Authorities	Tribes design culturally congruent behavioral health systems reimbursed for services at IHS & Tribal 638 facilities

02

Option 02

TRIBALLY DRIVEN MODEL

Overview

A **tribally driven healing program model** is a **sovereignty-based approach** in which a Tribal Nation designs, governs, and delivers healing services according to its **own cultural values, teachings, and community priorities**—rather than federal or state Medicaid rules.

This model allows tribes to implement **culturally grounded, relational, preventive, and community-defined healing practices** that may operate outside of Medicaid, alongside it, or in later alignment with it.

What is it?

A tribally driven healing program is a **tribal public health, behavioral health, or wellness** initiative that:

- Is **defined and governed by the tribe**
- Centers **Indigenous knowledge systems, cultural protocols, and community relationships**
- Determines how **healing is delivered, by whom, and for whom**
- May braid funding from multiple sources (tribal, federal, philanthropic, contractual)

Medicaid may support infrastructure, coordination, or partnership, but does not define the healing practices themselves.

Legal Foundation

Authorized through:

- Tribal resolutions or governing body action
- Inherent tribal authority
- Federal Indian law and trust responsibility

May interface with federal programs such as:

- Indian Health Service (IHS)
- SAMHSA grants
- State or local contracts

Not dependent on approval from the Centers for Medicare & Medicaid Services (CMS) unless Medicaid billing is later pursued

02

Option 02

TRIBALLY DRIVEN MODEL

Overview Cont.

What makes a tribally driven model different from Medicaid-based models?

Unlike Medicaid State Plan services or 1115 waivers, tribally driven models can:

- Define healing outside clinical or diagnostic frameworks
- Support ceremony, cultural practices, arts-based healing, land-based activities, and relational care
- Utilize elders, cultural knowledge keepers, and community facilitators without requiring licensure
- Protect sacred knowledge from over-documentation or medicalization
- Operate as enduring programs, not time-limited demonstrations
- Decide if and when to align with Medicaid—on tribal terms

Why tribes choose this model

Tribes often choose a tribally driven approach to:

- Preserve cultural integrity and authority
- Avoid premature or inappropriate medicalization
- Move quickly to meet community needs
- Build trust and participation before engaging state systems
- Create a foundation that can later support:
  - Medicaid alignment
  - State Plan Amendments
  - 1115 waiver participation (if desired)

How this model can interact with Medicaid

A tribally driven program may later:

- Contract with Medicaid providers
- Align with prevention or behavioral health categories
- Participate in an 1115 waiver amendment
- Remain permanently parallel to Medicaid

U.S. States that Utilize a Tribally Driven Model

ALASKA

Tribally Driven, Federally Supported

WASHINGTON

Tribally Driven, Medicaid-Adjacent

Developing Your Marketing Strategy

Exercise: Evaluate different marketing channels, including social media, email marketing, content marketing, and networking events. Determine which channels are most effective for reaching and engaging your ideal client based on their preferences and behavior.

