



**National Association of State Mental Health Program Directors
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Assessment #4

Partnering with Tribal Governments to Meet the Mental Health Needs of American Indian/Alaska Native Consumers

September 15, 2015

This work was developed under Task 2.1.1. of NASMHPD's Technical Assistance Coalition contract/task order, HHSS28342001T and funded by the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services through the National Association of State Mental Health Program Directors

Partnering with Tribal Governments to Meet the Mental Health Needs of American Indian/Alaska Native Consumers

Introduction

The National Association of State Mental Health Program Directors (NASMHPD) is home to the only member organization representing state executives responsible for the \$37 billion public behavioral health service delivery system serving nearly 7 million people annually in all 50 states, four territories, and the District of Columbia. NASMHPD serves as the national representative and advocate for state behavioral health agencies and supports effective stewardship of state mental health systems. The Commissioners/Directors of state mental health agencies make up the membership of NASMHPD and are those individuals, many of whom are appointed by the Governors of their respective states, responsible for the provision of mental health services to citizens utilizing the public mental health system. NASMHPD informs its members on current and emerging public policy issues, educates on research findings and best practices, and provides consultation and technical assistance.

State and Tribal Governments are both federally recognized political jurisdictions, similar in scope and authority, with governmental authority over its communities and citizens. A State is sovereign to the extent that its powers are defined and limited by the Constitution of the United States as interpreted by the U.S. Congress and the U.S. Supreme Court. The same holds for the sovereignty of tribal governments. Both governments are on equal footing and have a government-to-government relationship with federal government. Government-to-government relationships are needed at the state and tribal levels too since both are self-governing. (NCAI, *n.d.*; NCSL, *n.d.*)

Mental health spending continues to increase across states, however, mental health services have historically been underfunded in all states (Ollive, 2014.) The Federal Budget decreased program funding for *Access to Recovery (ATR)*, *Primary and Behavioral Health Care Integration*, *Screening Brief Intervention and Referral for Treatment (SBIRT)* and *Suicide Prevention* (SAMHSA, 2014.) These are programs that Tribal governments often seek funding from to help provide for the mental health needs of their members. The challenge to State Mental Health executives and Tribal Health directors is how to allocate limited resources across broad needs. Investing in the development of strategic partnerships with Tribes enables both governments to work together to accomplish the common goal of providing for the behavioral health needs of consumers through sharing of resources.

State/Tribal partnerships reinforce NASMHPD's guiding values. These values include emphasis on diversity, community integration, person and family centered services, integration of health and mental health, and attention to prevention and early intervention; all of which help to meet the overall goals of recovery and resiliency from mental illness.

This publication is intended to guide NASMHPD members on ways to work together with Tribal governments in meeting the mental health needs of American Indian/Alaska Native (AI/AN) consumers. Government-to-Government collaboration increases access to care, cultural competence, and the overall health & wellness of citizens.

Background on American Indian/Alaska Native Mental Health Need

The National Alliance on Mental Illness (NAMI) reported approximately 61.5 million Americans experiences mental illness in a given year. Approximately 20 percent of youth ages 13 to 18 experience severe mental disorders in a given year; for ages 8 to 15, the estimate is 13 percent (NAMI, 2015.) The National Institute of Mental Health (NIMH) reported prevalence of mental illness was the highest among American Indians/Alaska Natives (AI/AN) 28.3% compared to 19.3% among Whites, 18.6% among Blacks, 16.3% among Hispanics, and 13.9% among Asians (NIMH, 2012.)

American Indians and Alaska Natives are often classified in terms of race. However, what makes tribal people unique compared to other racial groups in this country is their citizenship as a member of a Federally-recognized tribe. Sovereign Nations that existed over 13,000 years ago, indigenous to the land base that later formed the United States (Mann, 2005.)

There are 567 Federally-recognized Tribes and 66 State-recognized tribes in the United States (NCSL, 2015; Schilling, 2015.) Each tribe has its own culture, beliefs, and practices. Tribal members have dual citizenship in the tribe they are a member of and in the state in which they live. The Centers for Disease Control and Prevention (CDC) reported that in 2013, there were 14 states with more than 100,000 American Indian and Alaska Native residents: California, Oklahoma, Arizona, Texas, New Mexico, Washington, New York, North Carolina, Florida, Alaska, Michigan, Oregon, Colorado and Minnesota (CDC, *n.d.*)

According to the U.S. Census Bureau (2012), the states with the highest percentage of American Indian and Alaska Native population were Alaska (14.3%), followed by Oklahoma (7.5%), New Mexico (9.1%), South Dakota (8.5%), and Montana (6.8%).

The American Indian and Alaska Native (AI/AN) population increased almost twice as fast as the total U.S. population (US Census, 2012.) Many states have Indian reservations in them; however, 71% of tribal families live in urban areas (US Census, 2012.) These diverse tribal communities often share the same behavioral health challenges. These challenges include limited accessibility, stigma, mistrust, and limited resources (APA, 2014.) Challenges that

Useful Definitions

Sovereignty refers to the authority of Federally-recognized tribes to self-govern that was formally established in the U.S. Constitution. Tribal governments have the power to determine their own government structures, law & order codes, and programs (NCSL, *n.d.*) Tribes have power to develop formal agreements with States for such things as how to collaboratively deliver mental health services.

Federal-Recognition refers to the legally defined government-to-government relationship between the United States and Tribes that recognizes that these nations have proof that they existed, without interruption, politically as independent nations prior to the formation of the United States (NCAI, NCSL, *n.d.*)

State-Recognition refers to the government-to-government relationship between States and Tribes. Tribes that do not meet the Federal requirement of proving they existed prior to the U.S. may meet a State's definition of a sovereign nation (NCSL, *n.d.*)

support the benefit of exploring mutual interests across governments in maximizing limited resources that help both of their systems meet their shared goal of providing mental health services to their citizens.

