Report
for
Northwest Portland Area Indian Health Board
Tribal Forum Report
Mental Health Transformation Grant
State of Washington

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Overview

In 2002, President Bush created the *New Freedom Commission* to identify goals for sweeping changes in the mental health system. The goals, when met, will change the focus of the nation's mental health system from maintenance, to recovery and resiliency. This change of paradigm shift will require innovative service orientation and resource allocation. The Substance Abuse and Mental Health Services Administration (SAMHSA), in 2005 funded seven states for a Mental Health Transformation Grant to achieve these goals, Washington State was one of successful grantees.

The State's grant totals $2.73 million for each of the five years, and will be used to build the infrastructure for an on-going process of planning, action, learning, and innovation in mental health care.

The Northwest Tribal Epidemiology Center has been asked to assist the State on an initiative to complete an assessment for reshaping the State's mental health services. To complete this work the State has been conducting public meetings throughout Washington and has conducted two forums (May 17th in Spokane and May 25th in Tacoma) specific to Tribal audiences. The input received from these forums is reported in this document. The purpose of the document is to assist tribes and the State in developing recommendations for the Comprehensive Mental Health Plan. This plan is part of the Mental Health Transformation Grant: Partnerships for Recovery and Resiliency. The following is a summary of the topics discussed at the Tribal Forums.

The number in the parenthesis *(-)* represents the number of times the numbered topic was mentioned in the Forums.

(Topics are randomly listed and do not represent any priority.)

1. *(16)* Communication needs to be improved to have an effective procedure for communicating with tribal governments.
   - Attendees at the forums report that there was not timely notification for participation in transformation planning. Additionally, attendees reported that communication for other health related issues with the State and its subordinates (counties, Regional Support Networks [RSNs], local governments) is inefficient and mostly ineffective.

- There needs to be multiple forms of communication (e.g. tribal paper, newsletter) used to ensure access to information and freedom to participate in providing comments and input from stakeholders.
- There needs to be follow-up from the State when requests are made by tribal representatives.
- There is a lack of awareness of the current services that are available.

2. *(6)* Tribal representatives prefer to rely on tribal experts for mental illness consultation and have the expertise to determine what facility the patient/client should utilize for services.

- Tribal patients/clients should have access to every facility in the State and not be denied service because of bureaucratic diagnosis quagmires.
- There needs to be a review of tribal representation on the Transformation Grant's seven subcommittees.
- There needs to be tribal representation on the state's Mental Health Planning and Advisory Council and the Ethnic Minority Advisory Committee.
- There needs to be a change in the current system that perpetuates "victims of the system".

3. *(16)* The RSNs are not responsive to tribal requests or needs. In some areas of the State (Spokane) there is no access to RSNs.

- There should be a clarification of the "7.01 Plan" from the Mental Health Division and the RSNs.
- There needs to be a review of equitable reimbursement for mental health services provided by the tribes.
- There are reports of racism and oppression from tribal representatives that have tried to work within the RSN system.
- The RSNs need to become governmentally and culturally competent, e.g. understand how tribal governments work and develop a service delivery system that respects traditional customs.
- The Suquamish Tribe believes that direct 701 planning is the responsibility of the MHD and not its contractor the RSN.

4. *(27)* Cultural competence needs much improvement. There needs to be intensive efforts developed to address this deficient.

- There is a shortage of culturally competent mental health service providers.
- While there has been some progress in reducing the "stigma" associated with receiving mental health services, there is still more work needed in this area. There needs to be financial resources available to tribal mental health programs to fund these efforts.
- There is a lack of understanding by non-tribal governments and non-tribal service providers about the diversity that exists between tribes and among tribal communities. An understanding of "what works" in one community may not be a perfect match in another community is critical for policy development. New policy and regulations must have an intrinsic leeway for adaptation and innovation for using efficacious American Indian "best practices" and/or "evidence based" programs.
- An improved recent definition of "best practices" and "evidence based programs" by SAMSHA for their Strategic Prevention Framework State Incentive Grant

(SPF SIG) Program Announcement (SP-06-002) will assist in utilization of identified programs and is defined as:

- ***Best Practice:*** *Best practices are practices that incorporate the best objective information currently available regarding effectiveness and acceptability.*
- *SPF SIG grantees must provide the infrastructure and other necessary support to local stakeholders in selecting and implementing policies, programs, and practices proven to be effective in research settings and communities. Grantees must ensure that community implementers make culturally competent adaptations without sacrificing the core elements of the policies, programs and practices.*
- *Similarly, local stakeholders will use the findings of their needs assessments to guide selection and implementation of policies, programs and practices proven to be effective in research settings and communities. Community implementers must ensure that culturally competent adaptations are made without sacrificing the core elements of the policies, programs and practices.*

- There needs to be more funding available for the development of American Indian "best practices" and "evidence based programs". Secondly, there needs to be a funding mechanism developed to pay for training and implementation of American Indian "best practices" and "evidence based programs".
- There is a lack of understanding by State officials/employees and other local governments about tribal government legal status. This legal status competence is a much needed training, which should be developed in addition to other cultural competence training requirements.
- Cultural or traditional services are not viewed as an equal service when compared to western/European mental health practices. These need to be equitably reimbursed and recognized as legitimate services.
- The National Institute of Mental Health needs to be targeted for development of resources for tribes in the area of program development and evaluation.
- There needs to be a review of the "Access to Care" standards for applicability to tribal programs.
- More research needs to be respectfully (including Institutional Review Board approval for protection of tribes and individuals) conducted to increase the body of knowledge for Indian specific programs.
- Data from research and other programs provided to tribal populations must be controlled by the respective tribal government.

5. *(21)* License/certification criteria needs to be changed to deem tribally certified professionals and facilities as eligible to be reimbursed for services, including where desired, contracts with RSNs or local providers.

- State agencies do not have the authority to dictate requirements to tribal programs.
- There should be an acknowledgement by certification bodies to recognize cultural customs and traditional health practices by tribally certified providers.
- There should be cultural competency components added to requirements for non-tribal providers of mental illness services for State certification and certification.

- Tribally certified service providers should be recognized as viable for reimbursement by Medicaid, Medicare, and other third party payers.
- There should be acceptance of tribally provided services including: screenings, assessments and other tests. Patients/clients should not be subjected to multiple duplicative services.
- Certification programs need to be developed to encourage professional development.
    - Cross-discipline acknowledgement of clinical competency in a related health field should be considered to increase the number of cross-trained individuals.
    - Rural and underserved area providers should have access to a certification that meets the needs of their respective populations. This certification would be more of a generalist nature to address the multiple demands of providing services in isolated areas.

6. *(15)* The state Medicaid plan needs to be changed to include more reimbursable services for prevention and for patients with mental illness and co-occurring disorders. Current programs have difficulty maintaining programs at no charge.
- There needs to be a change in the State's plan that stops Medicaid eligibility when a person is incarcerated.
- The managed care medication formulary needs to be reviewed and changed to address medically necessary pharmaceuticals.
- More prevention services need to be reimbursable (e.g. services provided at schools).
- Tribes that provide services to non-Indians should be reimbursed directly by the State, or allowed the full federal FMAP.

7. *(4)* Service delivery environments need to be considerate of tribal customs and have staff that are respectful of all populations.
- Treatment and therapy rooms need to have the flexibility to adjust to modalities that promote interaction and positive outcomes.

8. *(15)* Law enforcement and the court system need to be changed to allow for a workforce that can adequately protect communities and become a collaborator in the mental illness service delivery system.
- There needs to be an increase in the number of law enforcement professionals.
- Law enforcement professionals should be trained in therapeutic interventions that includes: crisis intervention, dealing with people with mental illnesses (including patient confidentiality), and cultural competence.
- There needs to be an improvement for transition services for inmates from correctional institutions back into their communities.
- The State needs to recognize tribal court orders with full faith and credit.
- The public court system needs to accept tribal assessments as valid and improve the working relationships with tribal health professionals.
- There needs to be more mental illness services available in county and tribal jails.

9. *(10)* A system needs to be developed to provide a seamless transition to services.
- Patients/clients should not be required to complete multiple eligibility forms.
- Patients/clients should not be submitted to repetition of tests from different providers.

