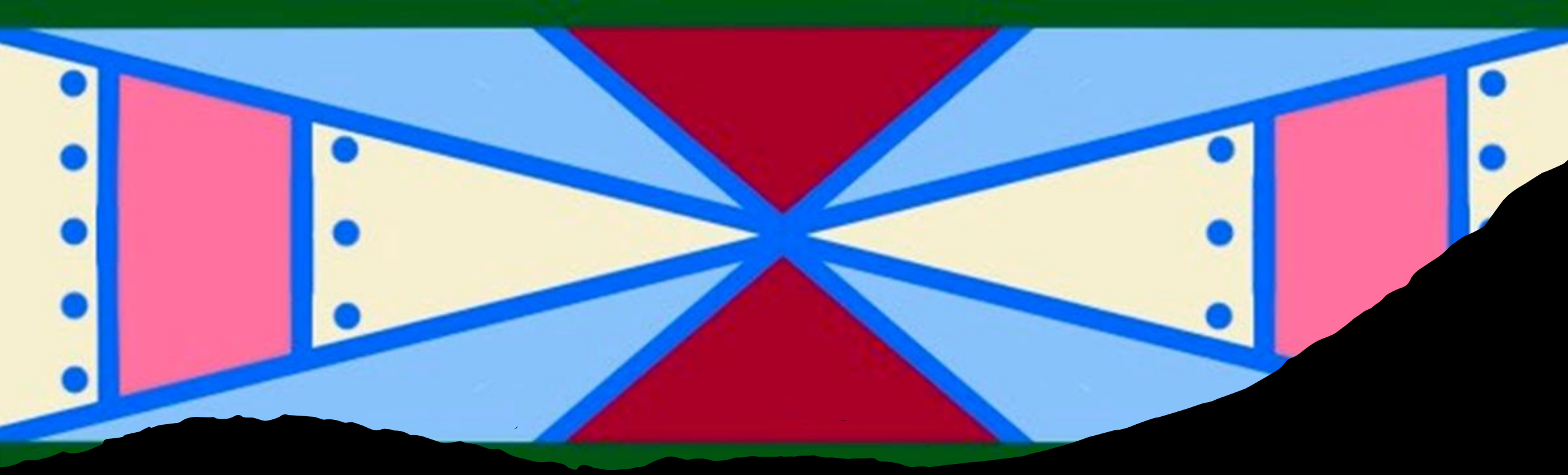


Plateau Parfleche by Jon Shellenberger Olney, Yakama

Tribal BH Systems and Crisis Response

Kathryn Akeah

American Indian Health Commission for WA

Bethany Phenix-Osgood - ALTCEW

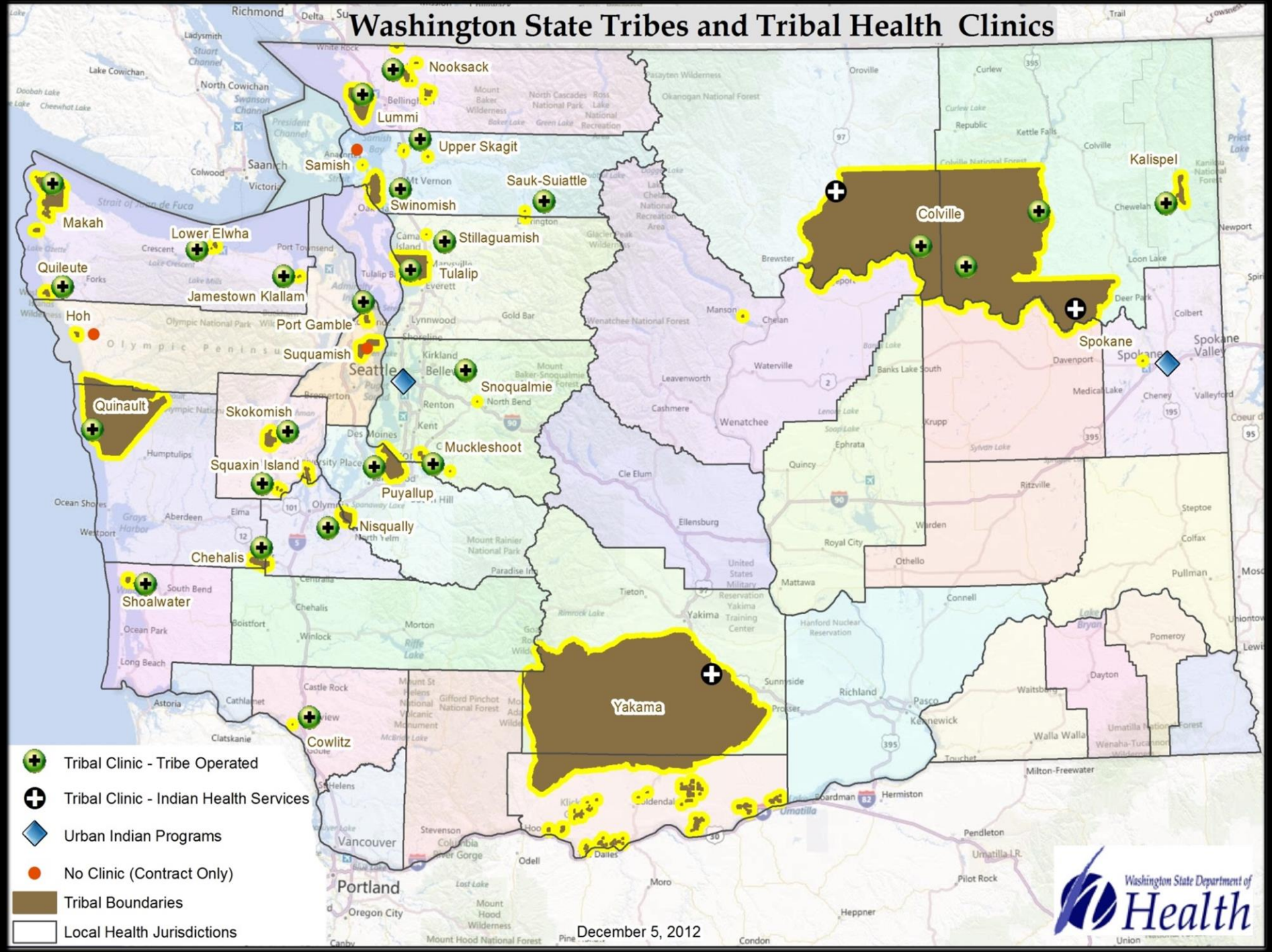
PULLING TOGETHER FOR WELLNESS

Native American Nations

Traditional Names & Locations

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

Washington State Tribes and Tribal Health Clinics



DEVASTATING OUTCOMES

Tribal behavioral health code participants reported to several different accounts of Tribal members entering either the state behavioral health system or the state criminal justice system and the Tribe losing complete contact with their Tribal members. In some cases, these Tribal members committed suicide, and the Tribal representative felt that if the Tribe had been involved in the person's crisis care, their death could have been prevented.

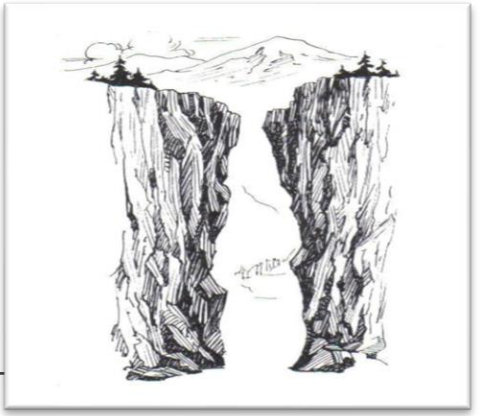
History of Tribal Efforts to Improve Access

When it come to mental health crisis services, Washington State and the behavioral health system have treated Tribes as providers instead of governments. The managed care system often conflicts with federal laws on **tribal sovereignty** and the **federal trust responsibility**. Failure to recognize Tribes as governments and to comply with state and federal laws results in delay in or lack of AI/AN access to behavioral health services.

The 2013 Tribal Centric Behavioral Health report to the legislator addressed the failures of managed care in Indian country and identified key strategies to improve the coordination between Tribes and the (then) Mental Health Crisis system in our state. However, by 2016, these strategies had yet to be implemented. Instead, the State was applying for a Medicaid Waiver to incorporate substance use disorder services into a system that Tribal Leaders said was not working for the AI/AN population in Washington State. Tribes fought to ensure that AI/AN would be exempt from the Medicaid managed care system.