Interviews were conducted from a cross section of elected tribal leaders, tribal health directors, state behavioral health administrators, policy analysts, local service directors, and Medicaid officials for this paper. The informal interviews focused on the degree to which partnerships exist, if formal agreements were in place, lessons learned, barriers, and recommendations for those looking to create partnerships. Both tribal and state participants were selected from Maine, Oregon, Oklahoma, Wyoming, Arizona, Alaska, New Mexico, California and Washington. Participants selected had experiences in Tribal/State partnerships. Examples from these States are included in the sections that follow.

What are some of the benefits of partnerships?

The President's New Freedom Commission on Mental Health's 2003 final report: "Achieving the Promise: Transforming Mental Health Care in America" emphasized the need to transform the mental health system. The report outlined goals that included eliminating disparities in mental health and that mental health care is consumer and family driven. Public health data show that mental illness is most prevalent among AI/AN (NIMH, 2012.) The Empowerment Model of Recovery states that inclusion contributed to healing from trauma and losses, a sense of balance, connection and ability to contribute to valued roles in a community (Fisher, n.d.)

Medicaid is the single largest payer for mental health services in the United States. The Affordable Care Act of 2010 gave States the option to provide alternative benefits specifically designed to meet the needs of certain Medicaid beneficiary groups, to focus on residents in a certain area of the state, or to provide services through specific delivery systems instead of the traditional Medicaid benefit plan as seen on [medicaid.gov](http://www.medicaid.gov).

Government-to-government agreements contribute to innovative ways to transform mental health care in states. These concerted efforts create opportunities that are culturally competent to reduce mental health disparities among AI/AN that in turn decrease spending as consumers achieve wellness. States could provide benefits to meet the needs of AI/AN consumers through Alternative Benefit Plans (ABP.) An ABP that enrolled the tribal health clinic as the provider or where the reservation is the geographic area identified in the ABP. Several benefits were discovered from the interviews that included:

- Partnerships enable both States and Tribes to maximize resources and avoid duplication of services.
- Enhanced cultural competency.
- Relating to tribes in a government- to-government manner acknowledges sovereignty. This increases mutual respect and understanding of a Tribe's capacity to manage programs, generate revenue, and expand care for tribal members. Promoted increased willingness to collaborate by both governments.
- Workforce development. The Pascua Yaqui Tribe in Arizona employs graduates of their parenting classes who completed peer specialist certification, these parents become family advocates. The family advocates became eligible for reimbursement from Medicaid once they were certified. The Tribe also employ former equine therapy

participants who themselves received training to provide equine therapy to younger clients. Equine therapy is reimbursed at the group therapy rate which adds to the Tribe's revenue and ability to sustain their program. The Arizona Division of Behavioral Health negotiated with the PYT so the tribe could be their own behavioral health authority.

- Relationships formed that promoted trust building. Relationship building enabled people to get to know each other and gain understanding of historically traumatic experiences which contributed to inadvertent reconciliation. Long-lasting friendships formed.
- Learning from each other increases creativity in how to deliver care.
- Partnerships improve access to care. The Affordable Care Act (ACA) increased the number of tribal families who have health care. This leads to their ability to choose where to obtain their care. Trust increases the chances one will choose to go to a non-Native provider or clinic. Consumer choice was shown to contribute to empowerment and improved health outcomes (Fisher, n.d.)
- Opportunities are created to sustain services introduced through a grant or pilot project.
- Tribal citizens are also citizens of the State in which they reside and the U.S. They are voters. Partnerships help tribal people have a voice in what goes on in their tribal nation, state and country.

What questions can guide a State on how to form Tribal partnerships?

The history of the relationship between the United States and tribes is not well understood by majority of people. Knowledge of this history helps to understand how AI/AN people differ from other racial groups. The primary difference is to understand that tribes were indigenous to the land base that became known as North America. Tribal people are citizens of the original sovereign nations; indigenous nations that had their own complex government structures, transportation systems, communities, and languages. However, it should be noted that American Indians were not granted U.S. citizenship until 1924 (ACLU, 2009.) AI/AN individuals who are enrolled in a Federally-recognized tribe are entitled to a trust relationship with the U.S. The Federal trust responsibility between Tribes and Federal Government obliges the U.S. to protect Tribal self-governance, assets, resources, lands, and treaty rights (NCAI, n.d.)

The following questions guide strategic thinking on how to initiate and prepare for collaboration with Tribal nations:

- Are there federally and/or State Recognized tribes in our State?
- Do Urban Indian Centers or Tribal Clinics exist in our State?
- Is the State serving tribes now? If yes, in what capacity?
- Are the Tribal needs known to us?
- What is the established protocol for government-to-government interactions?
- Who are the elected leaders of the Tribe?
- Does the State have an Indian Affairs Office? (May also be known as Indian Commission or Tribal Liaison) How do I contact them?
- What does the Tribe expect-what is their protocol for communication and connection?
- Who are the Tribal health directors?

- Have we ever visited the Tribal communities we wish to partner with?
- What is the history of the tribe(s) in our state?
- What languages are spoken? Will a tribal language interpreter be needed? What language needs to be included in printed materials?

What are some of the means through which States have partnered with Tribes?

