Honoring Tribal Sovereignty in Behavioral Health: Collaborative Approaches in Crisis Response in AI/AN Communities

American Indian Health Commission

Health Care Authority

Washington Behavioral Health Conference

June 12, 2025

PULLING TOGETHER FOR WELLNESS

Tribal Sovereignty & Health Systems

The American Indian Health Commission

www.aihc-wa.com

Kathryn Akeah, Tribal Health Consultant, AIHC

PULLING TOGETHER FOR WELLNESS

About Us

American Indian Health Commission

Pulling Together for Wellness

Established in 1994, we are a Tribally-driven, non-profit organization providing a forum for the twenty-nine tribal governments and two urban Indian health programs in Washington State to work together to improve health outcomes for American Indians and Alaska Natives.

Land Acknowledgement

I would like to begin by acknowledging that as we gather today, we are all on the ancestral homelands of indigenous people. Today we are meeting across the lands of hundreds of Tribes.

Indigenous people, despite being removed from the lands where they lived, hunted, gathered, practice ceremonies and cared for their community members. Indigenous people and Tribes, whether “official” recognized by the United States Government or not, continue to care for these lands and their community members. As health professionals, it is important that we also acknowledge the impacts of the removal from traditional lands, of children stolen to boarding schools, of the oppression of cultural and traditional ways of life on the health of indigenous people throughout the country and in Washington State.

As we work to improve health in Washington State, it is imperative that we address the inequities of the past by understanding their impact of the present. I invite each of you to learn about and understand the true history of the indigenous lands where you reside on.

PULLING TOGETHER FOR WELLNESS

Understanding and respecting Indian law and policy can bring about great improvements for the Tribal nations and American Indian and Alaska Native people

<u>AND</u>

benefit the citizens of the state of Washington.

PULLING TOGETHER FOR WELLNESS

Legal and Historical Foundations of the Indian Health System

Native American Nations

This map is the first to document the true names and original locations of most of the documented Native American Nation in what is now the contiguous United States of America. It represents the homelands of Tribal Nations from roughly 1590 through 1850, pre-reservation period. It seeks to honor all Nations, Tribes, sub-Tribes and bands, etc by including the larger, well-known ones as well as many that did not survive the effects of European arrival. Most of the

Treaty Making

Prior to the establishment of the United State government, Tribal nation were negotiating treaties with Spain and England.

At first, the United States government used treaty making to encourage stable relationships and trade with the Tribes.

Treaty making was a method used to take Indian Land.

370 Indian Treaties were made with the U.S. Government and Indian Tribes from 1789 to 1871.

Changes in administrations and westward expansion changed what was negotiated in treaties.

Under Andrew Jackson, federal policy for treaty making with Tribes changed from alliance to open Indian land for settlement by non-Indians.

PULLING TOGETHER FOR WELLNESS

American Indians and Alaska Natives in the United States
United States Census Bureau
Pacific Ocean
Atlantic Ocean
Gulf of Mexico
CANADA
MEXICO
WASHINGTON
OREGON
CALIFORNIA
IDAHO
NEVADA
MONTANA
WYOMING
UTAH
ARIZONA
COLORADO
NEW MEXICO
NORTH DAKOTA
SOUTH DAKOTA
NEBRASKA
KANSAS
OKLAHOMA
TEXAS
MINNESOTA
IOWA
MISSOURI
ARKANSAS
LOUISIANA
WISCONSIN
ILLINOIS
MICHIGAN
INDIANA
OHIO
KENTUCKY
TENNESSEE
MISSISSIPPI
ALABAMA
GEORGIA
FLORIDA
SOUTH CAROLINA
NORTH CAROLINA
VIRGINIA
WEST VIRGINIA
PENNSYLVANIA
NEW YORK
VERMONT
NEW HAMPSHIRE
MAINE
MASSACHUSETTS
ALASKA
HAWAII
Navajo Nation
Hopi
Crow
Wind River
Pine Ridge
Standing Rock
Cheyenne River
Rosebud
Fort Peck
Blackfeet
Yakama Nation
Colville
Uintah and Ouray
Tohono O'odham Nation
San Carlos
Fort Apache
Cherokee
Choctaw
Chickasaw
Creek
Red Lake
Leech Lake
White Earth
Number of American Indians and Alaska Natives: 2010
25 Reservations with Largest AIAN Populations
AIAN Population
50,000
40,000
30,000
20,000
10,000
0
Ten Largest Tribal Grouping Populations: 2010
Cherokee 284,247 534,858 Total: 819,105
Navajo 286,731 45,398 Total: 332,129
Choctaw 103,910 91,854 Total: 195,764
Mexican American Indian 121,221 54,273 Total: 175,494
Chippewa 112,757 57,985 Total: 170,742
Sioux 112,176 57,934 Total: 170,110
Apache 63,193 48,617 Total: 111,810
Blackfeet 27,279 78,025 Total: 105,304
Creek 48,352 39,980 Total: 88,332
Iroquois 40,570 40,432 Total: 81,002
Alone
In Any Combination
Alone includes individuals who reported one or more tribes within a single tribal grouping.
In Any Combination includes individuals who reported one or more races and/or detailed tribal groupings.
Legend
American Indian Reservation and/or Off-Reservation Trust Land (Federal)
Oklahoma Tribal Statistical Area
Tribal Designated Statistical Area
American Indian Reservation (State)
State Designated Tribal Statistical Area
Alaska Native Regional Corporation
International Boundary
State Boundary
NOTE: The boundaries and names shown on this map are those reported to the U.S. Census Bureau and are in effect as of January 1, 2010. The boundaries shown on this map are for Census Bureau statistical data collection and tabulation purposes only; their depiction and designation for statistical purposes do not constitute a determination of jurisdictional authority or rights of ownership or entitlement. The geographic areas shown on this map are simplified and may be displayed as point locations due to map scale limitations.
For more information about the U.S. Census Bureau, American Indian and Alaska Native (AIAN) areas and statistics, please visit www.census.gov and factfinder2.census.gov.
For information on AIAN tribal groupings, see Appendix B in the 2010 Census Summary File 1 - Technical Documentation at www.census.gov/prod/cen2010/doc/sf1.pdf.
Source: U.S. Census Bureau, 2010 Census Redistricting Data (Public Law 94-171) Summary File, Table P1 and 2010 Census Summary File 1.
Percent Distribution of the American Indian and Alaska Native Population by American Indian/Alaska Native Area of Residence: 2010
American Indian Areas*
Alaska Native Village Statistical Areas
Outside of American Indian/Alaska Native Areas
American Indian and Alaska Native alone or in combination 5.2 million 20.5 1.5 78.0
American Indian and Alaska Native alone 2.9 million 30.7 2.2 67.0
American Indian and Alaska Native in combination 2.3 million 7.3 0.5 92.1
*Includes federal American Indian reservations and/or off-reservation trust lands, Oklahoma tribal statistical areas, tribal designated statistical areas, state American Indian reservations, and state designated tribal statistical areas.
Note: Percentages may not sum to 100.0 due to rounding.
American Indian or Alaska Native Alone or in Combination as a Percent of County Population: 2010
U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. Census Bureau
Prepared by Geography Division

U.S. Recognition of Tribal Sovereignty

- The U.S. Constitution mentions Indian Tribes:
- Article 1, section 8 , clause 3, Congress is the branch of government authorized to regulate commerce with *“foreign nations, among the several states, and with Indian Tribes.”*
- Article 2, Section 2, Clause 2 of the U.S. Constitution empowered the President to make treaties, including Indian Treaties.
- Article 4, states that all treaties entered by the United States “shall be the supreme Law of the Land.”

