

# Improving the Mental Health System for American Indian Alaskan Natives

## 2006 Tribal Leaders Health Summit

American Indians and Alaska Natives (AI/ANs) living in Washington State suffer from disproportionately higher rates of mental health problems, including depression, substance abuse, and suicide. AI/ANs have the right to access the state's mental health system on an equal basis as other residents of the state. However, the state's system does not meet the needs of AI/ANs nor does it ensure access.

In 2005, Washington State received a five-year federal grant to make sweeping changes in its mental health system. The State's grant totaled \$2.73 million for each of the five years, and is being used to build the infrastructure for an on-going process of planning, action, learning, and innovation in mental health care. Implementation of the grant provides a chance for Tribes and state to work cooperatively to improve the delivery of mental health services to AI/ANs in Washington.

To capitalize on this opportunity, ongoing and meaningful Tribal consultation is necessary. Doing so will ensure that the unique mental health needs of Washington's AI/AN population are taken into account and will honor the spirit and letter of the Centennial Accord by providing an opportunity to address issues of mutual concern as they relate to the mental health system.

During the first phase of the grant, Tribal representatives served on the Mental Health Transformation Grant (MHTG) workgroup and on the majority of subcommittees. In addition, the state held two forums to receive direct input from Tribal providers and consumers. The Northwest Tribal Epidemiology Center then prepared an assessment of the comments received at these Tribal forums to assist Tribes and the state in developing a Tribal-specific chapter of the Comprehensive Mental Health Plan which was submitted to SAMHSA in September 2006.

While the involvement of Tribes and inclusion of Tribal priorities in the state's plan is an encouraging first step, the state must continue to work with Tribes on a government-to-government basis to ensure that the recommendations from the Tribal-specific chapter are addressed in Washington's mental health transformation process. Specific recommendations from Tribal leaders are summarized below.<sup>1</sup>

**Consultation** – In accordance with the Centennial Accord, meaningful Tribal consultation should be established on a regular basis to work with Tribal representatives at the government-to-government level for the discussion of mental health issues, policy development, collaboration, seamless operations, and program assessment and evaluation. The state should

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<sup>1</sup> Additional information on the implementation of Washington's Mental Health Transformation Grant and the tribal-specific recommendations is available at (<http://mhtransformation.wa.gov>).

develop a process to ensure Tribal representation on all respective commissions, planning committees, and other groups established that would have an impact on Tribal populations.

**Cultural Competency** – Training on Tribal legal status should be provided to administrators and other levels of personnel for non-Tribal providers, local governments, and state employees. The state should work with Tribes to increase the number of culturally competent mental health service providers and researchers. Cultural or traditional services should be viewed as an equal and legitimate service when compared to western/European mental health practices, with equitable reimbursement from the state. Culturally competent research activities to improve the body of knowledge regarding Tribal best practices should be increased in accordance with Tribal governmental approval.

**Evidence-based Practices** – Grant opportunities and future funding should not be tied to the use of evidence-based practices that may not fit for Tribes.

**Co-Occurring Disorders** – The state should work with Tribes to develop Community Mental Health Centers to promote the seamless delivery of services. The state should work with Tribes to develop a non-duplicative system to share HIPAA and provider-approved medical record transactions. The state should work with Tribes to ensure that patients/clients do not have to complete multiple eligibility forms or endure repetitive tests/assessments.

**RSN Reform** – The state must acknowledge that it has a shared responsibility with the federal government to provide health services, and this responsibility should not be delegated to RSNs, municipalities, or other governmental entities. The state, in consultation with Tribes, should develop a direct reimbursement system that responds to patient/client needs and that provides reimbursement for all Tribal behavioral health services.

**License and Certification** – Current license and certification requirements should be changed to deem Tribally-certified professionals and facilities as eligible to be reimbursed for services, including services provided under direct state contracts.

**Law Enforcement and Judicial System** – The law enforcement workforce and the court system need to adequately protect communities and become a collaborator in the mental health service delivery system. Law enforcement professionals should be trained in interventions including the coordination of procedures with mental health professionals, crisis intervention, dealing with people with mental illnesses, and cultural competency. In addition, Washington State and local governments should recognize Tribal court orders with full faith and credit and should accept Tribal assessments.

**Medicaid Reimbursement** – The state Medicaid Plan should include more reimbursable services for prevention and for patients with mental illness and co-occurring disorders.

**Youth Issues** – There is not enough emphasis on the impact of the K-12 educational system and its role in mental health. There should be additional support for the educational system to develop programs to increase their ability to deal with mental health issues, including an allowance for the increasing numbers of drug abuse affected children. Public

K-12 schools should enhance their prevention curriculums and on-site health services. The state should invite Tribal Colleges to become more involved in addressing the mental health needs, including curriculum development, cultural competency training, research projects, and professional preparation and certification.

**Meaningful Tribal Participation** – The state must allocate resources to enable system changes needed to participate in the transformation project in a meaningful way. The state should begin a process that brings together Tribal service providers, higher education, Tribal health organizations, SAMSHA, and other collaborators to discuss approaches.

The American Indian Health Commission for Washington State and the DSHS Indian Policy Advisory Committee will request that the State of Washington provide Tribal leaders and health directors with a mid-year report on the status of implementing the Tribal-specific recommendations from the Washington Comprehensive Mental Health Plan that was submitted to the Substance Abuse and Mental Health Services Administration in September 2006. AIHC also will work with the Northwest Portland Area Indian Health Board, Tribal leaders, and Tribal health directors to ensure that the recommendations from the Tribal-specific chapter are reviewed and validated annually to ensure they remain priorities in the mental health transformation process.