A lesson learned by all of the States interviewed was on the importance of including those for whom services and programs are being created and implemented. A phrase often heard in the consumer world is “Nothing About Us Without Us.” There are numerous ways to include tribal leaders, health administrators and consumers that might include:

1. Meaningful inclusion of tribal consumers on Advisory Groups/Planning Councils;
2. Enrolling Tribes as Medicaid paid service providers;
3. Identifying ways to culturally adapt Evidence Based Practices so they will work for tribal cultures. New Mexico, Arizona, Alaska, Oregon, and Wyoming identified the need to make cultural adaptations to the existing EBPs. An example is that of adaptations to Mental Health First Aid (MHFA) so that MHFA will have meaning when used by tribal members. New Mexico has worked closely with tribal members to address how to balance cultural beliefs about suicide and mental illness in a way that made their MHFA training more effective with tribal communities. In addition NM added Tribal languages as recommended by tribal communities who were bilingual with their tribal language being primary.
4. Providing access & support so tribal consumers/family members can access Peer Support Specialist Certification and Reimbursement for these services. Oregon actively advertises training for Peer Support Specialist certification among tribes along with personally calling to inform mental health directors of upcoming certification.
5. ACA/Medicaid support to Tribes for Enrollment Outreach
6. Shared Training and Space Training Tribes on how to do Screening Brief Intervention and Referral for Treatment (SBIRT) and how to bill for it.
7. Collaborating on suicide prevention to maximize opportunities to prepare community members and professionals through training such ASIST, QPR, and MHFA.
8. Consulting with Tribes on how to be involved in Mental Health Block Grant Projects
9. Grants: subcontracting with Tribe to implement or partnering with Urban programs to submit on their behalf. The Native American Health Center in San Francisco negotiated partnerships with local governments to implement their Urban Trails children’s mental health system of care.
10. Consultation with Tribes to identify services Medicaid waivers cover.
11. Including language in Medicaid covered services that support tribal activities such as berry picking, shawl making, fishing, etc. Training providers on how to chart and bill for such service activities.

How Might States & Tribes Appear Different?

There are 567 Federally-recognized tribes. It is impossible to outline that many individual tribal protocols for government-to-government interaction in this document. However, it is possible to list some of the differences one may experience when conducting business with tribes. All of the respondents noted how they needed to be aware that it takes more time when conducting business with tribes due to the value of interacting in a way that focused on relationship. It was more important to connect with others than to get to an agenda. Relationship building helped the work to get done once there was mutual understanding. Some of the differences are noted in the following table.

State	Tribe
Adheres to preapproved, written agenda guided by specific time allotted for items.	Flexibility with agenda (which may not be written.) Meetings often do not start 'on-time', but instead begin once those perceived to be necessary have arrived.
Roberts Rules of Order used to structure meetings.	Individuals permitted as much uninterrupted time as needed to express self. Conversational format of meeting.
"Separation of church & State"	Culture and spirituality are infused in meeting. Not unusual to open with a blessing or song.
Relate professionally; interact with regard to position held in representation to the State.	Relate personally; interact to find connections such as shared tribal affiliation, family structure, activities.
Minutes are taken to record what took place at the meeting.	Minutes may or may not be taken. Use of collective memory to account for what occurred.
Louder, faster paced speech; Verbal communication.	Softer, slow paced speech; Nonverbal communication.
Adherence to policy & procedure	Not all processes are written. Tribal Resolution in place of policy.
Electronic communication and use of technology. Cell phones infused in operations.	Face to face and phone communication preferred. Increasing use of technology. Limited cell phone coverage.
Use of funds often restricts ability to provide refreshments such as food in meetings and trainings.	Food/hospitality given to those who participate in meetings and trainings.
Future orientation of time	Present orientation of time
Serious; humor may be viewed as inappropriate to business relationship.	Humor used to connect with other; not intended to be disrespectful.

Awareness of Bias

All of the respondents emphasized the need to assess for implicit (unconscious) bias since this can create invisible barriers to successful partnerships. Ongoing research reveals that implicit bias is persistent and common (Blair, et al, 2011; Kirwan Institute, 2014.) Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unintentional and unconscious manner (Kirwan Institute, 2014.) Research proved that being under time pressures nurtured implicit bias (Kirwan Institute, 2014.)

Consider the unique history of relations between tribal people and others. The impact of historical trauma continues to impact on tribes. The presence of mental health stigma in tribes was noted in several interviews. Multiple demands are placed on staff who are responsible for

strategizing, often in a short amount of time, on how to stretch increasingly limited resources to meet increased expenditures for mental health prevention and treatment. These factors create the ideal setting to activate implicit bias; once activated it is not as easy to stop something we are not aware of. Anyone engaged in working across governments is encouraged to increase their knowledge of implicit bias. This holds true too for addressing unconscious bias related to mental illness. Expand on cultural competency training and learning to include implicit bias. Take steps to increase self-awareness as well as to conduct organizational assessments. Create opportunities for exposure to counter-stereotypes.

Individuals who reported having positive cross government interactions stated they engaged in activities to increase their awareness of how to be more culturally competent. Many times those representing States are non-Tribal with limited awareness on tribal governments or culture. Recommendations were offered on how to develop trust with the tribes. These included learn about Indian culture, visit the tribe and meet people before scheduling a meeting, develop personal relationships, avoid promising more than is deliverable, conducting oneself as an ambassador of their State as they are relating government-to-government, and never speaking on behalf of the tribe.

Another useful approach was when there was a tribal person who could serve as a liaison to the individual who was new to a community and/or to working with the tribe. This often occurs informally as relationships are formed through professional interaction. Liaisons were described as trusted community members that serve as mentors, advisers, and teachers who would gently provide feedback to the “student” on tribal culture, spirituality, norms, community structure, and “what not to do.” One of the respondents shared her statement used with the liaison: “If I step out of bounds, please correct me. I am new at this and do not fully understand what’s ok to talk about and what may be too sensitive.” The liaison can provide important information related to local customs, history, importance of issues, protocol, and places to visit.

Trauma-Informed Collaboration

Trauma affects all people and communities. The media is filled with coverage related to war, school shootings, and other forms of violence. These acts leave a lasting impact on those involved. Tribal communities experience current trauma as well as the impact of historical trauma and unresolved grief. Trauma impacts consumers as well as communities. It’s important that trauma be considered when interacting with Tribes.

“A program, organization, or system that is trauma-informed:

1. Realizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and other involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization” (SAMHSA, 2014.)

SAMHSA’s recommended principles on trauma informed care align with the recommendations for partnering with tribes. These include safety, collaboration, mutuality, transparency, trustworthiness, empowerment, and consideration of culture and historical issues (2014.) These were seen as some of the key elements needed in effective partnerships.