1854-56: Treaties with Tribes in Washington Territory

Eight treaties were "negotiated" during these two years

Treaty of Medicine Creek (1854)

Nisqually, Puyallup, Squaxin Island, *Steilacoom,* *S'Homamish, Stehchass, others*

Reservation, fishing, hunting, pasturing (stallions for breeding only), **health care**

Treaty of Point Elliott (1855)

Lummi, Suquamish, Tulalip *(Snohomish, Skykomish, others),* **Swinomish, Snoqualmie, Skagit,** *Duwamish, others*

Reservations, fishing, hunting, **health care**

Treaty of Point No Point (1855)

Jamestown S'Klallam, Port Gamble S'Klallam, Lower Elwha Klallam, Skokomish, *others*

Reservation, fishing, hunting, **health care**

Treaty of Neah Bay (1855)

Makah

Reservation, fishing, whaling, sealing, hunting, **health care**

Treaty with the Yakama (1855)

Yakama, *Palouse, Pisquouse, Wenatshapam, Klikatat, Klinquit, Kow-was-say-ee, others*

Reservation with schools and fishery, fishing, hunting, pasturing, **health care**

Treaty of Walla Walla (1855)

Umatilla, *Walla Walla, Cayuses*

Reservation, fishing, hunting, pasturing, **health care**

Treaty with the Nez Perce (1856)

Nez Perce

Reservation with schools, fishing, hunting, pasturing, **health care**

Quinault Treaty (1856)

Quinault, Quileute

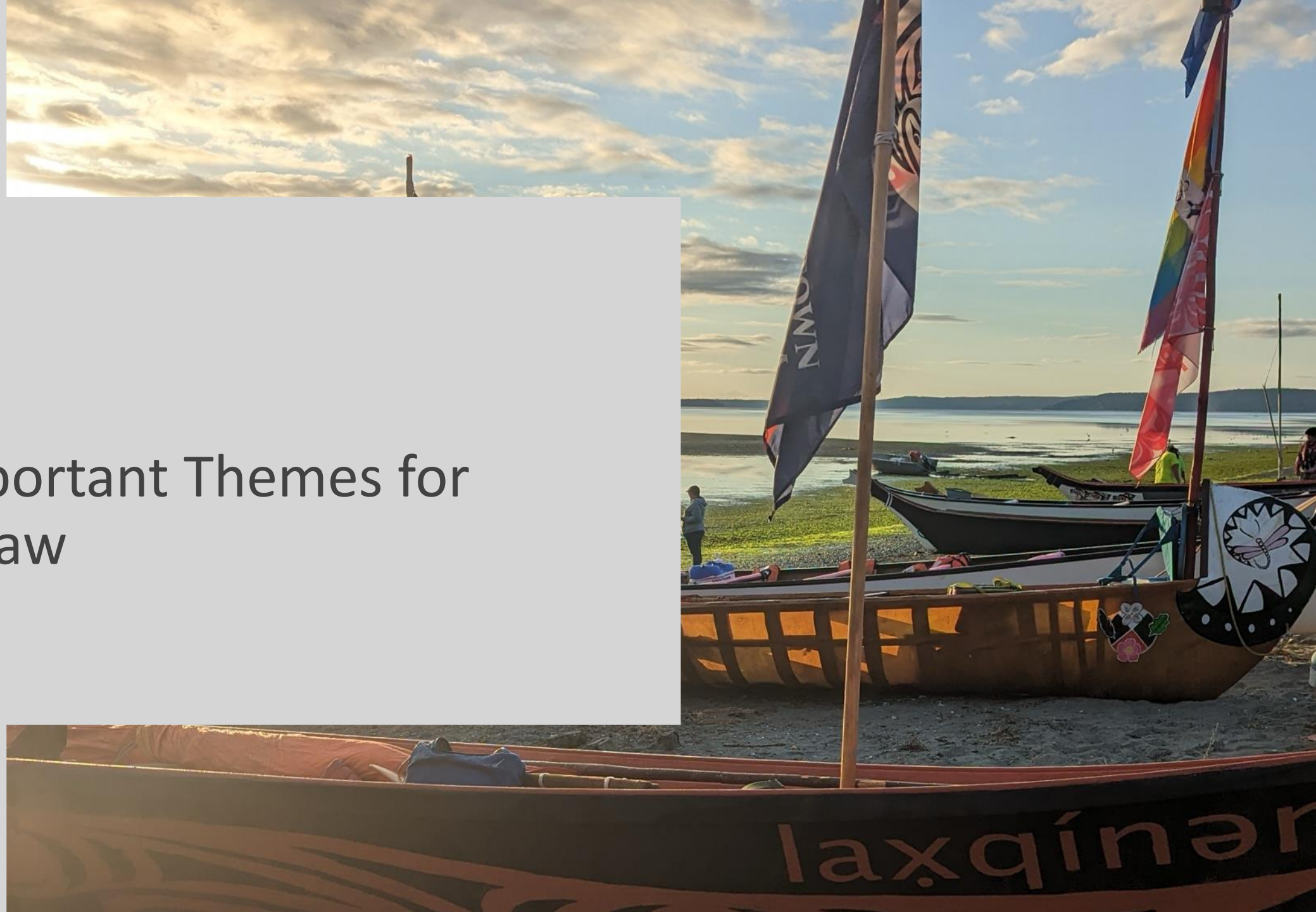
Reservation, fishing, hunting, pasturing horses (stallions for breeding), **health care**

PULLING TOGETHER FOR WELLNESS

29 Federally Recognized Tribes in Washington State

PULLING TOGETHER FOR WELLNESS

Two Important Themes for Indian Law



Theme 1 → Sovereignty

TRIBES = Independent entities with inherent power of self-government

See American Indian Law in a Nutshell, William Canby, Jr., 6th Edition

PULLING TOGETHER FOR WELLNESS

Tribal Sovereignty

- Tribal Sovereignty predates the formation of the United States government.
- Prior to contact, Tribal governments already had complete sovereignty.
- They had highly developed ways of life, well-established governments, and engaged in unique Tribal health practices.

PULLING TOGETHER FOR WELLNESS

Sovereignty is an inherent power

In contrast to a city, who derives certain powers to enact regulations from the State, a tribe's power is inherent, and the tribe needs no authority from the federal government.

Iron Crow v. Oglala Sioux Tribe, 231 F.2d 89 (8th Cir. 1956); Merrion v. Jicarilla Apache Tribe, 455 U.S. 130, 149 (1982).

PULLING TOGETHER FOR WELLNESS

Tribal sovereignty in practice

AUTHORITY TO GOVERN

Sovereignty ensures control over the future of the tribes and encourages preservation of tribal culture, religions, and traditional practices.

Tribes have the authority to, among other things, govern their people and their land; define their own tribal membership criteria; create tribal legislation, law enforcement and court systems; and to impose taxes in certain situations.

Building Bridges for the New Millennium: Government to Government Implementation Guidelines, May 18, 2000

PULLING TOGETHER FOR WELLNESS

Theme 2 → Trust Responsibility

Trust responsibility is a legally enforceable obligation of the United States to protect tribal self-determination, tribal lands, assets, resources, and treaty rights, as well as carry out the directions of federal statutes and court cases.

Building Bridges for the New Millennium: Government-to-Government Implementation Guidelines, State-Tribal Workgroup, May 18, 2000

PULLING TOGETHER FOR WELLNESS

Federal Trust TREATY Responsibility to Provide Health Care to AI/AN

"And the United States finally agree to employ a physician to reside at the said central agency, who shall furnish medicine and advice to their sick, and shall vaccinate them; the expenses of …medical attendance to be defrayed by the United States, and not deducted from the annuities."

