

Behavioral Health Aide (BHA), I, II, Practitioner
Created by the Alaska Native Tribal Health Consortium (ANTHC) an advocate, educator, and a counselor to individuals or groups supports clients in process of recovery of drugs, alcohol, or tobacco as well as mental health challenges in grief, depression, suicide, and other related challenges Criteria

Continued
■ The BHA is certified under the Community Health Aide Program Certification Board. The criteria for BHA includes education in Chemical Dependency Courselor Training, and/or Rural Human Services Certificate, 80th programs and continuing education retails approved by the American Psychological Association. The RHS program is with University of Alaska Farbanks, Anchorage, Bethel, or other compuses. To be certified, the BHA must go through a specified training, practicum, and experiences. ■ https://anthc.org/behavioral-health-aide-program/

	If Behavioral Health is accredited from the Commission on Accreditation of Rehabilitation Facilities (CARF) Behavioral Health can bill to Medicaid for services provided.	
	The BHA billing is through a State Plan Amendment (SPA) notes with specific Medicaid billing numbers or units: crisis intervention, support family, etc.	
	Behavioral Health Aid Manual (BHAM) is a manual created to support children, adolescents, and their caregivers. http://www.carl.org/hov/dest/	
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ВНА BHA utilizes resources collaborates with local Health Clinic (Chugach Region). BHA is supervised by an itinerant therapist or Clinician. BHA may or may not work with court ordered clients. BHA works with Clinician, gives monthly reports: Contacts: education, home visit, outreach,

Continued
Team Player with Health Clinic in providing services; Diabetes Education in Tribal Schools, Chronic Health Patient/Client support Client or Case Management Crisis Intervention BHA is certified by the ANTHC and similar to Regional Alcohol and Drug Abuse Counselor Training (RADACT). BHA focuses on rural Alaska Native population & connects cultural values http://www.radad.com

Why is there a need for BHA?
UAF referred to Courselors in rural area as: Growing our Own Client's first contact to services (in rural area) Building a relationship with Community and advocating for potential clients and current clients in criss BHA role is 24/7 a week, immersed in own home, own community, with family. Bridge Services, create services, provide services Non-benefits: dual relationship, different hats, Adapt to Western Model; nuclear family

Trauma to First People
Historical Trauma is defined by Maria Yellow Horse Brave Heart, PhD"cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma." Great Death by Harold Napolean was described as "there was mass conversion and people began to abondon, in a sense, their own culture and in abandoning their culture, they abandoned themselves" https://www.adakaodeic.org/2015/12/14/withsndestanding-cones-larging-tense-buring-susyaraacide-liter/**Great-beath** https://www.adakaodeic.org/2015/12/14/withsndestanding-cones-fargineses-buring-susyaraacide-liter/**Great-beath** https://document.org/1015/12/14/withsndestanding-cones-fargineses-buring-susyaraacide-liter/** https://document.org/1015/12/14/withsndestanding-cones-fargineses-buring-susyaraacide-liter/** https://document.org/1015/12/14/withsndestanding-cones-fargineses-buring-susyaraacide-liter/** https://document.org/1015/12/14/withsndestanding-cones-fargineses-buring-susyaraacide-liter/** https://document.org/1015/12/14/withsndestanding-cones-fargineses-buring-susyaraacide-liter/** https://document.org/1015/12/14/withsndestanding-cones-fargineses-buring-susyaraacide-liter/** https://document.org/1015/12/14/withsndestanding-cones-fargineses-buring-susyaraacide-liter/**

Adverse Childhood Experiences (ACEs) Kaiser Permanente
In 1995-97 the Center for Disease Control & Kaiser Permanente discovered that 9K/17.000 patients reported early adverse experiences Recurrent exposure to domestic violence, sexual, physical, emotional abuse, family in incarcerated, neglect, family member with a mental illness, Raises the risk in health disparities: high blood pressure, diabetes, obesity, social problems, early death,