Key Elements Needed in Effective State/Tribal Partnerships

Each State and tribe is unique. Consensus existed about important elements that must be included to create and sustain formal partnerships. Repeated emphasis and value was placed on the need to build mutual respect and trust before a formal partnership was established. Many described elements that must exist to have mutual respect and trust. They are illustrated in “figure 1.” One of the most important components was communication. Other important components included the need to be consistent in how one relates to tribes so that respect and trust are fostered. Federally policy has not always favored tribes. Transparency includes authenticity, explaining what to expect and why things are done as they are. Checking in with partners helps to maintain connection, sustain relationships, and confirms understanding and clarity on what was agreed upon.



Figure 1

Conclusion

This paper is a preliminary summary of opportunities that exist for States to form partnerships with Tribes in the delivery of public mental health services. Agreements are most effective when States invest time in government-to-government relationships with Tribes which promotes appreciation for tribal sovereignty, personal relationships, and mutual respect. Tribes welcome positive intergovernmental relationships so they can advocate for the needs of their people. They desire inclusion to develop the structures for communication and collaboration.

States can enhance their ability to respond to the mental health needs of their citizens by engaging in government-to-government relationships with tribes. Investing in cross-government collaboration helps to understand the strengths and resources that exist within tribes, to identify ways unmet needs could be satisfied, and to strategize ways to address potential barriers that arise.

The benefits of shared decision making to develop strategic agreements take into account:

1. **Social Return on Investment (SROI):** Many things we value cannot be easily measured in traditional economic terms. Social Return on Investment is a much broader concept of value, taking into account social, economic and environmental factors. SROI considers inputs, outputs, outcomes, and impact.

2. **Healthy Natives Correlate to a Healthier State Economy:** The focus is on stopping the increase of preventable chronic illness and the threat it poses to citizens' health, a State's fiscal stability, and economic competitiveness. Less state funding is spent on health care contributing to financial solvency. Healthier people are better able to contribute.

3. **Cultural Competence in Practice:** There are differences, culturally, that matter. Implicit bias illustrates how unintentional and unconscious attitudes can guide behaviors and decision making. Increasing awareness and acknowledging unconscious bias resonates with cultural competence. Policies, procedures, agreements, and trainings reflect the unique needs of tribal populations in the service area so that mental health service providers respond to consumers' needs in a way that resonates with the cultural characteristics of their community. Trauma-informed collaboration is an example of cultural competence in practice as it increases the understanding of how States and Tribes are on equal footing and have shared values as sovereign entities within the United States providing for the health of its citizens.

This document is intended to encourage States to create opportunities to connect with tribes to learn about their unmet mental health needs, existing resources, and possible strategies that can be implemented to share in meeting these mental health needs of tribal consumers.

The vision is that interest is ignited for government-to-government relationships which foster mutual trust and respect to invest in the health of tribal mental health consumers. This investment is one that will continue to yield in healing and empowerment.

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Washington American Indian Health Commission (AIHC)

<http://www.aihc-wa.com/about-us/who-we-are/>

Appendix A
State Interview Information

State Examples

The experiences of Maine, Oregon, Oklahoma, Wyoming, Arizona, Alaska, New Mexico, California and Washington will be highlighted to illustrate how they formed partnerships with tribal governments and some of the benefits that resulted. The highlights from these nine States include lessons learned that include potential barriers and factors that contributed to effective partnerships.

Maine

Maine has four federally recognized tribes: Aroostook Band of Micmac Indians, Houlton Band of Maliseet Indians of Maine, Passamaquoddy Tribe of Maine, and the Penobscot Tribe of Maine. These Tribes make up the Wabanaki Confederacy (NCSL, *n.d.*)

The Maine Indian Tribal-State Commission (MITSC) is an inter-governmental entity created by the Maine Implementing Act of 1980. Six members are appointed by the State, two by the Houlton Band of Maliseet Indians, two by the Passamaquoddy Tribe, and two by the Penobscot Indian Nation. The thirteenth, who is the chairperson, is selected by the twelve appointees. Nine members constitute a quorum. With a small budget, the Commission operates with an Executive Director as the sole paid position (MITSC, *n.d.*)

The State of Maine had an executive order that called for consultation with tribes on state decisions that would affect them. The August 2011 order, "Recognizing the Special Relationship Between the State of Maine and the Sovereign Native American Tribes Located Within the State of Maine", directed every state agency and department to develop and implement policies that recognized tribal sovereignty, promoted communication and tribal input on issues affecting them, and fostered tribal-state partnerships to provide services. It also required state departments and agencies to have tribal liaisons. This Executive Order was rescinded in April 2015 by the Governor. This example is shared to illustrate the importance of relationships.

Lessons Learned

Rural culture values independence and is characterized by multiple overlapping roles. This culture can contribute to resistance to outside support. Tribes have their own governments and cultures that may be slow to trust. Collaboration takes time. State and County governments have funding timelines that do not always allow for the time it takes to relate to tribes in a way that resonates with their preferred relational way of being. The State of Maine created opportunities for involvement and inclusion of Tribes. MITSC continually review the effectiveness of social, economic and legal relationships between the State and the Tribes. Maine received several federal grant awards focused on planning for and implementing mental health services for children and families.

- Elected leaders have executive authority to create agreements. Elected leaders from both the State and Tribes can change overnight that can result in longstanding agreements ending without notice.
- Rural areas of Maine are characterized by employment that is seasonal and natural-resource-dependent. This contributes to high rates of unemployment, addictions, poverty, and families involved with child welfare. It is not easy to travel from rural areas to the Capital.
- Difficult to understand the diversity among tribes, often relate to all the Tribes as if they are one.