Treaty of Point Elliot, 1855, Article 14

PULLING TOGETHER FOR WELLNESS

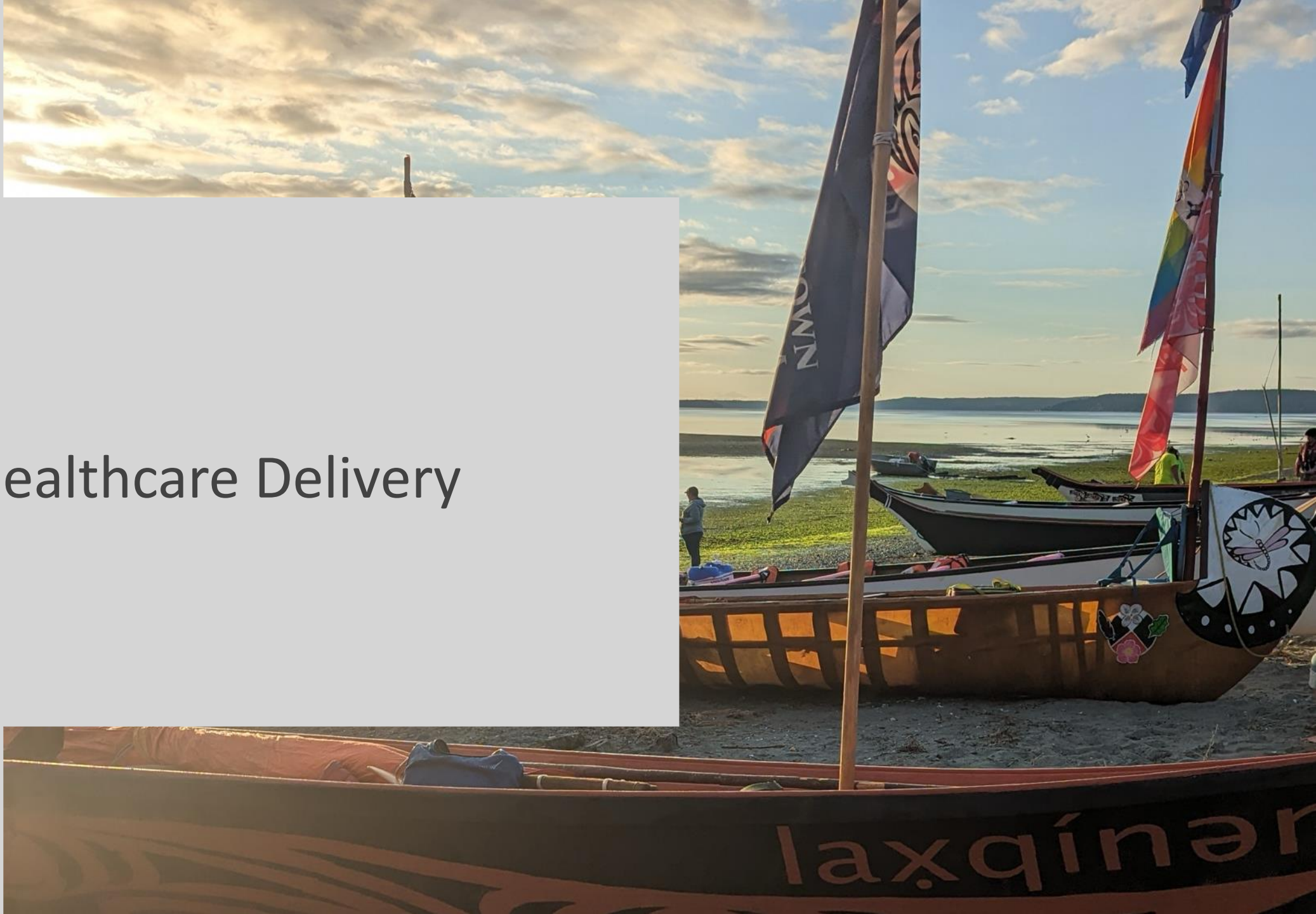
Federal Trust Statutory Responsibility to Provide Health Care to AI/AN

Under the Indian Health Care Improvement Act (IHCIA), "[f]ederal health services to maintain and improve the health of the Indians are … required by the Federal Government's historical and unique relationship with, and resulting responsibility to, the American Indian people."

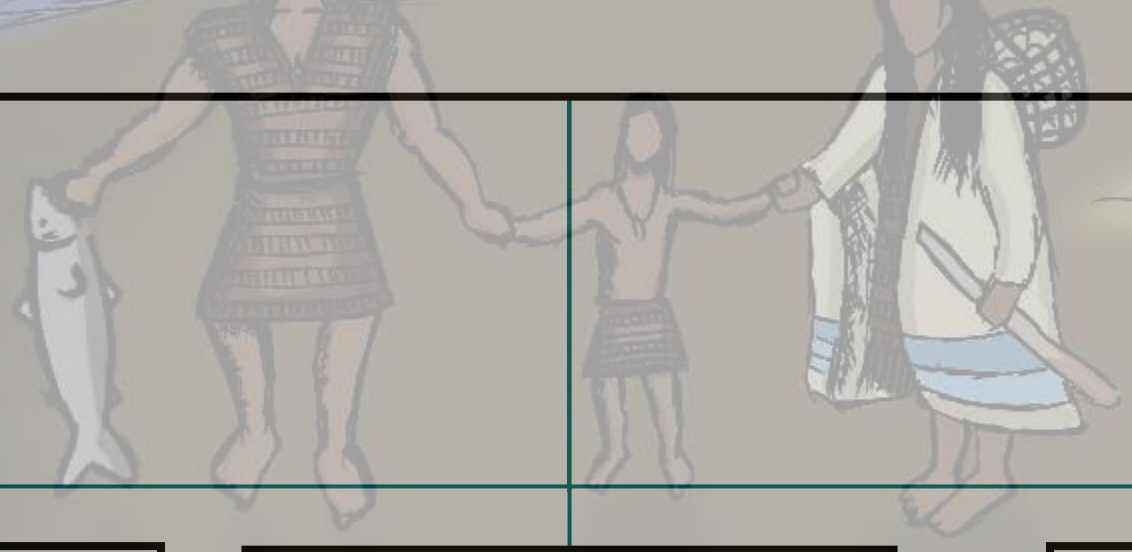
25 U.S.C. § 1601(a)

PULLING TOGETHER FOR WELLNESS

Indian Healthcare Delivery System



Indian Health Care Providers (IHCPs)



IHS Facility (Direct Site)

25 USC § 1661

Tribal Compact/Contract Tribes

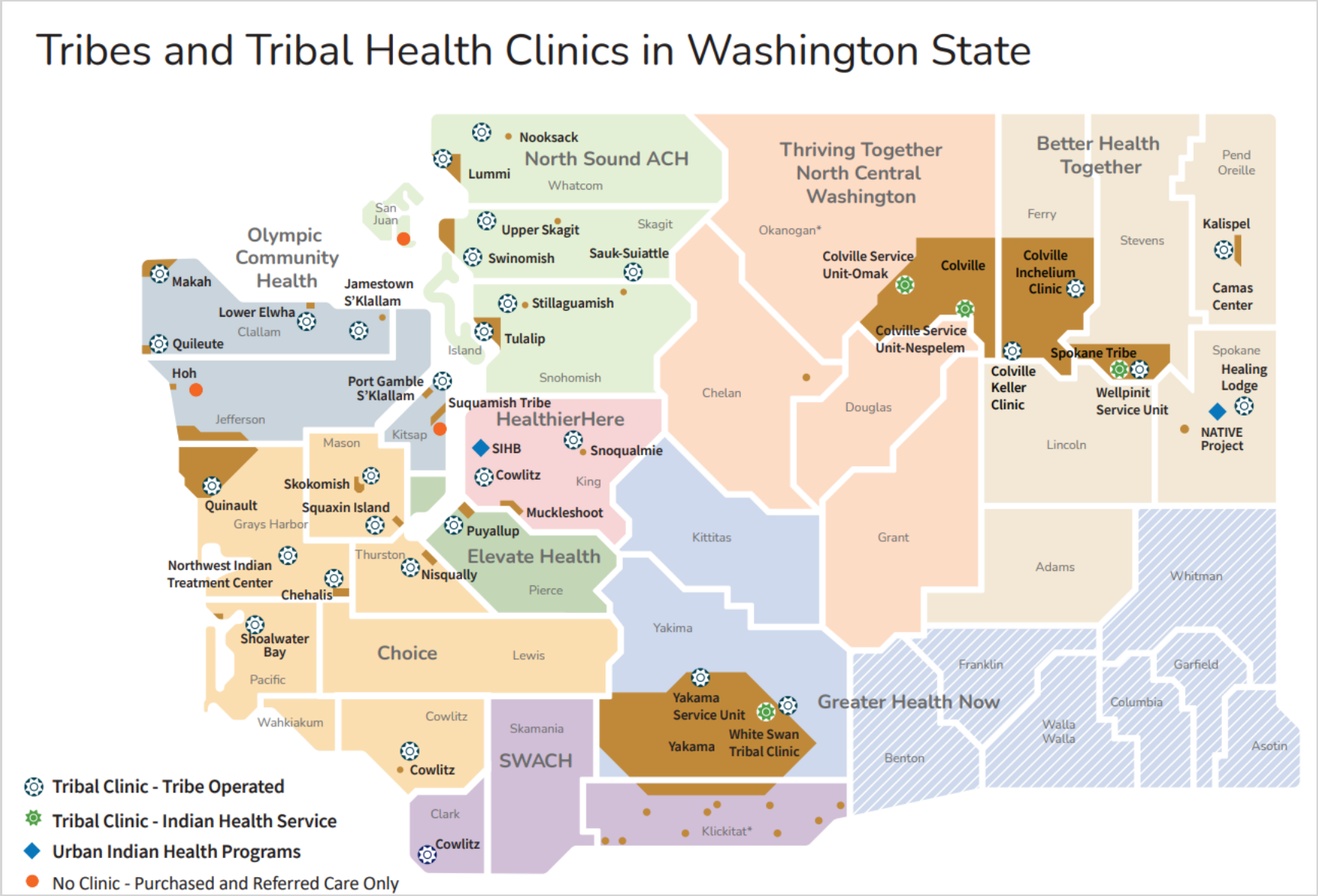
25 USC § 450 et. seq.