02

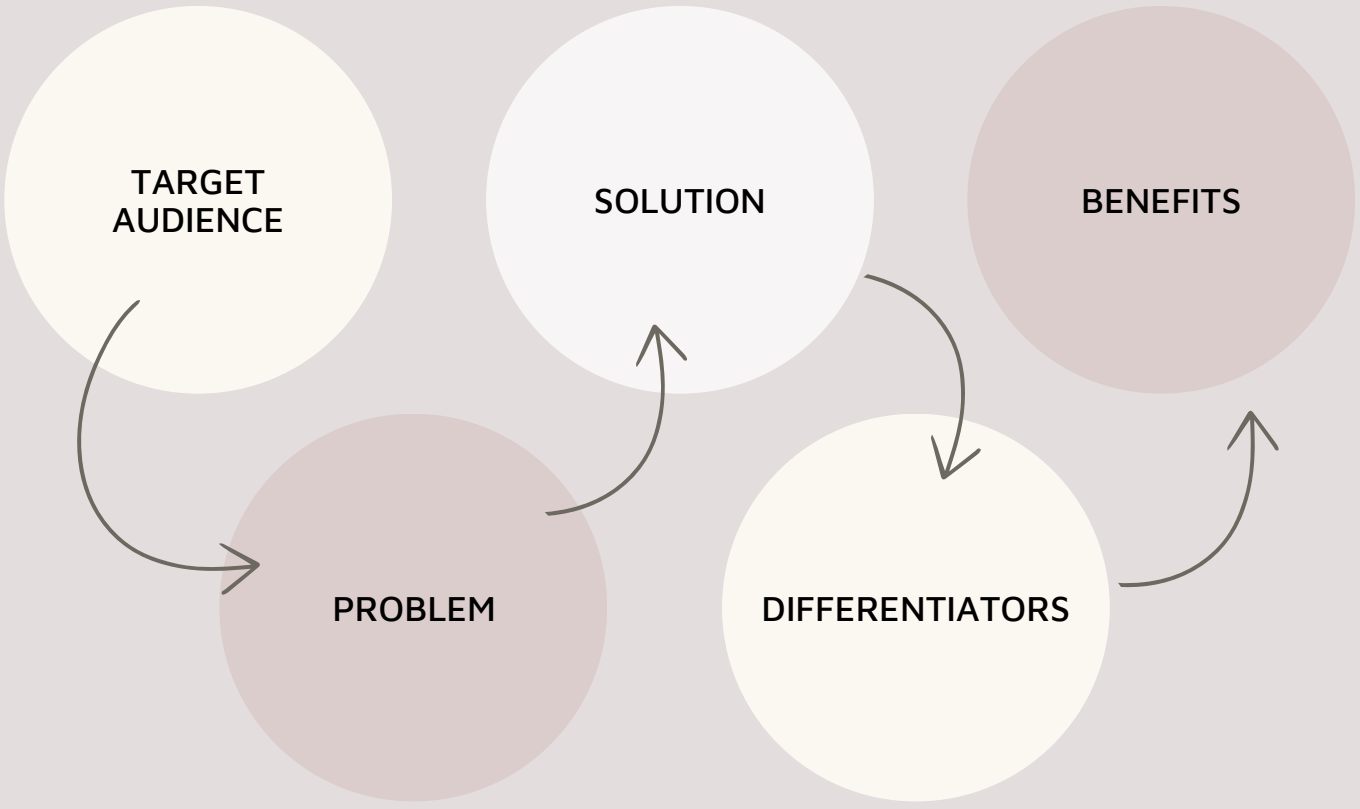
Option 2

TRIBALLY LED MODEL

Understanding the Unique Value Proposition

Your Unique Value Proposition (UVP) is the core of your business's identity. It succinctly communicates what sets you apart from the competition and why your ideal client should choose you. In this lesson, we'll break down the elements that contribute to a compelling UVP and how to articulate it clearly to attract and retain your ideal clients.

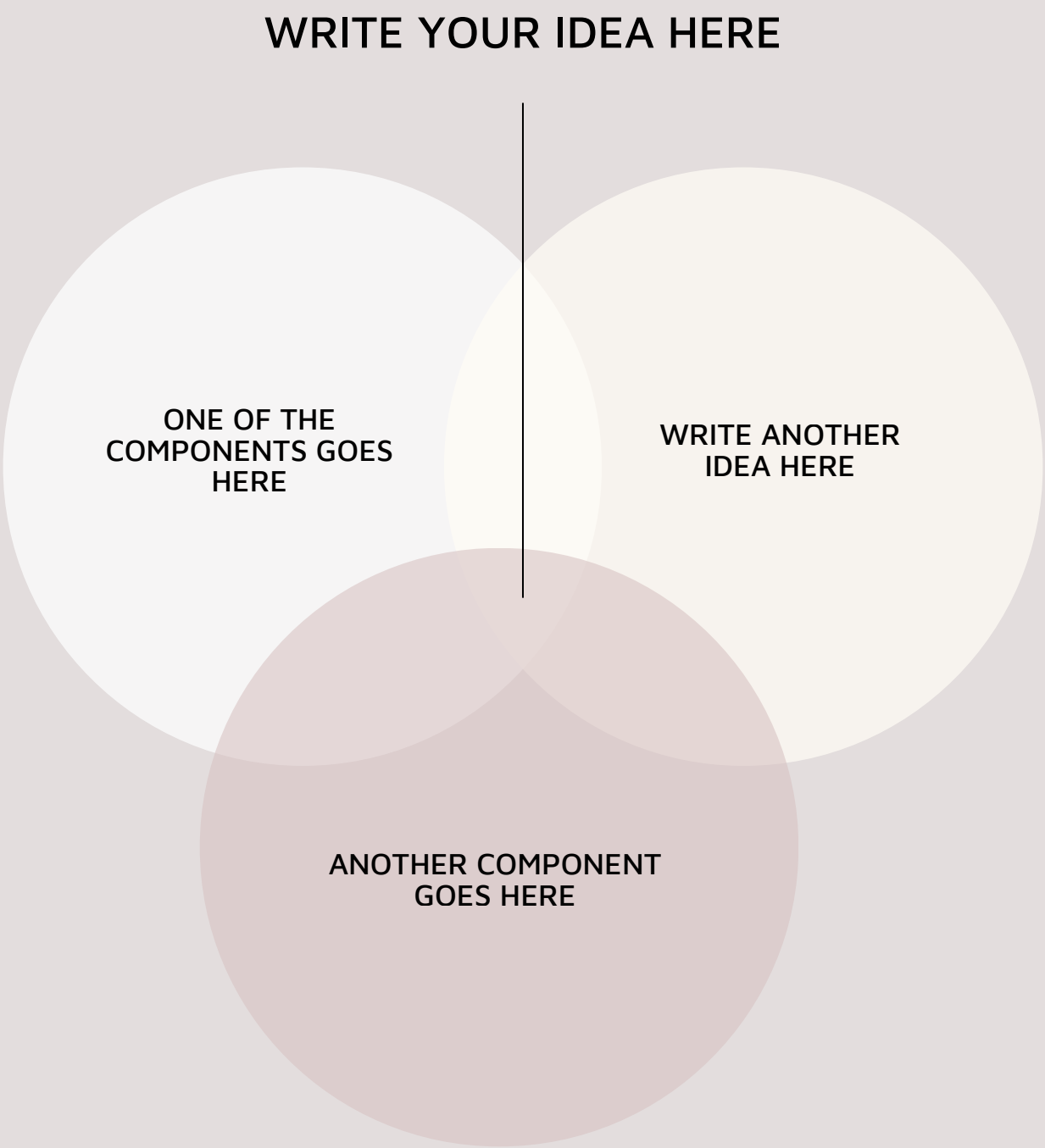
Unique Value Proposition Diagram



Crafting the Solution: Your Product or Service

Once you've identified the key needs of your target audience, the next step is to define how your product or service uniquely addresses these needs. What specific problems do you solve? How do you do it better than anyone else? Clearly articulating this will make your UVP stand out.

Unique Value Proposition Diagram



Identifying Pain Points and Desires

Make a list of the most common pain points and desires your ideal client experiences. Brainstorm solutions and offerings that address these challenges and fulfill their aspirations. Consider how you can position your products or services as the ultimate solution to their problems.