View the 2013 Tribal Centric Behavioral Health Report here: GetPDF (wa.gov)

Gap Examples



- RSN, BHOs and now BH-ASOs are not clear on how to work with FFS patients and Indian Health Care Providers
- Non-Tribal Providers often consider the FFS program as “not having coverage.” This common misclassification is significant since 60% of AI/AN population enrolled in Medicaid are in the Fee for Services Program
- Lack of access to voluntary in-patient treatment impacts the ability to help those in crisis
- Tribes and Indian Health Care Providers are not directly funded to provide crisis care
- 7.01 Plans do not cover all AAA’s and Tribal Nations work plans or partnerships

Tribal BH Crisis Response Activities

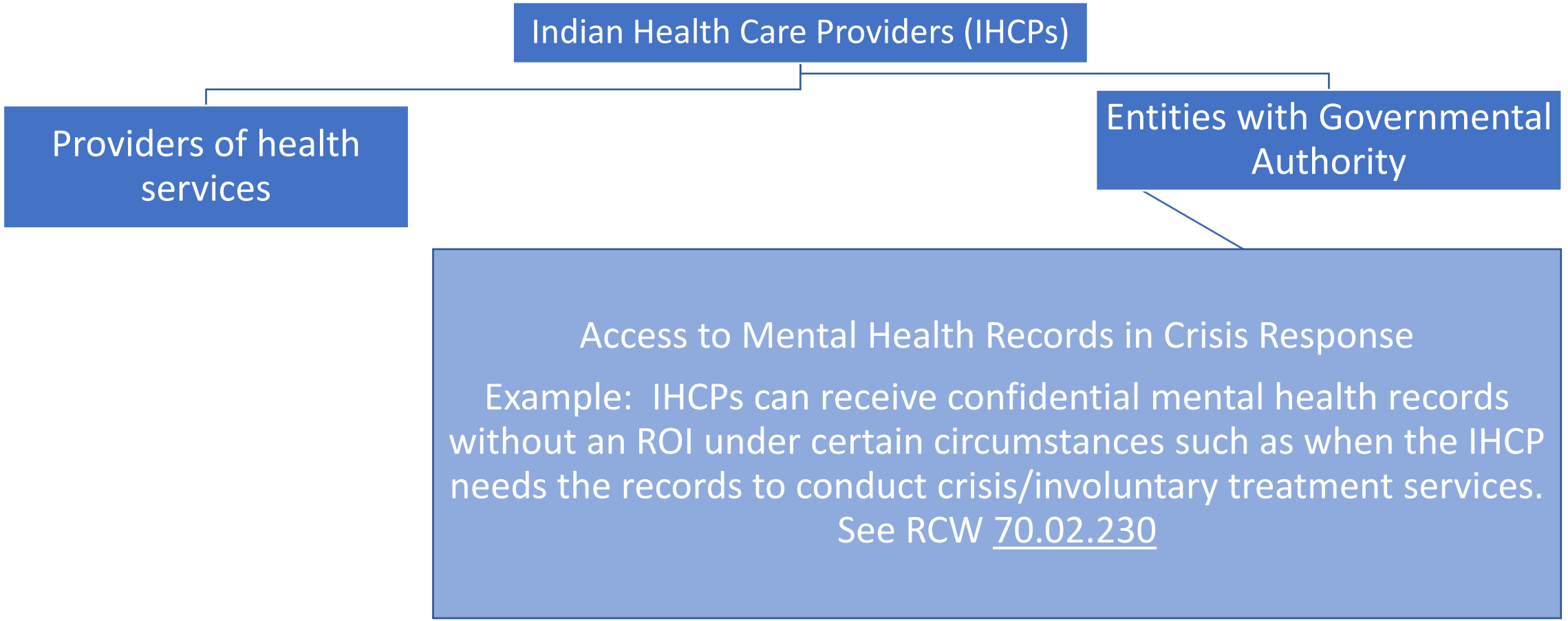
- Tribal Centric Behavioral Health Advisory Board – Facility, HB 1477 feedback
- State legislation changes – 2020 Washington Indian BH Act and updates
- Trainings – MCO, ACH, DCR Academy, Forensic Navigators, BH Providers, OBHA
- Tribal BH Code development
- Washington Indian Behavioral Health Hub
- Native and Strong Lifeline (Tribal 988)
- Designated Crisis Responder Planning
- Crisis Response Planning
- DCR implementation WACs
- Information gathering with attorneys, judges, evaluation and treatment facilities, plus
- Sustainability planning – determining a case rate, potential for 988 pilot projects, billing guidance
- AAA input for cognitive brain health decline for caregiver communication, emergency response, and supports

