

**North Sound Mental Health Administration  
Regional Training Committee  
Training Module**

**American Indian Policy**

**DSHS Administrative Policy 7.01**

The North Sound Mental Health Administration (NSMHA) in conjunction with the eight federally recognized Tribes in the North Sound Region are committed to inclusive planning and appropriate service delivery to American Indian governments and communities. Following is an overview of the process to ensure this.

**Table of Contents:**

1. Training Module
2. Centennial Accord
3. The Mental Health Needs of American Indians in Washington State
4. North Sound Mental Health Administration 7.01 Plan from contract
5. DSHS Policy 7.01

***Training Objectives:***

1. Familiarize clinical staff regarding the unique political/legal status of American Indian Tribes.
2. Familiarize clinical staff with social/cultural issues that are unique to American Indian Tribes.
3. Familiarize clinical staff with DSHS Administrative Policy 7.01 and provision of mental health services to American Indian Tribes.
4. Present resources for more in-depth study.

## **Administrative Policy 7.01 American Indian Policy**

### ***Brief History:***

Prior to European settlers and other immigrants coming to this country over 150 years ago, the American Indians living in the Northwest had no need for government-to-government rules and regulations. Each American Indian Tribe was a sovereign nation without constraints from any outside governments. With the influx of white settlers into this country, issues such as land rights, sovereignty and citizenship became volatile issues. The numerous wars and battles between the white settlers and the American Indian Tribes resulted in the native peoples losing much of their land and many of their rights. In 1855, the Elliot Bay Treaty moved many Indian People living in the Northwest area onto reservations. For example, The Tulalip Tribe is actually five (5) different tribes that were moved onto the Marysville area reservation and were subsequently named "The Tulalip Tribes". All the tribes in the North Sound area were moved to designated reservations, and many of the tribes had to work hard to regain their Federal Recognition status.

There are eight tribes in the North Sound region that have been able to work with the Federal Bureau of Indian Affairs and the Supreme Court to gain back their Federal Tribal Recognition.

### **The Federally Recognized Tribes in the North Sound Region are:**

***The Tulalip Tribes – Marysville, Washington***

***The Stillaguamish Tribe of Indians – Arlington, Washington***

***The Swinomish Tribal Community – La Conner, Washington***

***The Upper Skagit Tribe – Sedro-Woolley, Washington***

***The Sauk Suaittle Tribe – Darrington, Washington***

***The Lummi Nation - Bellingham, Washington***

***The Nooksack Tribe – Sumas, Washington***

***The Samish Tribe – Anacortes, Washington***

There was a tribal request to Washington State to work government-to-government with the current twenty-nine Federally Recognized American Indian Tribes in Washington State. This tribal request then led to the **Centennial Accord Agreement of 1989** and later to the current Department of Social and Health Services policy **Memorandum 7.01**. The DSHS Memorandum 7.01 requires that by April 2 of each even-numbered year, prior to the development of the biennial budget request, each administration/department shall develop a biennial service plan for American Indian tribes, communities and participants. This plan is called the **7.01 Plan**. As a result of this plan, the American Indian tribes have a unique status within the public mental health network:

- All Tribal community members in the North Sound Region are eligible for crisis mental health services from the Prepaid Inpatient Health Plan (PHIP) administered by the North Sound Mental Health Administration. Tribal members who receive (or are eligible to receive) Medicaid coupons also qualify for all the mental health services offered by NSMHA contract providers.
- According to Federal and State law, as well as NSMHA contract, contracted providers must inform American Indian and Alaskan Native clients that they may receive traditional/cultural treatment services in addition to or instead of standard services.
- Providers are encouraged to coordinate treatment of Tribal members with Tribal Mental Health departments.
- Collaboration with Tribes helps assure that Native American/Alaskan Native clients receive culturally appropriate services.

## 1. What is contained in a 7.01 Plan?

As a result of the Centennial Accord and DSHS Memorandum 7.01, The North Sound Mental Health Administration is mandated to work with the Federally Recognized American Indian tribes and all other enrolled American Indian/Alaskan Natives in our five counties. Federal Recognition means that each tribe in North Sound Region (listed above) has been recognized as its own NATION. In addition, any consumer living in the North Sound region who identifies her/himself as American Indian/Alaskan Native (AI/AN) has access to services under these guidelines.

This means each of the eight tribes is able to govern itself and make all decisions regarding their tribal government, community, and individual citizens' needs. As a sovereign nation, tribes are able to provide their own judicial system, police and fire departments, health clinics and behavioral health facilities. Many of the smaller tribes have some direct tribal services and then work government-to-government with County, City and the State of Washington to deliver other services to their tribal members.