- Using the existence of Tribes and their data to obtain federal funding, yet the process to access these funds can make it challenging to tribes.
- The historical experiences of Tribes with the Federal government makes it challenging to establish credibility with Tribes.
- Focus on establishing relationships first. Go to the community. Spend time getting to know people and letting them know you on a personal level.
- Avoid going in with an agenda, instead let the Tribes share their ideas for what is needed. Take active efforts to let tribal voices to be heard.
- Use a trauma-informed approach in relating.
- Begin collaboration at the local level with cities and counties as a way to build rapport and trust.
- Do not ignore the importance of culture.
- Federal grant awards provide opportunity and resources to invest in partnering to create, implement and sustain mental health services.
- The Federal government pays for 100% of the cost to provide health care to tribal members in the state.
- Don't neglect the importance of local partnerships with counties and cities. Tribes often partner locally. State can learn from county on what worked for them to partner with the Tribes.
- Because have a strong foundation with the Community of Caring Collaborative the Governor's decision to rescind the executive order was not as devastating to the Tribes; still had the CCC.

Oregon

There are nine Federally-Recognized tribes in Oregon. The Legislative Commission on Indian Services (LCIS) formed in 1975 to improve services to Tribes in Oregon. Representatives from the Tribes serve the Commission and are appointed jointly by the Senate President and the Speaker of the House to a two-year term. LCIS members select their own officers to serve one-year terms of office.

LCIS serves as the main forum in which Indian concerns are considered. Tribal concerns are channeled through LCIS to the appropriate entity; it serves as a point of access for finding out about state government programs and Tribal communities. This Commission meets regularly holding meetings across the State in the different Tribal territories.

Portland is home to one of the largest Urban Indian populations. Tribal families from across the United States reside in Portland as a result of the Indian Relocation Act.

Lessons Learned

Being so earnest to include tribes that attention isn't paid to how exclusion can still be happening. Taking time to slow down so can connect with Tribes in their communities in such a way that their needs and concerns are recognized. Including Tribes in strategic planning. Having tribal liaisons in key State programs.

- Cannot speak for the Tribe or all the Tribes. Can gather and provide information, suggest possible strategies.

- Tribal elections often result in change of staff, so must begin the relationship building process from the beginning again. Information isn't passed on or gets lost in the transition.
- Many who work in State programs have not been to Eastern or Southern Oregon nor are they familiar with tribal cultures.
- Portland and the Reservations are very unique. Can't apply the same strategies to all the communities. Urban Indians come from places beyond the State boundaries.
- Tribes often prioritize natural resources. Came to understand the significance of water and salmon to their cultural survival.
- Not everyone has phone or internet service.
- Many of the tribes in Oregon have yet to acknowledge their historical trauma, so the State is not fully aware of the trauma.
- Having a point of contact that serves as a liaison.
- Relationship building. Face to face meetings. Go to the tribes, visit them on their reservations.
- Actively recruiting and employing tribal professionals in State programs.
- Reaching out to tribal communities to build connections prior to requesting things such as someone to serve on State Advisory Councils. Phone calls and face to face introductions resulted in tribal representation on the Children's System Advisory Committee (provides oversight of children's mental health system planning, coordination, policy development, fiscal development and evaluation of service delivery/functioning.)
- Taking active efforts to communicate and share information so that Tribes would have opportunities to access funding and technical assistance.
- Sharing resources such as training. Calling contacts in tribal communities to inform them of upcoming training v. emailing. Offering to bring training resources to the Reservations.
- Letting each of the Tribes access a portion of federal grant funds to create their own prevention framework for their community.
- Create peer-like atmospheres in meetings.
- Tribal members trust their own more than an outsider. Collaborated with Tribes to prepare to respond to enrollment for the Affordable Care Act. Many tribal families now have the Oregon Health Plan (OHP) so can access care and choose where to receive their care. This creates opportunities to choose State contracted county providers as part of their medical home. The Federal Government pays for Medicaid to tribal recipients which save State dollars. It also expands access to care.

Oklahoma

There are 38 Federally-Recognized Tribes in Oklahoma. The Office of the Native American Liaison was created by the Oklahoma Legislature in 2011 and modified in 2012. The Native American Liaison replaced the Indian Affairs Commission as the primary go between for the State and the 38 federally recognized tribes within Oklahoma. One of the major differences between the Liaison and the Commission is the access the Liaison has to the Governor. The Liaison meets weekly with the Governor and attends senior staff meetings with other upper level

policy advisors. These meetings provide a more direct line of communication between the tribes and the Governor.

The State of Oklahoma's Tribal members constitute 13 percent of Oklahoma's population (over 480,000 residents). Tribal business operations contribute almost \$11 billion annually to Oklahoma's economy (Agee, 2012.) There are approximately 50 American Indian health care facilities in Oklahoma that are operated by tribes, IHS, and Urban Indian clinics (OHCA.org).

Lessons Learned

Oklahoma actively includes tribes to participate and be a part of what they offer. Many Tribal and State workgroups exist. Tribal governments are very active within their own communities planning, providing and sustaining services that they cannot always participate in meetings. Recognizing that Tribes are legitimate governments and have capacity to manage their own health care. Knowing that tribal staff may need resources to understand how to access State programs and funding. Developing understanding of the infrastructure of Tribal governments.

- Oklahoma is geographically spread out in relation to where the Tribes are. Travel takes time.
- Tribes may not always be aware of the funding the State is seeking nor are they aware of which tribal demographics are included in proposals.
- Do not always ask Tribes for their input on the best ways to include them, tend to invite participation the same across the state.
- Communication may overlap or be misunderstood.
- Tribes understanding Oklahoma Tribal Medicaid Administrative Match (OK TMAM) allows tribal enrollment partners to receive reimbursement for accepting and processing SoonerCare (Medicaid) applications (OK Tribal Relations Annual Report 2014.)
- Oklahoma Health Care Authority created the "Money Follows the Tribal Person Initiative" as a way to use culturally appropriate strategies with tribal partners so that funding follows the tribal member when a person is released from an inpatient facility.
- Work with Tribes to strengthen their capacity to provide and bill for services by offering individualized training.
- Tribal businesses contribute billions of dollars to the State economy. Insure Oklahoma Insurance program assists small business owners, employees and their dependents with the health insurance premiums.
- Provide electronic templates and other readily available resources that will add to a Tribe's capacity to be a provider and partner.