Why Indian Health Care Providers (IHCPs) are Critical

- The trusted and familiar relationship between the tribal member and the IHCP
- IHCPs serve their members Birth to Death
- IHCPs are culturally responsive
- Continuity of care. IHCPs are familiar with wrap around services and what is available in the community. Those serves will always be more culturally appropriate than services outside the community
- Stronger follow-up care with Tribal member experiencing crisis

Tulalip Tribal Health Clinic

Dual Role of Indian Health Care Providers in Behavioral Health



In 2020, the Washington Indian Health Improvement Act, SB 6259, added Indian health care providers to the list of qualified professional persons who are allowed to receive confidential mental health records under certain circumstances.

Tribal Crisis Coordination Plans

2020 – Present Day

AwniMitaat-Sacred Three by Jon Olney Shellenberger, Yakama

AIHC Revisions to Crisis Coordination Protocols

1. **Clarify roles and responsibilities** of entities providing crisis care services that involve an AI/AN and/or an Indian health care provider
2. **List common Tribal practices** for crisis coordination. Tribes can choose from the options or add their own.
3. Provide a mechanism for **corrective action** when protocols are not followed
4. Ensure that all recent updates to RCW, WACs, and State managed care contract requirements that provide **AI/AN and IHCP protections** are incorporated in the protocols
5. Incorporate additional resources and contacts, for example,
    1. AAA's services and resources for Elders and PLWD

aihc
AMERICAN INDIAN HEALTH COMMISSION FOR WASHINGTON STATE

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.

Today's Takeaways

- Get comfortable asking about Tribal affiliation
- Keep in mind the medical home model for clients with a Tribal affiliation.
- Follow Crisis Coordination Protocols
- Build a relationship with IHCPs, WA Indian BH Hub, and Tribal Liaisons
- Be ready to refer to culturally appropriate services
- Distinguish when issues are individual or government-to-government

Salmon Chief, Spokane Falls, photo by Roxanne Best, Colville

Thank you

American Indian Health Commission for Washington State

Kathryn Akeah

Tribal Health Consultant

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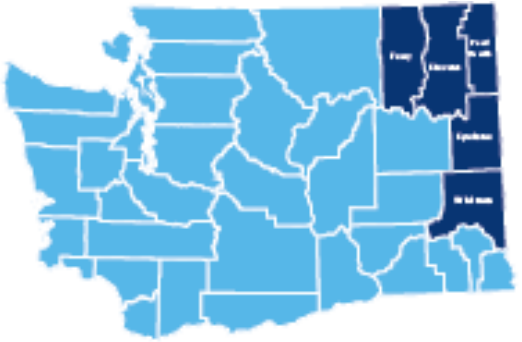
Whale Comb by Zeke Serrano, Quinault

About Aging & Long-Term Care of E. WA

- Our **vision** is to provide the best home and community-based services to support healthy living and aging in place
- **Help** older adults and adults living with disabilities age at home
- **Serve** Ferry, Stevens, Pend Oreille, Spokane and Whitman counties
- Provide Resources and Assistance to age in place with dignity and grace.
- Appointed first Tribal Liaison for Eastern WA in 2022.

"Discover the resources you need to plan, prepare for, and support living independently for as long as possible."



Introduction

- **Bethany Phenix-Osgood**

  Planning and Resources Director, Tribal Liaison for ALTCEW

  LT/NREMT/FF and Grant Writer for PDA Fire Dist. #2

  Student of Life and Growth

WA State Governor's Tribal Leadership Council and Tribal Centric BH Work Group Member.

- Slides provided by ALTCEW
- Resources provided by ALTCEW, NICOA, WA State Centennial Accord, GOIA, AICC, AIHC, and OIP, and DOH.
- Bethany.Osgood@dshs.wa.gov

Gut Check – Let's Get Grounded!

- Why are we seeking to do the work?
- Is what we are offering what the Tribes need?
- Are we in touch with our own bias? Filters? Trauma? History?
- What is our "Why behind the What"?
- Is our focus first on meeting our own deliverables and requirements above the Tribal asks and needs?
- Are we developing a program in tandem with the Tribes?
- Who needs to be at the table?
- Listen, ask, listen, plan, listen, do as partners.