The **7.01 Plan** is based on the following premises:

1. The State of Washington is committed to delivering services to American Indians in a manner that is in harmony with existing Federal, State, and Tribal law. Enrolled Tribal members are citizens of the United States and citizens of their respective Tribal Nation.
2. The State of Washington is committed to partnering with tribes in the development of policies and procedures for all programs in DSHS. The intent of the Policy is to minimize potential conflicts for future policies and procedures.
3. The Centennial Accord and the subsequent Memorandum 7.01 will set the basic principals for "government-to-government" consultation with all Washington State DSHS Divisions.
4. Above all, that each DSHS Division or contractor must seek consultation with each Tribe assessing any potential impact of a given policy or practice that may impact tribal law.

The **7.01 Plan** provides a framework for all DSHS Divisions and contracted providers who receive either state and/or federal funds to work with the tribes. The plan contains provisions to:

1. Ensure meaningful input by the tribes, including but not limited to state budgets, policies, manuals, and operational procedures which affect American Indian People;
2. Ensure programs and services provided to American Indian People are culturally relevant and in compliance with this policy;
3. Ensure that programs and services provided to reservation and off-reservation American Indian People are designed to meet American Indian social and health needs;
4. Ensure the agency and contractor/licensee is in compliance with all American Indian-related sections of the Washington State Administrative Codes and other Federal regulations;

5. Develop policies outlining sanctions for failure to comply with any or all of the DSHS American Indian Policy;
  6. Develop specific, written protocols establishing how each administrator will contact and work with American Indian Tribes;
  7. Provide culturally-specific training to divisions or programs working with American Indian Tribes or communities.
2. The North Sound Mental Health Administration in conjunction with the eight federally recognized Tribes in the North Sound Region are committed to inclusive planning and appropriate service delivery to American Indian governments and communities.

The tribes in the North Sound Region have had the opportunity to sit on the NSMHA Board of Directors as voting members since 1999. To our knowledge, NSMHA is the only Regional Support Network in the state that offers Tribes the choice to become board members.

**The North Sound Mental Health Administration's current 7.01 Plan ensures:**

- a. Optimum access and inclusion in NSMHA contracted mental health programs, including tribal initiated voluntary inpatient certification.
  - b. Programs provide culturally appropriate Mental Health Treatment to AI/AN People according to the current 7.01 plan.
  - c. Provision of training opportunities for tribal behavioral health workers and encourage linkages among Tribes, DSHS agencies and county health programs that promote seamless services to treatment access.
  - d. Efforts to increase numbers of enrolled American Indians as employees of NSMHA contracted PIHP's.
  - e. Education and training of all concepts in the Centennial Accord and 7.01 planning.
  - f. Maintenance of the 7.01 plan as a *living, focused, working document*, with optimal tribal participation and involvement in every aspect of the process.
  - g. Recognition of the government-to-government relationship between Tribes and NSMHA Board of Directors and county services.
3. **Designing and delivering mental health services for American Indians/Alaskan Natives:**

There are important elements to be considered when designing and providing mental health services to Tribal members:

- ❖ The concept of *Cultural Predominance* helps clarify the appropriate starting point for the clinical treatment of American Indians. This means that mental health services encompass belief systems, lifestyle, and perceived problems; and culturally identified service needs determine the choice of services to be provided.
- ❖ This position requires the clinician to re-orient away from conventional mental health practices toward services derived from the culture of American Indian being served. Since standard mental health approaches have been shown to be ineffective for a great many American Indian clients, it is necessary for our mental health system to make this shift in perspective in order to become culturally competent.
- ❖ Guidelines for Culturally Congruent Mental Health Services include:
  - a. An understanding of the cultural concepts of illness and health which are incorporated into the treatment approach.
  - b. Diagnostic or classification systems that are culturally accurate and acceptable to the client, family and community.
  - c. Culture-specific symptom patterns that are recognized.

#### **4. The Tribal Voluntary Inpatient Certification Policy:**

This policy is an attachment to the current 7.01 plan. The procedure provides a process for the Tribes who wish to initiate and facilitate voluntary hospitalization for members of their Tribal Communities when deemed necessary and appropriate, and to comply with Section 1.6 of the North Sound Mental Health Administration 7.01 Plan. The basic policy consists of six items:

- a. The Associated Provider Network and Tribes throughout the North Sound Region commit to actively working together to provide culturally competent/appropriate services.
- b. A culturally competent system of care acknowledges and incorporates, at all levels, the importance of culture and cultural differences (WAC 388-856-0150, and NSMHA 7.01 Plan Updated 4/24/03).
- c. Hospitalization is considered after all other less restrictive culturally competent/appropriate options have been ruled out as inappropriate or unavailable for the consumer in their current situation.