Wyoming

Wyoming is one of the larger states in the country and the least populated. The Wind River Indian Reservation is home to the Eastern Shoshone and Northern Arapaho Tribes; two Tribes that were historical enemies. The Northern Arapaho and Eastern Shoshone Tribes are co-owners of most of the water, surface and mineral rights on the Wind River Indian Reservation, but each have separate treaties with the United States, separate federal recognition, and independent sovereign authority.

Wyoming is a rural, frontier state. It is designated as a mental health professions shortage area. Wyoming has a culture that closely aligns with Wagonfeld's (2003) description of

rural culture embracing self-reliance, conservatism, a distrust of outsiders, religious, hardworking, and family oriented. Wyoming did not accept Medicaid expansion resulting in not receiving \$120 million. Without expansion the State is left with uncompensated care.

Several partnerships took place over the years in Wyoming with the two Tribes to address the behavioral health needs of Tribal consumers. Partnerships took the form of shared resources such as education and training; designing cultural competency plans that addressed contractor's capacity to address the needs of Tribal consumers, training future clinicians on how to respond to the unique needs of Wyoming's tribal consumers, creating positions within the Governor's Office for Tribal Liaisons, creating categories in Medicaid covered services that would include culturally resonant services such as equine therapy, but most importantly ongoing and consistent communication with both Tribes jointly and individually.

Lessons Learned

The geography and cultural differences often stall partnerships. Pre-existing relationships between individuals or agencies can sometimes stall progress. Limited understanding that there are two separate tribes who hold treaties with the Federal Government resulted in attempts to address the two distinct sovereign nations as one. What has helped the most is elected leaders from the State and the Tribes taking time to understand each other. The Wyoming Behavioral Health Division has a longstanding history of advocating with the county mental health providers to address cultural competency when developing their contract deliverables and outcomes. The Division maintains relationships with both Tribe's Health Departments and Wind River Service Unit (IHS.)

- Tribes are unique even when located on the same reservation. They have their distinct governments. Each have their own protocols for doing business with other governments.
- Tribes have administrative capacity issues. Staff leaves and the institutional knowledge go with them. This results in new staff not always understanding or being aware of existing agreements between the State and Tribe/Tribes.
- Tribal Liaisons advocate for the tribes. There is a fine line between advocacy and lobbying. Those who perceive advocacy as lobbying become resistant.
- State and Tribal attendees too often leave a meeting with different impressions of the outcome.
- Racism and unconscious bias exist. This cannot be ignored.
- Evidence based practices and managed care limit options that would better fit tribal consumers.
- The Mental Health Commissioner actively sought knowledgeable about tribal culture, got to know tribal leaders, and their mental health needs.
- State of Wyoming contracted with the Tribes to cost share to create the Tribal Liaison positions. This evolved in 2015 when the State funded these positions completely to make the Liaisons State employees. The Tribes in turn provide a list of recommended names to the State for consideration in filling the positions.
- The Select Committee on Tribal Relations is used to strengthen communication between tribes and State Legislators. This is a forum where tribal issues are brought before this Legislative Committee that meets regularly.
- Regular face to face meetings help to establish trust and respect; accomplish more when meeting in person.

- Having a tribal member as a Legislator helped to increase understanding of the Tribes' needs and helped to foster cooperation. This individual was able to serve as a bridge between governments.
- Relating in a personal way is more effective than a pure business relationship approach. The Chair of the Select Committee on Tribal Relations lives in the same county where the Reservation is. He is familiar with both Tribal Councils. Trust each other based on being "neighbors", known to tribes on a personal level.
- Wyoming's small population contributes to more personal interaction between Tribes, State Agencies and the Governor. It helped when a past Governor went to the Reservation and spent time with the programs and people they are designed to serve.
- State Hospital developed spiritual based interventions and partnerships with traditional healers from the tribe to serve the hospital's tribal population.
- State Hospital trains clinical psychology interns on practice based evidence, culture of the Tribes of Wyoming, and historical trauma.
- Governor's Mental Health Planning Council advises use of Mental Health Block Grant funds. This Council had membership that included individuals from the county where Wind River Indian Reservation is located.
- The creation of Youth Peer Specialists, Adult Peer Specialists and Family Support Partners enables increased workforce development opportunities for tribal members who complete certification. These positions are Medicaid covered services. Having tribal members provide support to tribal consumers empowers communities, is culturally resonant, and provides economic benefit.

Arizona

There are twenty-two Federally-Recognized Tribes in the State of Arizona. Indian reservations in Arizona are rural and urban. The Commission of Indian Affairs was established in 1953 to consider and study conditions among the Tribes residing within the State of Arizona. The Commission assists and supports state and federal agencies to collaborate with Tribes to develop and implement mutual goals and projects for achieving goals.

Arizona's tribal areas are far ranging and quite diverse. Each tribe is unique. There are three Indian Health Service Areas, three Urban Indian Health Programs, and multiple tribal health programs being administered through Indian Self-Determination and Education Assistance Act of 1975 (Public Law 93-638) contracts.

The Inter Tribal Council of Arizona provides a united voice for tribal governments located in the State of Arizona to address common issues of concerns. The Advisory Council on Indian Health Care works to facilitate communications, planning and discussion among Tribes, state and federal agencies regarding operation, financing, policy and legislation relating to Indian health care with a focus on the Medicaid program.

The State's partnership with the Pascua Yaqui Tribe is offered as an example. This is a Tribe that originally made use of a SAMHSA Circles of Care children's mental health planning grant to complete a needs assessment and then designed a children's mental health service delivery model that is based on their cultural ways of being. Their ability to bill Medicaid enables them to sustain services that are culturally adapted for their tribal members' needs.