- There should be a system developed to share HIPAA approved medical record transactions.
- Mental illness needs to be part of a statewide public health plan and include prevention and early intervention.
- There needs to be reasonable access to seamless services.

10. *(4)* Resources need to be allocated to enable system changes needed to participate in the transformation project.
- There needs to be a commitment by the State to begin a process that brings together tribal service providers, higher education, Portland Area Indian Health Board, SAMSHA (incl. CSAP & CSAT), and other collaborators.
- An outcome of this commitment must be progress toward improving the lives of Indian people and not just another pilot project that gets buried in the bureaucracy.

11. *(18)* There should be regular tribal consultation meetings established (annual, or biannual, or quarterly) to work with tribal representatives at the government to government level: discussion of health issues, policy development, collaborations, seamless operations, assessment and evaluation of programs.
- Treaty rights need to be honored.
- There should also be a process developed to ensure tribal representation on all respective commissions, planning committees, and other groups established that would have an impact on tribal populations.
- Some tribes have stated they are willing to facilitate and host meetings.
- Consultation meeting must include State and tribal representatives that have "administrative authority" to make decisions.
- Any waivers that are developed as a result of this grant must have tribal consultation before the waiver is approved by the federal agency.
- The State should develop a system for direct contact with tribal officials to reduce unnecessary administrative costs, (e.g. contracts).
- The mandated screening required by the grant should be developed by tribal officials, to increase the reliability and validity of the screening tool.

12. *(8)* There is a shortage of mental health providers and inpatients facilities that provide culturally competent services.
- This results in limits to access to service and appropriate facilities for services for American Indians.
- There needs to be an increase in the number of American Indian providers.
- There needs to be an expansion of programming to establish more collaborations to promote comprehensive service delivery and support systems in every community (e.g. law enforcement, education, businesses, service organizations).
- There needs to be more services that emphasize recovery modalities (e.g. job coaches, educators).
- There needs to be more services that focus on severe persistent mental illnesses.

13. *(13)* Mental Illness and co-occurring disorders are difficult to segregate (as is currently true in the current State system; but not in most tribal behavioral health programs) when the focus

should be on the patient/client as a whole person who must be able to interact with multiple entities in their communities.

- There needs to be comprehensives services that are delivered in a seamless system.
- There needs to be an acceptance of an expanded definition of "co-occurring disorders" that is inclusive of physical conditions that exacerbate patient/client wellness (e.g. diabetes, asthma, other chronic conditions).
- There also needs to be services provided that occur as the result of mental illness and co-occurring disorders, e.g. domestic violence.
- There needs to be Community Mental Health Centers developed to promote the seamless delivery of services.
- When treatment is provided for substance abuse, the patient should be allowed to access mental health services and reimbursement should be allowed under ADATSA medical coupon for said mental health services.

14. *(1)* The state wide educational system needs to be improved to reduce the inhibition to productive academic freedom experienced by many American Indian students.

15. *(4)* Higher education institutions should be requested to become more involved in addressing the mental health needs of Indian people.

- The state should develop working relationships with Tribal Colleges that can be best suited to provide cultural competency training opportunities and offer valuable prospectives from higher education's view points.
- There needs to be more research activities that enhance the ability of governing bodies to make decisions for mental illness programs/services/activities.

16. *(10)* There must be a system developed that provides reimbursement for all tribal behavioral health services that is not solely dependent on any single payer (e.g. public, private, other third party payers).

- Currently, the majority of crisis intervention services are provided by tribes without external support. These services often include all citizens (including non-Indians) in the crisis area, and is creating a hardship on tribal finances.
- There needs to be a State acknowledgement that it has a shared responsibility with the federal government to provide healthcare services. This responsibility should not be delegated to RSNs, municipalities or other governmental entities.
- There needs to be equitable funding for both inpatient and outpatient services.
- There needs to be changes in the GAU coupon and the DOSA coupon to allow tribes to bill a fee for service.

17. *(1)* Drug trafficking is escalating and overwhelming tribal communities.

- Canadian infiltration of methamphetamine and other drugs is causing extreme hardships in many reservation communities. This is resulting in an increase in mental health issues that tribal mental health programs must deal with such as: methamphetamine induced psychosis and permanent cognitive impairment which results in increased chronic mental health conditions and service needs.