Urban Indian Health Care Providers

25 USC 1603 § (29)

PULLING TOGETHER FOR WELLNESS

- 29 Tribal Nations
- 2 Urban Indian Health Organizations
- 3 (Federal) IHS Service Units



PULLING TOGETHER FOR WELLNESS

Purchased and Referred Care

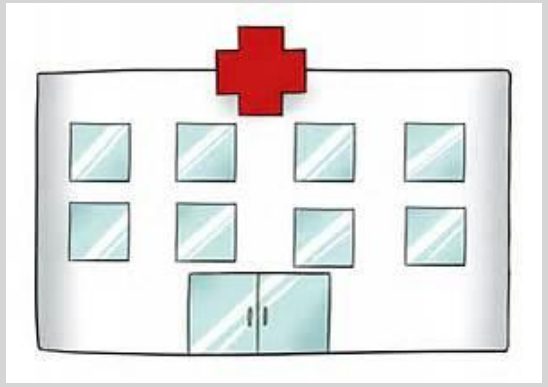
Paying for Care Referred Outside the Indian Health Care System

Indian Health Care Provider

- Health Care
- Mental Health
- Substance Use
- Dental

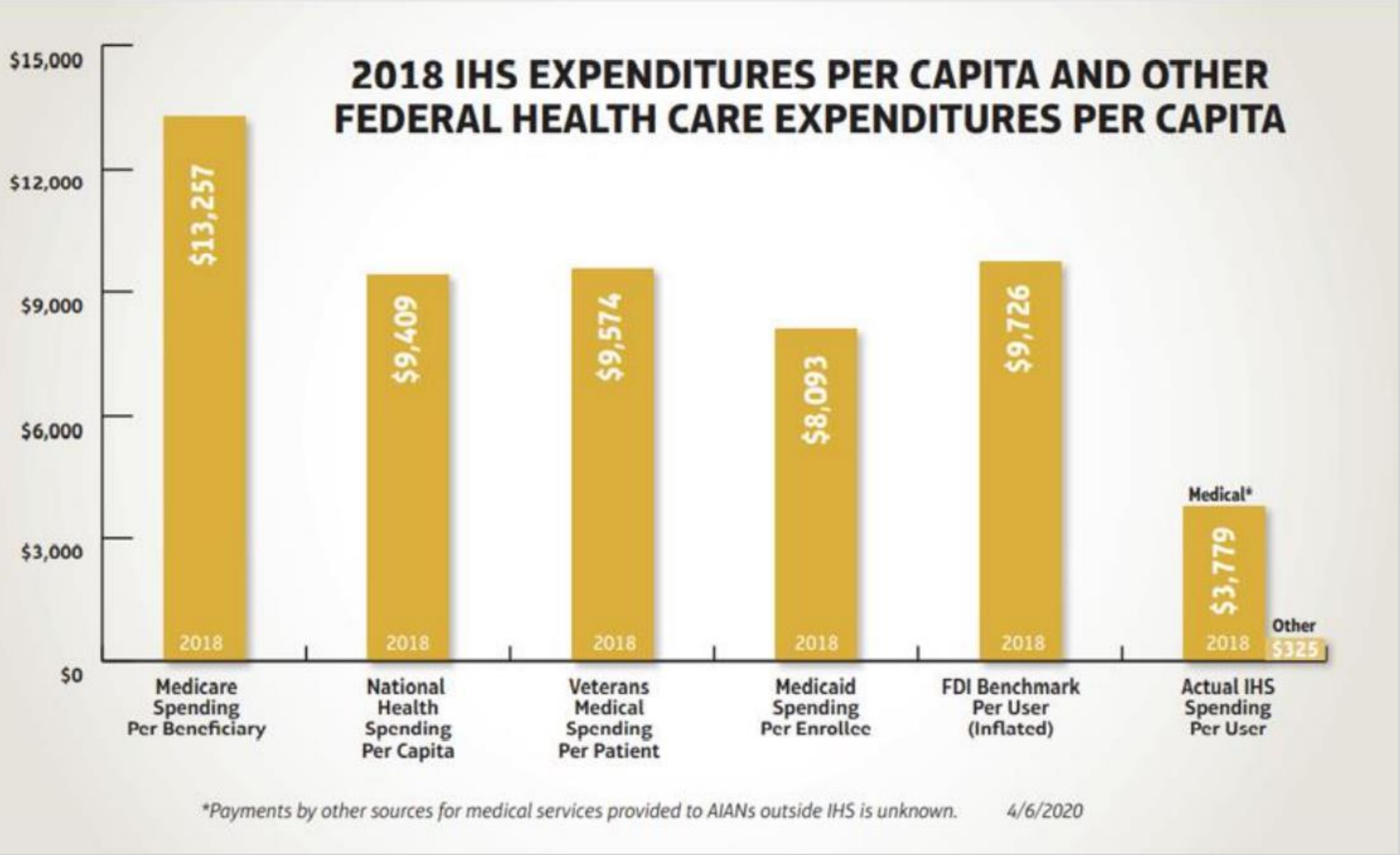
Referral & Coordination

Non-Indian Health Care Provider



- Specialty Care
- Inpatient Care

PULLING TOGETHER FOR WELLNESS



Source: Jessie Dean – *National Health Expenditure Accounts (NHEA) Table 1 for All Health Care Spending per capita and Table 21 for Medicare and Medicaid Spending per enrollee; National Congress of American Indians Fiscal Year Indian Country Budget Requests: Healthcare for IHS Spending per user*

PULLING TOGETHER FOR WELLNESS

Government to Government Relationships with Tribes

Federal and State Level

Government-to-Government

At the State Level

<u>Centennial Accord of 1989:</u>

Agreement between the State of Washington and the Tribes where each party "respects the sovereign status of the parties, enhances and improves communications between them, and facilitates the resolution of issues."

PULLING TOGETHER FOR WELLNESS

Government-to-Government

At the State Level

Chapter 43.376 RCW:

In 2012, Washington State codified that state the intent of the Centennial Accord. This includes requiring all state agencies to have a formal consultation policy.

The Governor's Office of Indian Affairs, GOIA, is the office that connects the Tribal Leadership to the Governor.

PULLING TOGETHER FOR WELLNESS

Definition of Tribal Representation

What is Tribal Representation?

- Tribal Representation means a person selected by the Tribal Government through a formal process.
- Tribes are distinct political communities. Tribal Sovereignty is exercised each time a Tribes governs **their own** people, resources, and lands
- The Centennial Accord of 1989 states:

"Each sovereign tribe has an independent relationship with each other and the state"

What is NOT Tribal Representation?

- A person selected from the community by an entity that is not the Tribal Government.
- A leader/staff/community member from a different Tribal Government

PULLING TOGETHER FOR WELLNESS

Tribal Behavioral Health Initiatives

OPIOID AND DRUG OVERDOSES

SELECT: Summary | Deaths | Hospitalizations | EMS Responses

HOSPITALIZATIONS DUE TO DRUG AND OPIOID OVERDOSES IN WASHINGTON STATE

DATA AS OF 07/25/23 5:...