Getting Started / Partnerships

- Breaking the “Stigma” of Alzheimer’s and Dementia / Alzheimer’s and Dementia are medical conditions that often manifest as mental health or SUD emergencies.
- Co-produced culturally appropriate educational trainings for communities and professionals.
- Advocating for Care Partners to offer additional communication, care planning suggestions, speak for those in crisis, and honor cultural and individual medical and BH decisions and wishes. Have alternative care partner options for communication and care planning when legal paperwork is not available such as POA, POLST, DNR.
- Encouraging early diagnosis events for Elders and their care partners.
- Supporting congregate meal sites for Tribal Members (Reduce Social Isolation)
- Advocate for policy change regarding dementia and Alzheimer’s.
- Inspire continued funding for research, development, resources, education, appropriate data collection, supportive services, and treatment programs for PLWD.
- Partnership for “Healthy Aging”.

AAA's work with HB 1477 and Tribal Centric BH

- **Care Coordination**: Working to change the language to have a "Care Partner" act as a point of contact to provide medical information, treatment plans, and individual health information to ensure the individual receives the most appropriate treatment during a dementia or Alzheimer's crises.
- **Designated Crisis Responder**: Working with EMS/FIRE/POLICE, CM or Mental Health Provider(s) in consultation with a federally recognized Indian Tribes to provide the most appropriate and culturally significant, communication, care, and treatment plan for Elders and People Living with Disabilities
- **Mobile Crisis Team**: AAA's partnership with Mobile Crisis Team Transport to ensure designated Care Partner can advocate for communication, treatment, and care plans for PLWD who are not able to advocate for themselves during a crisis. Treatment plan could include EMS transport, Police transport, Hospital/ER, and or other mental health and medical facilities. Each member of the team will be encouraged to be trained on de-escalation techniques and communication for PLWD during an emergency.

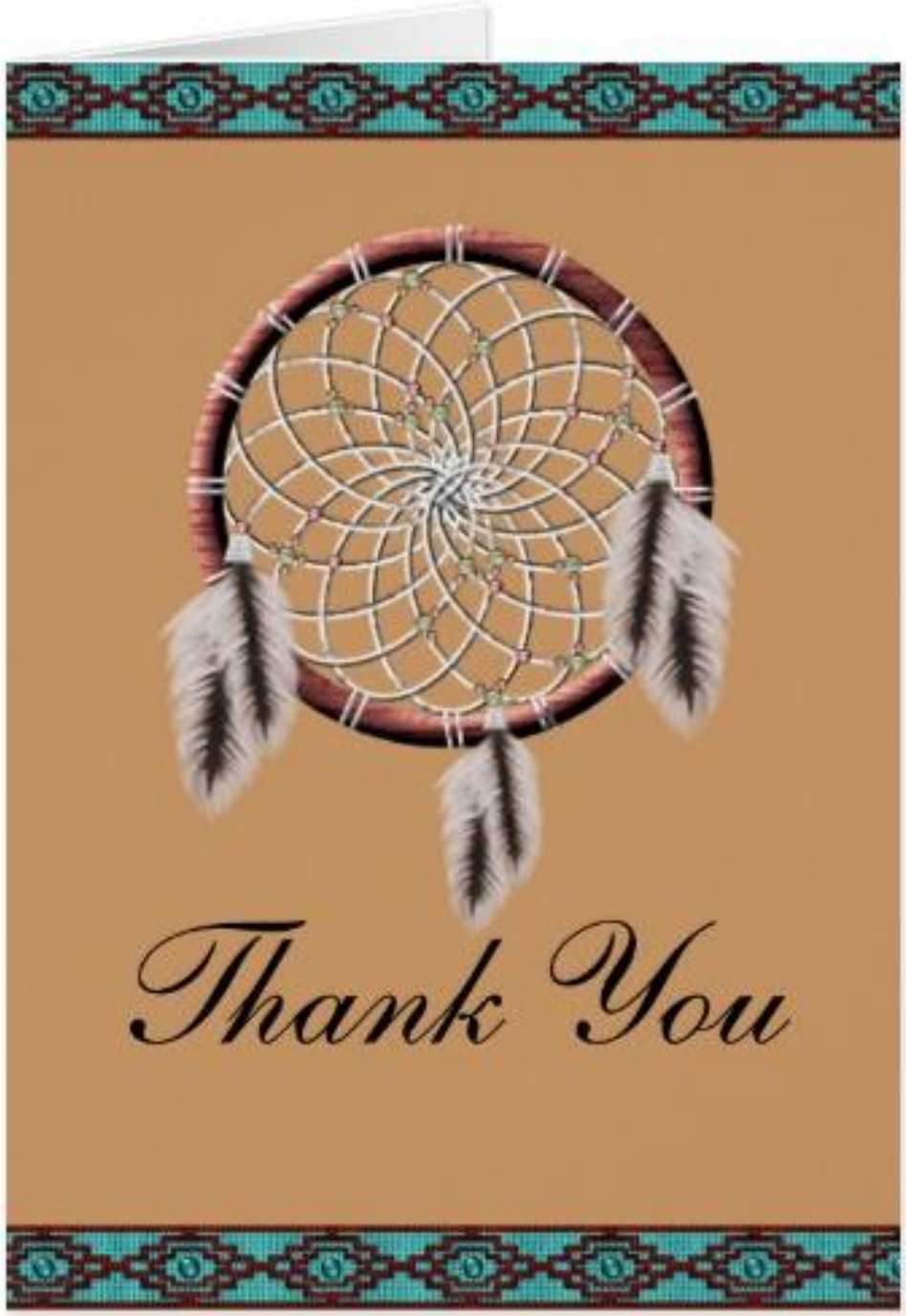
ALTCEW Dementia Education and Communication For Professionals