Lessons Learned

Moving too fast can prevent success. Not understanding culture and its impact on wellness can also limit success. Had to understand how there are two communities that include tribal members. One is in Tucson and the other in Guadalupe near Phoenix. Having resources in place to support tribes in becoming approved providers then taking time to understand the Tribe's capacity and infrastructure. Gaining understanding of the significance of cultural adaptations to evidence based practices.

- That diversity exists within the same tribe; that a tribe can have communities on the reservation and in a city.
- Evidence based practices do not always work for tribes.
- Tribes know what works for their people. Let them explain their Practice Based Evidence then be the bridge to guide them in how to code and bill for services.
- Cultural adaptations to existing evidence based practice parenting curricula enabled the Tribe to improve health outcomes for their families. It was a win-win for both the State and the Tribe. Graduates of the parenting classes then went on to become certified peer specialists who then delivered the courses to other families. This enabled the Tribe to bill and sustain not just a service, but to develop workforce.
- Tribe also used IHS funds to pilot an equine program. Equine therapy then became eligible for reimbursement at the same rate as group therapy. Tribe used SAMHSA Systems of Care funds to train equine techs who were former participants. This added to the sustainable workforce delivering effective services that were reimbursed through AZ Medicaid.
- Arizona Division of Behavioral Health negotiated with the PYT so the tribe could be their own tribal behavioral health authority.

Alaska

Alaska has the largest tribal population of any state; one in five residents is Alaska Native. The 229 tribes in Alaska have tribal councils as their governing bodies. In communities where there is no city or borough government, the tribal governments tend to provide more public services than in those communities where local governments exist. The Alaska tribal population is large enough to support having a Tribal Behavioral Health Directors Association.

Alaska Natives differ from tribal people of the lower 48 states in that majority of their people hold a claim to ownership of all land in Alaska based on their aboriginal use and occupancy of it. Rather than designating reservations, the Alaska Native Claims Settlement Act (ANCSA) created twelve regional profit-making Alaska Native corporations and over 200 village, group, and urban corporations to receive around 45.5 million acres of land along with approximately a billion dollars cash payment. The corporations have specific procedures to follow as provided by ANCSA, but they are also incorporated under State of Alaska law. The lands, assets and businesses are owned by the shareholders of the Native corporations, and subject to terms, protections, and restrictions placed on them by both federal Indian law (ANCSA) and by State of Alaska corporation law. (UAF, 2015)

Lessons Learned

The greatest help has been to include the people in developing solutions and strategies. Alaska has a formal relationship with tribal behavioral health programs.

- Many come to Alaska thinking it will be like the Lower 48. Tribes are very different. The way Federal Government interacts with the Tribes here is different.
- Can't develop effective culture training programs without the tribes.
- Best practices and Evidence Based Practices do not always work with Natives.
- Non-Native person charged with pushing an agenda is met with resistance
- It helps having a Native person on high-level management.
- The State knows that Tribes help to deliver care; they need this assistance to meet the needs.
- Regular communication is vital, always update and include tribes.
- It helps when the State Tribal Liaisons have low turnover. They have established relationships which enable work to get done.
- New people who relocate to Alaska to work will benefit from reaching out to those who are experienced and hold the wisdom.
- It helps having an Alaska Native as a mentor to newcomers to guide them on the culture and tribal ways of being.

New Mexico

New Mexico has twenty-one Federally-Recognized Tribes. As a cabinet-level department, the Indian Affairs Department (IAD) is the lead coordinating agency in New Mexico state government for ensuring effective interagency and state-tribal government-to-government relations. The IAD reinforces tribal governmental efforts to ensure that Native American concerns and needs are addressed in state policy making decisions; effectively manages and facilitates ways to increase and leverage state resources to benefit Native Americans; and successfully collaborates with national, tribal, state and local agencies, entities, and organizations.

The State Tribal Collaboration Act provides the framework for the state and tribes to work together to develop successful programs and services to benefit New Mexico's Native American citizens. It also mandates a yearly Summit. The Act requires cabinet-level agencies to develop policies that promote beneficial collaboration between the state and tribal governments; designate agency tribal liaisons; provide for culturally appropriate training to state agency employees who work with tribes; and, provide annual reporting that accounts for each agency's accomplishments pursuant to the Act.

Lessons Learned

Tribes are relational in their ways of being. It takes time to establish connections and relationships when coming from the State. This is compounded if one is not from the area or not familiar with the culture. Since 2010, the State of New Mexico has used Mental Health First Aid (MHFA) to increase the number of people who are prepared to respond to a mental health crisis. MHFA training provided for opportunities to collaborate with tribes in shared decision making to increase the abilities of natural supports to respond to a mental health crisis. Tribes shared their needs for cultural adaptations for language and norms of not speaking about

mental illness/suicide. Tribal languages and consultation from tribal spiritual/cultural leaders were foundation in the adaptations.

- In general, people do not want to talk about mental health. MH is viewed negatively; stigma exists.
- Cannot develop programs for tribes without including them in the planning.
- Avoid having a prescribed agenda that is linear/clock oriented.
- New Mexico Tribes are grounded in their culture and tribal languages.
- Sharing resources such as training opportunities.
- Having a cultural mentor, someone to guide the non-Native State employee on how to interact with tribes.
- Create opportunities for tribes to share what they need.
- One cannot speak for the tribe, but they can share based on their own personal experience.
- Practice observing more than speaking; need someone who is able to use their eyes, ears, and heart.
- Embrace humility when working with tribes
- Honor your agreement, keep your word. If you can't then let the Tribe know as soon as you know this, explain what prohibits you from honoring your agreement.
- Be patient, know it takes time to form relationships. Intentionally go slow so that there is time to form relationships.

California

There are currently 109 federally recognized Indian tribes in California with nearly 100 separate reservations or Rancherias. Between 60,000 and 70,000 out-of-state Native Americans settled in Los Angeles and San Francisco as a result of the Indian Relocation Act. These cities have two of the largest urban Native American populations in the United States.