The visuals below display non-fatal opioid and drug overdose hospitalization rates per 100,000 population. Non-fatal overdose hospitalization data are presented here by the patient residence and come from the Comprehensive Hospital Abstract Reporting System (CHARS) that collects information on inpatient and observation stays in Washington's community hospitals. We recommend using age-adjusted rates for public health decision making. **Learn More**

By Location | By Date | By Demographics

Click here for user information

Age | Sex | Race and Ethnicity

SELECT DRUG CATEGORY

Non-Heroin Opioid

SELECT LOCATION

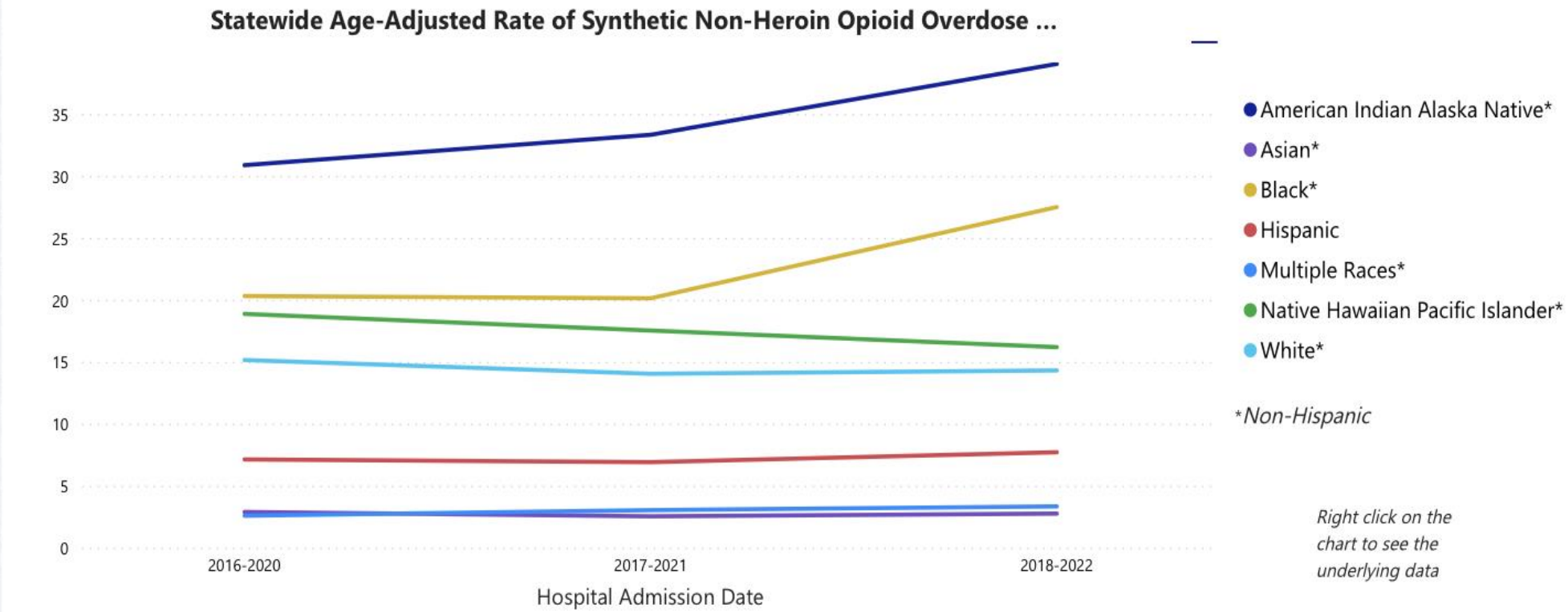
Statewide | Region | County

SELECT AGGREGATION

1-Year | 3-Year | 5-Year

SELECT TIMEFRAME

2016 — 2022



OPIOID AND DRUG OVERDOSES

SELECT: Summary | Deaths | Hospitalizations | EMS Responses

FATAL ALL DRUG AND OPIOID OVERDOSES IN WASHINGTON STATE

DATA AS OF 10/03/23 9:...

The visuals below display opioid and drug overdose death rates per 100,000 population. Overdose death data are from DOH Death Registry that contains information from death certificates by residence of the deceased. We recommend using age-adjusted rates for public health decision making. **Learn More**

By Location | By Date | By Demographics

Click here for user information

Age | Sex | Race and Ethnicity

SELECT DRUG CATEGORY

Synthetic Opioids

SELECT LOCATION

Statewide | Region | County

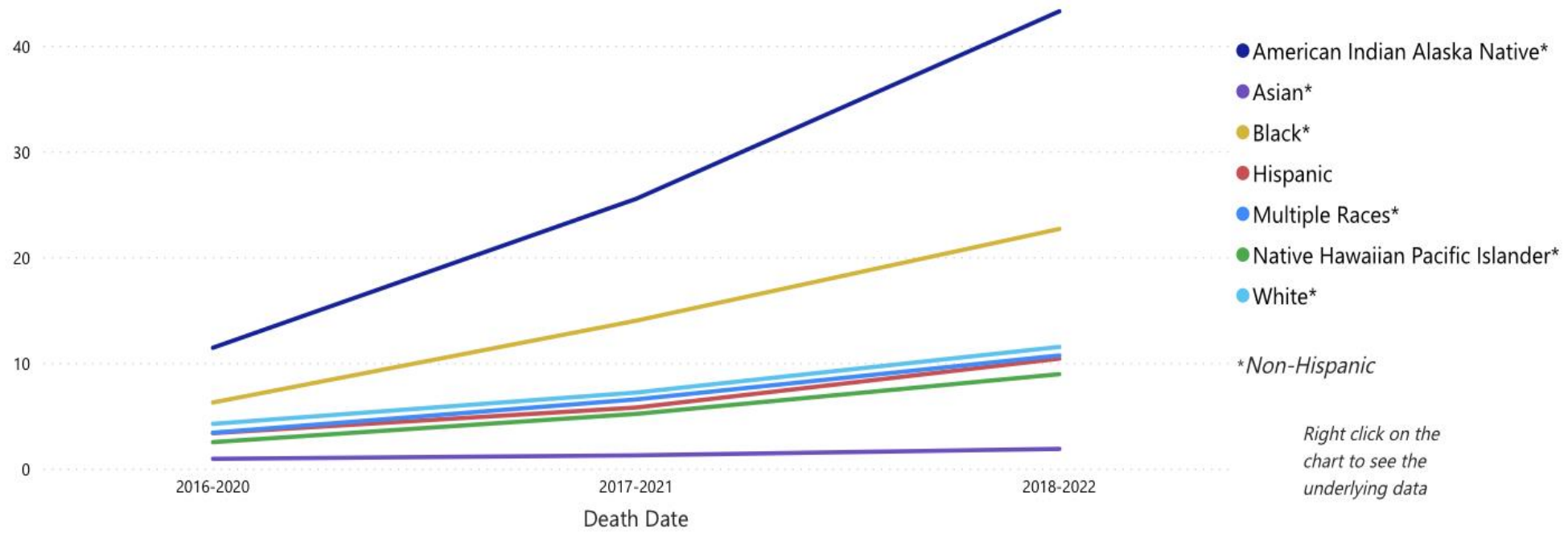
SELECT AGGREGATION

1-Year | 3-Year | 5-Year

SELECT TIMEFRAME

2016 — 2021

Statewide Age-Adjusted Rate of Synthetic Opioids Overdose Deaths per 10...



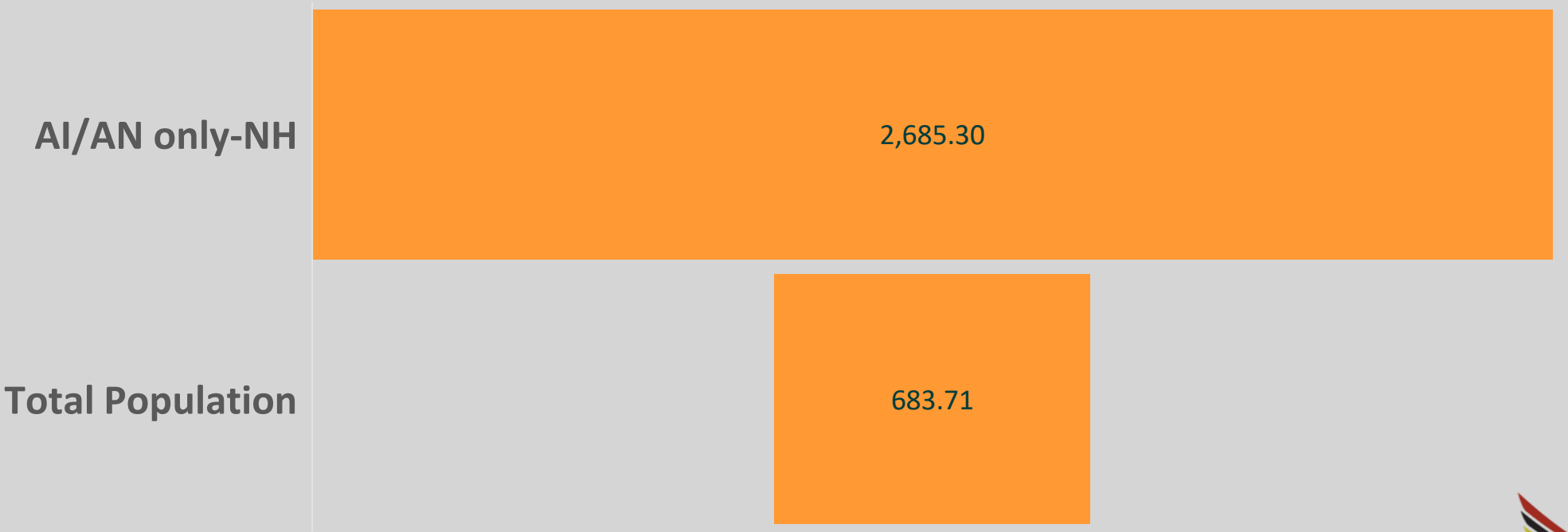
Right click on the chart to see the underlying data