- Professional Dementia Trainings for internal staff and external partner agencies
  - 4-6 trainings on dementia and Alzheimer's for professionals (HCS, Elder Services, Frontier BH, Pathways, Multicare Ground Rounds, Providence Medical School, Libraries, etc.
- Dementia Friendly Communities education, communication, and resources that are culturally appropriate: which includes communities of color, Tribes,LGBTQIA2S+, rural communities, and diverse social media platforms.
- Respect - Recognize Two-Spirit, Importance of Prayer and Story Telling
- Tribal Memory Café's, early dementia diagnosis events, offering opportunities to present at NW Rural Health Care Conference, 2023 Aging Symposium, and other venues for learning and collaboration.
- Alzheimer's Association – National training provided on Tribal Relationships and the AAA's as part of the AA 2022-2023 annual training. Provided by ALTCEW
- EMS Connect – Working with EMS Connect Leadership to add to the Statewide EMS/POLICE/FIRE training platform:
  - 1 Training on de-escalating dementia behaviors in a crisis for First Responders during an emergency and transport. Communication=Treatment.
  - First Responder – Understanding cultural differences, views, norms, and treatment plans for PLWD and their care partners.

- ALTCEW in partnership with the Tribes and AIHC
- Story telling vs advance directive, sweat lodge is a healing remedy in leu of traditional medicines.
- Connectiveness = traditional and modern health care in partnership with spiritual care.
- Aging is a normal part of becoming an elder and is seen as an honorable part of the life cycle, they are held in high regard and respect.
- Elders are respected for their wisdom and life experiences, which is shared through storytelling and other forms of social gatherings in a venue to pass down knowledge, end of life wishes, and important tribal history.
- AAA's have a unique opportunity to work with the Tribes to provide culturally appropriate education, resources, education, services, early diagnosis, and care plans for PLWD and their Care Partners.
- Work to change the regulations, policies, procedures and care plans to honor the needs of each individual, each tribal member, and agencies involved in care planning.

Building Relationships with our Tribal Partners

- Listen. LISTEN! Listen…….
- Knowing the history of Indigenous people is critical in implementing best practices
- Have an understanding about the struggle for AI/AN people to maintain their identity, rights, culture, language, traditions, and way of life.
- Acknowledge the “intergeneration trauma” including the loss of sacred lands, forced assimilation, and family ruptures. Emphasize and validate the strength of the survivors.
- Allow time for introductions, storytelling, and cultural identity
- Be respectful of prioritizing ancient protocols and customs, as well as treaty rights and territories for each tribal nation
- Offer respect for the people and each culture/Tribe
- Identify and respect the tribal governance and authority structure
- Build trust through time, place, and respect



With Gratitude

- Thank you for listening.
- Thank you for teaching me.
- Thank you for your kindness and partnership.

- Questions?