There are no Indian Health Service (IHS) facilities in California. In urban areas, there are Urban Indian health programs funded in part by federal dollars. Tribes own and operate their own health programs through contracts and compacts with IHS under the Federal Indian Self-Determination and Education Assistance Act. Many of these programs provide their own counseling and treatment programs. San Francisco is highlighted as an example of effective partnership with the Native American Health Center/Urban Trails.

Lessons Learned

Lack of understanding related to urban tribal populations contributed to challenges in working together. San Francisco was a Relocation city for when tribal families were relocated from reservations to cities with the intention of assimilation. There are over 200 tribes represented in the Oakland and San Francisco area. A single tribal government does not exist in the city. Too often there are held assumptions of what a tribal person should look like that leads to the tendency to group tribal people under the racial classification of "White." Relationships with the local government helped create initial partnerships that then grew so that the city was a partner with the State. As such the county was able to sub-contract with tribal organizations to deliver care to tribal people. The Mental Health Services Act (aka Millionaire's Tax) created funding for expanded services and prevention.

- There are a significant number of tribal families living in the Bay Area. Don't make assumptions about who is an "Indian", but instead ask the client to identify the cultural group to which they identify.
- Tribal culture is embraced and practiced, it is often what unifies.
- Urban tribal centers do not have the number of opportunities like a tribal government does to apply for health care funding or to be enrolled as a Medicaid provider.
- Relationships begin locally with the city and county. These collaborations permit learning about each other's programs and issues so that opportunities can be identified that will help achieve shared goals.
- The best interest of all involved creates solutions and systems that support the unique mental health needs of tribal people in the city.
- The local government can then negotiate with the State to access funding or programs that will serve the mental health needs of tribal people.

Washington

In 1989 the State of Washington created the Centennial Accord to provide a framework for government-to-government relations and interaction between tribes and the state.

The Indian Policy Advisory Committee (IPAC) and the American Indian Health Commission (AIHC) also exist. IPAC was created by the Washington Department of Social and Health Services to guide implementation of state policy regarding tribes. AIHC is a tribally run nonprofit member organization that represents the State's 29 tribes and two Urban Indian Health Organizations (UIHO) to address tribal-state health issues.

Lessons Learned

Failure to include all 29 Tribes leads to failure in impacting the health of tribal consumers. Each tribe is so diverse that they must all be involved to represent their unique needs and perspectives. The greatest help is that there has been a long established protocol in the State on government-to-government interaction.

- It's important to have continuous communication with the tribes through phone calls, email exchanges, and meetings.
- Need to understand the importance of culture or significance of sovereignty.
- Recognizing not all Tribes want to partner with the State.
- Plan for the additional time needed to contact each tribe when working on projects, writing grants, inviting representatives to serve on committees, and to get to know their community by visiting it. Formally invite elected tribal officials through written letter v. electronic message.
- Seattle is home to many tribes. Urban consumers have unique needs related to being away from their tribe. Connect with Urban Indian Health Centers as a way to include those in Urban areas.
- Plan for turnover. Know that events such as elections can result in sudden staffing changes within both the State and/or Tribe. Incoming staff often lack knowledge and understanding of the consultation process and the importance of the state-tribal relationship. Orientation for new staff and elected officials is enhanced when it includes information on the established agreements held with the Tribes in Washington.

- Demonstrate respect for tribal culture and tradition. This can be accomplished by creating room for a tribal invocation before and after a meeting or event. Another strategy is to plan for extra time in the agenda to permit informal sharing and networking.

Appendix B.
Resources in Forming Tribal Partnerships

Resources

NASMHPD offers technical assistance in addition to its many publications and webinars designed to support the state executives responsible for administering the billions of dollars in funding for public mental health services. Other resources exist to assist those interested in continued exploration of how to begin to develop partnerships. The websites listed contain information from states and national organizations related to tribal and state partnerships.

NASMHPD

<http://www.nasmhpd.org/content/technical-assistance-programs>

The Substance Abuse Mental Health Services Administration (SAMHSA) Office of Tribal Affairs and Policy (OTAP)

<http://www.samhsa.gov/tribal-affairs>

SAMHSA Tribal Training and Technical Assistance Center

<http://www.samhsa.gov/tribal-ttac>

Center for Medicare & Medicaid Services Outreach and Education for American Indians/Alaska Natives

<https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/index.html>

Project Implicit – provides access to the Implicit Association Test (IAT) to assess one's unconscious bias.

<https://implicit.harvard.edu/implicit/iatdetails.html>

National Conference of State Legislatures (NCSL) Listing of Federal and State Recognized Tribes

<http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx#State>

NCSL State-Tribal Collaboration section with ability to search database for current state legislation on government to government collaboration

<http://www.ncsl.org/research/state-tribal-institute/state-tribal-collaboration.aspx>

Oklahoma Department of Mental Health and Substance Abuse Services Tribal State Relations

http://ok.gov/odmhsas/Additional_Information/Tribal_State_Relations/index.html

Federal Agency Tribal Consultation Resources

<https://www.whitehouse.gov/nativeamericans/resources>

National Congress of American Indians (NCAI) guide “Tribal Nations and the United States: An Introduction”

http://www.ncai.org/resources/ncai_publications/tribal-nations-and-the-united-states-an-introduction

National Indian Child Welfare Association (NICWA) – They provide resources through a lending library and technical assistance related to children’s mental health, Title IV-E, State/Tribal Partnerships.

www.nicwa.org

The Indian Country Child Trauma Center (ICCTC) provides information and training on adapted existing evidence-based treatments to incorporate traditional healing practices, teachings, and concepts relevant in Indian Country.

www.icctc.org

Trauma Informed Oregon is a state-wide collaborative with a focus of ameliorating the harmful effects of trauma. They provide training, consultation and resources. One such resource is the guide to hosting trauma informed meetings:

<http://traumainformedoregon.org/wp-content/uploads/2014/10/Hosting-a-Meeting-Using-Principles-of-Trauma-Informed-Care.pdf>