Disparities in Premature Deaths

2022 Opiod related Years of Potential Life Lost per 100,000 in Washington:

4 Times the rate for AI/AN population vs.Total Population

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2022, Community Health Assessment Tool (CHAT), November 2023.



RATE = years of potential life lost relative to age 65 per 100,000 population. (Count = number of YPLL65)
Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2021, Community Health Assessment Tool (CHAT), October 2022.

HCA Tribal Consultation Policy and Tribal State Partnerships

- HCA Tribal Consultation Policy tribal_consultation_policy.pdf
- Tribal Centric Behavioral Health (DSHS/HCA) and Tribal 988 Subcommittee (CRIS)
  - Some to contact
    - Native and Strong Lifeline (Tribal 988), Tribally operated crisis lines
  - Someone to respond
    - Tribal Mobile Rapid Response Crisis Team endorsement (MRRCT) Tribal set-aside
    - Tribal Designated Crisis Responder
    - Tribal Crisis Coordination Protocols
    - Tribal Court Orders
  - A safe place for help
    - Tribal Residential Treatment Facility BH/SWMS cost-based rates State Plan Amendment
  - Training/Technical Assistance
  - System partner contract Requirements

PULLING TOGETHER FOR WELLNESS

Roles and Responsibilities of HCA Contractors

- Participate in regular G2G training in identifying best practices of Tribal engagement.
- Build rapport with Tribal governments and if possible, have a Tribal liaison representative of Native communities or with extensive experience.
- Navigate G2G structure taking feedback from Tribal governments as high priority.
- Partner with HCA for all Tribal communications unless otherwise specified or under the direction of Tribal liaison.
- Prioritize Tribal soverignty as a means to address AI/AN health disparities.
- Ensure timelines respect G2G processes.

PULLING TOGETHER FOR WELLNESS

Tribal Inclusion in 988 Crisis System

- **Tribal Integration:**
  - Recommend adding Tribal DCR's and Tribal MRRCTs to the Regional crisis protocols to reflect the efforts of Tribes as they implement their plans.
  - Ensure protocols reflect existing Tribal Crisis Coordination Protocols
  - Sharing data is essential for connecting individuals back to their IHCPs.
- **Resource Accessibility for all Tribes:**
  - Recommend ensuring resources are available to all Tribes rather than limiting access by region, as services may extend beyond regional boundaries.
  - Promote the use of the Native resource Hub (VOA website) for quick access to Tribal resources.
- **Collaboration and planning involvement:**
  - Request to be included in future regional crisis planning, reviews and ongoing efforts.
  - Request invitation to participate in all 6251 related work including 988 hub and data sharing discussions.
  - I invite you to reach out regarding training needs and support for engaging with Tribes and IHCPs.
  - Efforts are underway to re-connect Tribes and strengthen Tribal Crisis Coordination Protocol efforts.
- **Training and Education:**
  - Coordinate training for regional crisis partners on best practices for serving Tribal members, Indian Health Care Delivery system and G2G principles.

PULLING TOGETHER FOR WELLNESS

Overview of Activities

Tribal Behavioral Health Related Project Areas

- BH Integration Infrastructure
- BH Crisis Response
- Opioid Response
- Policy & Legislation
- Prevention & Harm Reduction

Tribal Centric Behavioral Health Advisory Board

2019 – Present Day

TCBHAB

Oversees the planning, implementation, and operation of Tribally operated inpatient behavioral health facilities across Washington State.

Provides strategic insight and prioritization of behavioral health system changes that support Tribes and Urban Indian Health Organizations as they expand their services, including services in behavioral health crisis response.

- Crisis Response Improvement Subcommittee findings and reports
- Native Resources Hub and Native and Strong Lifeline
- Mobile crisis team and crisis stabilization unit legislation enaction

PULLING TOGETHER FOR WELLNESS

Tribal Behavioral Health Codes

2019 – Present Day

Legislation

2020

2024

2025

Washington Indian Behavioral Health Act of 2020

The Indian Behavioral Health Act of 2020 was enacted to :

i. Including Indian health care providers among entities eligible to receive available resources as defined in RCW 71.24.025 16 for the delivery of behavioral health services to American Indians and Alaska Natives;

ii. Strengthening the state's behavioral health system crisis coordination with tribes and Indian health care providers by removing barriers to the federal trust responsibility to provide for American Indians and Alaska Natives; and

iii. Recognize the sovereign authority of tribal governments to act as public health authorities in providing for the health and 24 safety of their community members including those individuals who may be experiencing a behavioral health crisis.

PULLING TOGETHER FOR WELLNESS

Tribal Health Legislative Priorities in 2024

HB 1877- Coordination between Tribal and State behavioral health crisis systems.

HB 2075- Department of Health Attestation for Tribal Facilities

HB 2372- Transfer of public lands to Tribes to build behavioral health and opioid treatment facilities

HB 2408- Text and chat for Native and Strong Lifeline

SB 6099- Ongoing 20% Tribal set aside for State Opioid Settlements

SB 6146- Tribal warrants honored by non-tribal law enforcement.

PULLING TOGETHER FOR WELLNESS

Capital Building Projects

13 Facilities

$80,487,000

Includes:

Feasibility Studies, Expansions, New Buildings

Inpatient and Outpatient Facilities

Behavioral Health, Substance Use Disorder and Opioid Treatment

PULLING TOGETHER FOR WELLNESS

Tribal Health Legislative Priorities in 2025

HB 15832 – Directs HCA to apply for an 1115 Waiver from CMS to add Traditional Indian Medicine to the State Medicaid Plan.

HB 1692 – Exempting Tribal Data from public information requests.

Tribal Public Health funding (via DOH Decision Package)

Extend WA Tribal Opioid and Fentanyl Taskforce through June 26

10% Tribal set aside in Housing Trust Funding

HB 1203/SB 5183 – remove flavors from tobacco products

HB 1262/ SB5228 – expand Governor's Health Disparities Council to include a Tribal representative