		Cherokee Health System Clinical Model
		Patient Centered Workflow
		Integrate Behavioral Health into Medical
N	/ /	 Addresses substance abuse, mental health, behaviors that effect medical that come from negative coping mechanisms: labacco use, substance abuse, stress, stress related symptoms
M		57% untreated, 33% Primary Care, 10% Treated Behavioral Health
		Focus is Healthcare and behavioral health symptoms
		Franko, CHSCM. (2015) Katthol & Gottu-Healing Mind and Body, (2007)
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	\W	 *Peak CL and Hallored Integration Academy Counct. Securities Summary-Leadon for Behavioral Health and Primary Case Integration: Concepts and Sethiolores Developed by Spent Commiss. AMIC Publication No. 134400-145. Societies. MCL Agency for Healthcare and Research and Quality. 2017. Separited by Rankia
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The Native Model of Wellness by Hodge, Limb, and Cross is the adopted model in the quest to seek natural resources
Cultural: Talking Circles; intervention, grief, relationship building, anti- bulying, family, memorial potluck, home visits, fishing, walking, pick bernies, cut fish, Stem bath, story telling, children's activities, & hove an elder present at events and give advice, opening statement, community member co-localitate, resource to local service providers Adopting 4.5 elders for cultural advice on creating programs or working in a community
Creating Programs for based on a clients need with confidentiality: Arts & Crafts: paint nights, jewelry making, etc. Elder Story Telling

InnRes	urce	Outputs		Dutomes Impact		
Input		Activities	Participation	Short	Medium	Long
Address III of Suincide No Funds Increase is Mear with Providers Praviogen In Communit Crease Gu Activities of	o invices leath nd s in the	Suicide Prevention & Ratizer of Chupsen A Windows Seteman the Works Elder Home Visit Elder Tes Seek Current Assets Within the Communities Collect Date on Current Visige Based Programs through Community Forums	Namialisk children, families, elders, and youth Chugachmiut Einerant Therapist Behavioral Health Etaclionat. Alcohol Prevention Coordinator Community Health Resource	Intervention of Social Network Social Network Sugning Culture, Language, and Traditional Skills and Activities and Activities Utilizing current natural resources	Raduction of Suicide Rinks Community Support Sugpiec Culture & Traditional Practice	Low Solicide Risks Factors Efficacy Practice of Sugnice Language, Culture, Traditional Resources

	What is Trauma?
	Trauma is used to describe experiences or situations that are overwhelm people's ability to cope. Or an emotional response to a life threatening event Amikukursagstelluki scared Alingluten amikuglluten: getting scared of what happened
	*Vehicle crash, witness domestic violence, verbal abuse, dog attack, physical abuse, https://www.vauhube.com/watch9v-YaaCFSEHAMA
\ W /	Center for Nonviolence and Social Justice
	Mtp://www.noin/elencacnaccalpidice.arg/FAQ/Whol-k-brumos/41/

Effects of Trauma on Brain & Body
Fear Fight Flight Freeze Anakaarluten yuuriluki suk: person is stuck like freeze Bady shuts down Memory fades to protect the body Qaalakarluri: mind shut down Prolonged exposure means "unsafe" Alingluten: She/he/it not feeling safe, scared

Effects of Trauma
Feelings of unsafe, increase fear of, Cognitive skills: unable to plan ahead, fear of being alone, Iminartekqunak nupurneqmek nateqinak loss Uminarturluten uugcinek qianeklluten loss Suk Iminarturluse suliciq; person is empty took culture Feelings of grief: loss of self, identity, Inable to think clear or unable to make decisions Unable to process information correctly Eparciqua: Anxiety

	Negative Coping Mechanisms
	Negative Coping Mechanisms leading to risk factors Excessive warrying or stress Isolating self or not having a support system Loss of interest in hobbies, exercise, gatherings Lack of sleep or over sleeping Sarku'uni: not sleeping

Building Resilience in our Community ■ Traumatic event: seek support Critical Incident Stress Debriefing: law enforcement, health providers Talking Circles; Facts & Feelings: Peer Support Mindfulness group: reduce negative symptoms or Art Groups: relax & feel safe Not seeking help can increase the chance of symptoms related to Post Traumatic Stress Disorder: no sleep, feelings of on the edge, discomfort in social situations, hyper-arousal, etc. With treatment, symptoms may be reduced and with no treatment, symptoms may continue

Positive Coping Skills
See a help from Counselor or Therapist Kinaq Nupuluki: talk to someone Find what makes you happy Build a support system Get involved in activities Nilicifiuki Atuutit: Listen to Reduce the stress in your ife