- d. Hospitals wishing to admit consumers with Medicaid funding and those without any source of funding are required to obtain certification from the hospital certification team provided by Volunteers of America for NSMHA.
- e. Whenever possible, tribal community members must be evaluated face-to-face within 4 hours of the request by a tribal-designated liaison, able to evaluate mental health conditions. Exceptions to this requirement may be made on a case-by-case basis, but all persons being referred must have a face-to-face contact within 24 hours of the request for certification.
- f. The Hospital Certification Team may consult, as necessary, with the assigned Primary Clinician, the Tribal-designated Liaison, NSMHA Quality Specialist, the referring MD, consulting MD, and/or clinicians working in the NSMHA Integrated Crisis Response System.

**5. What do culturally competent/culturally congruent services look like?**

Culturally competent or culturally congruent services include the following elements:

- a. Client-therapist pairs are culturally similar.
- b. Service providers have achieved a positive personal cultural integration.
- c. Settings of services are easily accessible and culturally familiar to clients.
- d. The nature and timing of the intake process reflect cultural priorities and acceptable and inoffensive to clients.
- e. The degree of social involvement or enmeshment of mental health workers with the client is culturally determined.
- f. The client's religious/spiritual beliefs are understood, supported, and, if culturally appropriate, integrated into the therapeutic process.
- g. Traditional healing practices and traditional healers are integrated into the therapeutic process when culturally appropriate.
- h. Treatment techniques are culturally comprehensible and acceptable.
- i. Therapeutic goals are consistent with the client's cultural values.

- j. Therapeutic expectations are consistent with cultural biases toward inner or outer control.
- k. Record keeping systems are minimally intrusive and culturally accurate.
- l. The support of appropriate American Indian/Alaskan Native (AI/AN) authorities or institutions is obtained.

### **Conclusion**

American Indian/Alaskan Native clients receiving culturally congruent mental health services receive an overall message of personal and cultural validation that honors their heritage, especially the cultural and spiritual aspects. This positive, healing message is not possible when services are culturally incongruent. Cultural congruence ensures that the client's value system, life experiences and expectations about the therapeutic process will be integrated into all aspects of mental health services, which are delivered with dignity and respect.



6. Each Department within DSHS 7.01 plan must include American Indian input on:
- Budgets
  - Program development
  - Agency manuals
  - Cultural relevance
  - All of the above
  - None of the above
7. By April 2 of each even-numbered year, prior to the development of the biennial budget request, each administration/department shall develop a biennial service plan for American Indian tribes, communities and participants. What is this plan called?
- Centennial Accord of 1998
  - Elliot Bay treaty of 1854
  - New Millennium Agreement, Signed by Governor Locke
  - None of the above
8. American Indians and Alaskan Natives have a unique status as a result of the DSHS Memorandum 7.01:
- True
  - False
9. Tribal members who receive (or who are eligible to receive) Medicaid coupons also qualify for all the mental health services offered by NSMHA contract providers:
- True
  - False
10. The 7.01 Plan requires which of the following?
- Meaningful input by the tribes
  - Culturally-specific training to divisions or programs working with AI/AN
  - Programs designed to meet American Indian social and health needs
  - All of the above
  - None of the above

**1 point per question; 10 points available; 80% or 8 points = pass.**

Name \_\_\_\_\_ Mailstop \_\_\_\_\_

***PLEASE NOTE: This section will not be scored, but will be reviewed by your supervisor.***

A. How will you apply the information in this module to your clinical work?

B. What else would you like to know about working with members of American Indian/American Native tribes?

# North Sound Mental Health Administration Regional Training Committee

## Bibliography

Centennial Accord (1989) Legal Document between Washington State Tribes and the State of Washington

Gathering of Wisdoms (2001) 2<sup>nd</sup> Addition, The Swinomish Tribal Community

Broken Promises Broken Treaties (2001), Overview of American Indian History, presented at Tribal Conference, Sharri Dempsey

The Mental Health Needs of American Indians in Washington State, (2003), The Governors Office of Indian Affairs IPSS, Primary Author: Mile L. Steenhout and Joe St. Charles

North Sound Mental Health Administration, 7.01 Plan 2003-2005, The Eight Tribes in the North Sound Region and NSMHA Board of Directors

The Meriam Commission and Health Care Reform (1926 – 1945, “Getting Stared” Report to congress – Lewis Meriam

Further Documents attached to NSMHA 7.01 Plan 2004-2005,

- Voluntary Inpatient Facilitation by Tribal Mental Health Departments
- Qualifications Provider Mental Health Specialists who treat American Indians/Alaskan Natives