PULLING TOGETHER FOR WELLNESS

Tribal Mobile Crisis Teams

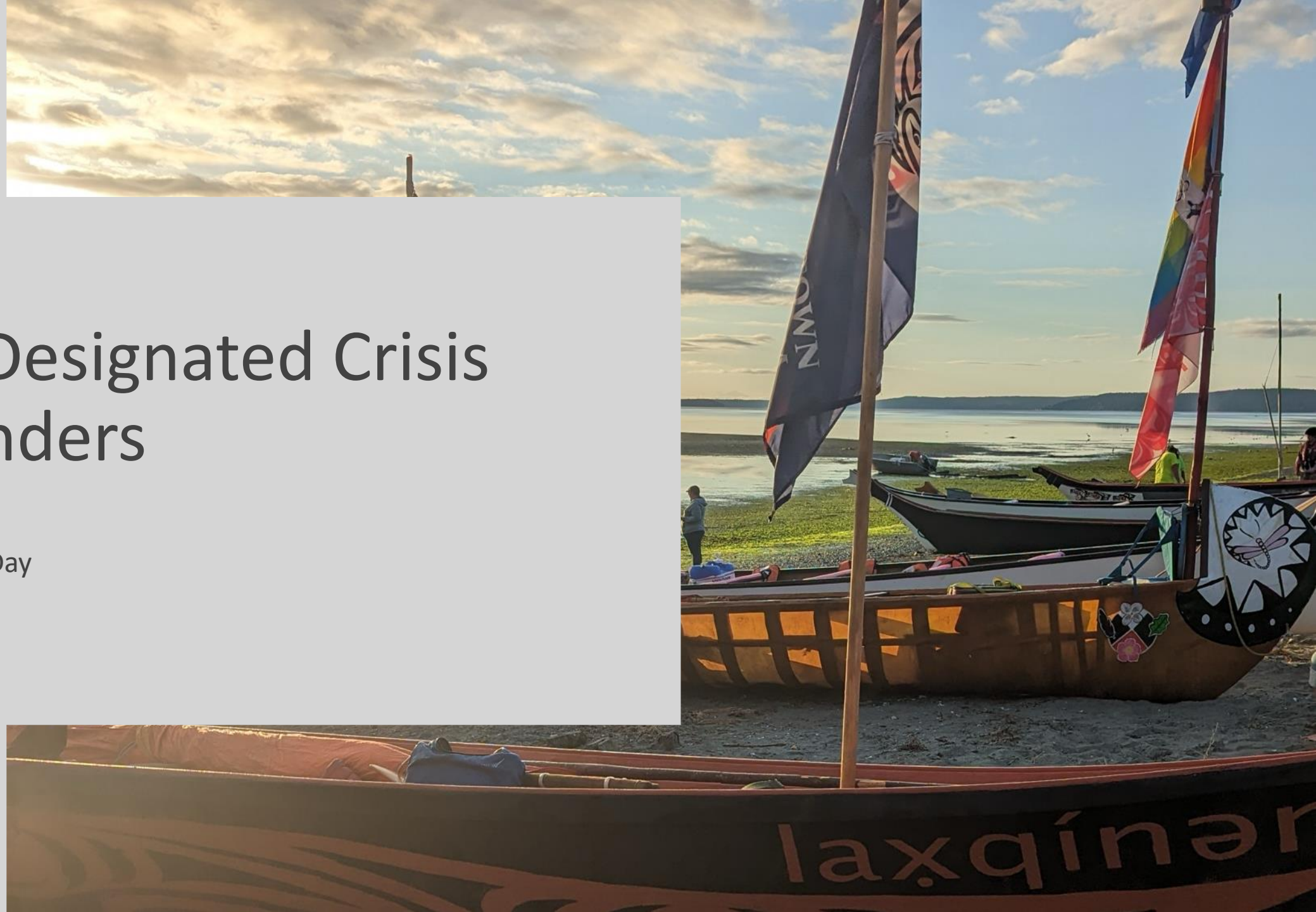
Informal networks have always existed.

Formalized teams are In various planning and starting stages, may or may not have a Tribal DCR on the team.

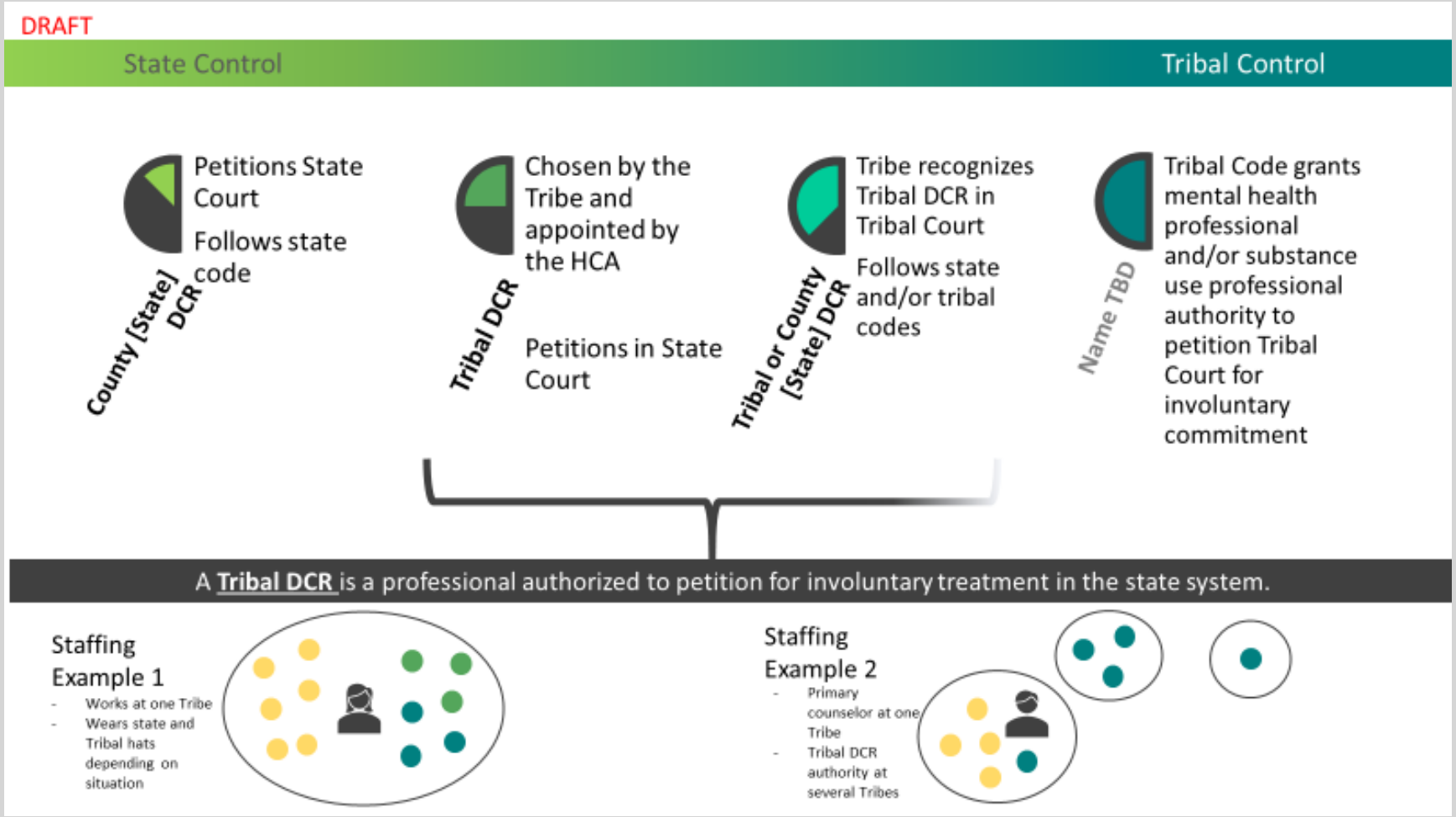
Will coordinate with state/county services as needed.

Tribal Designated Crisis Responders

2020 – Present Day



Models for Assessment, Detention, and Petition Decisions for Involuntary Treatment



PULLING TOGETHER FOR WELLNESS

Swearing in Ceremony

March 1, 2024, at the Tulalip Tribes

PULLING TOGETHER FOR WELLNESS

Tribal DCR & MCT Engagement

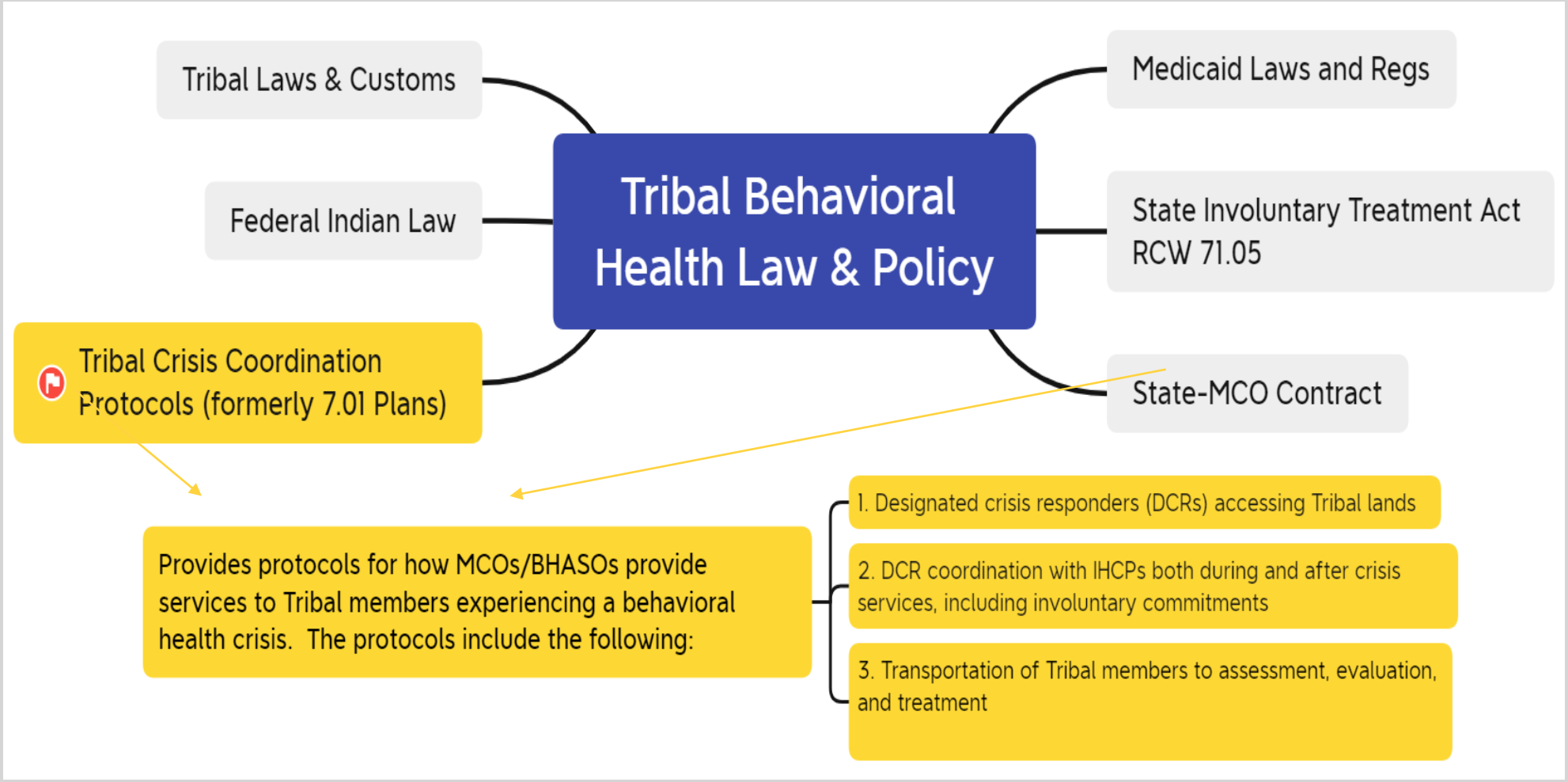
Depending on the Tribe and services available, a Tribal DCR and/or Mobile Crisis Team may,

- Be part of a BH care team, or multi-specialty team
- Train and coordinate with other services such as, law enforcement, justice, housing, family services, etc.
- Be contracted or employed by the Indian Health Care Provider
- Provide crisis assessment at one or more Tribes
- Coordinate with the Native Resource Hub
- Follow the client from first notification through discharge and referral
- Be dispatched by Native & Strong Lifeline (988), or other agreed upon process

PULLING TOGETHER FOR WELLNESS

Tribal Crisis Coordination Plan

2020 – Present Day



PULLING TOGETHER FOR WELLNESS

Tribal Crisis Coordination Protocols

- Protocols include procedures outlined by individual Tribes:
  - Accessing Tribal Lands
  - Coordination & Notification
  - Detainment & Transport
- Purposes Include:
  - Coordinating Services
  - Establishing Procedures
  - Respecting Tribal Sovereignty
- Location:
  - The future plan is for 988 to refer to the Native Resource HUB to provide CCP information.

PULLING TOGETHER FOR WELLNESS

Tribal Permission for DCR Access and Authority on Tribal Land

Tribes have sovereign authority to determine requirements for designated crisis responders to access tribal land to provide crisis services, including, but not limited to, detainment of individuals, on Tribal Land. Under their sovereign authority, Tribes may grant the DCR (TRIBE CAN MODIFY THESE OPTIONS):

- ☐ **FULL ACCESS AND AUTHORITY WITHOUT REQUIREMENT FOR PRIOR PERMISSION**. The DCR has permission to access tribal land for purposes of providing crisis services. The DCR has authority to detain and does not need to request permission prior to exercising authority on tribal land. The DCR shall notify [TRIBAL LAW ENORCEMENT/TRIBAL DEPARTMENT TRIBAL BEHAVIORAL HEALTH STAFF].
- ☐ **NO ACCESS AND AUTHORITY ON TRIBAL LAND.** DCRs are not permitted to access tribal land. DCRs shall meet individuals in need of crisis response services at the following location: [IDENTIFY MEETING LOCATION]
- ☐ **LIMITED ACCESS AND AUTHORITY ON TRIBAL LAND**. DCRs are permitted to access tribal land and provide crisis services, including involuntary detainment of tribal members, on tribal land only under certain conditions.

PULLING TOGETHER FOR WELLNESS

Tribal Crisis Coordination Protocols

- 988 Crisis Call Centers shall implement the following procedures when there is a need to escalate the call to other levels of care, support for the individual for further care coordination ensuring culturally attuned care, if individual affirmatively consents to connecting with IHCP
- Reasonable efforts to identify Tribal affiliation or IHCP provider home
  - Individuals' location;
  - Whether the individual receives services from a Tribe/IHCP
  - Whether the individual is eligible for receive services from a Tribe/ICHPs
  - Individual's Tribal affiliation.
- Offer to connect individual to Native and Strong Lifeline
- Coordinate any follow-up outpatient care with individual's Tribe/IHCP Provider home.
- Transfer imminent risk calls
  - Transfer to 911 PSAP
  - Tribal PSAP/Police Department
- Referring to RCL/MRRCT: Regional or Tribal

TribalCrisisCoordinationProtocols.pdf

PULLING TOGETHER FOR WELLNESS

DCR Notification to Indian Health Care Providers

- Required on under SB 6259
- **Notification Procedure for Decision to File or Not File a Petition for Involuntary Treatment.** Pursuant to RCW 71.05.150(6), in any investigation and evaluation of an individual under RCW 71.05.150 or 71.05.153 in which the designated crisis responder knows, or has reason to know, that the individual is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the designated crisis responder shall notify the tribe and Indian health care provider regarding whether or not a petition for initial detention or involuntary outpatient treatment will be filed.
- **Notification Method.** Pursuant to RCW 71.05.150(6), notification shall be made in person or by telephonic or electronic communication to the [TRIBAL OR IHCP CONTACT]
- **Notification Time Requirements.** Pursuant to RCW 71.05.150(6), notification shall be made as soon as **possible but no later than three hours** subject to the requirements in RCW 70.02.230(2)(ee) and (3).

PULLING TOGETHER FOR WELLNESS

What if the Crisis Coordination Protocol has not been updated?

Per the BH-ASO Contract with the Health Care Authority:

16.7.2 The Contractor will comply with the Protocols for Coordination with Tribes and Non-Tribal IHCPs applicable to the Contractor's Regional Service Area(s) when they are completed and agreed upon for each Tribe or non-Tribal IHCP. Until these protocols are completed and agreed upon, the Contractor shall use the most recent annual plan for providing crisis and ITA evaluation on Tribal Lands that was agreed upon by the Contractor and the Tribe.

PULLING TOGETHER FOR WELLNESS

Today's Takeaways

Thank you for everything you do

Get comfortable asking about Tribal affiliation and services

Notify Indian Health Care Providers when a client agrees to follow up or if an issue escalates.

Follow Crisis Coordination Protocols

Build a relationship with IHCPs across the state

Be ready to refer to culturally appropriate services

Support Tribally led efforts to change systems.

Thank you

American Indian Health Commission for Washington State

Kathryn Akeah

Tribal Health Consultant

kathrynakeah@gmail.com

Washington State Health Care Authority

Lucilla Mendoza

Tribal BH Administrator/Office of Tribal Affairs

Lucilla.Mendoza@hca.wa.gov