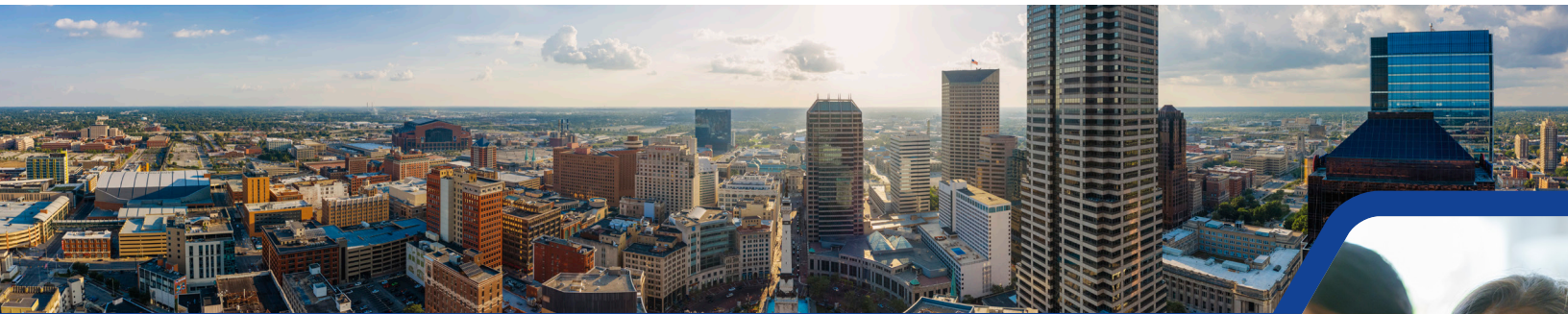


# TTI: Partnering with Tribal Nations in Indiana



## 988 READINESS AND CRISIS SERVICES

A phrase often used by people with lived experience in recovery is “nothing about us without us,” which underscores the significance of collaboration, empowerment, and inclusion of populations of focus when designing and implementing services.<sup>1</sup>

**As Indiana continues to actively engage local Tribal Nations in planning for 9-8-8 rollout and implementation, it is key to build a collaborative, mutually respectful partnership.**

State agencies vary in their level of readiness to relate to Tribal Nations and foster government-to-government relationships. Some guidance for state officials (such as behavioral health directors, 988 implementation team leads, policy and legislative officials, and others) is to expand on cultural humility. Possible ways to achieve this include meaningful training on **implicit bias**, understanding the political determinants of health for Tribal Nations, increasing self-awareness through education, and conducting routine organizational assessments as part of quality improvement of policies and practices impacting local Tribal Nations.



<sup>1</sup> p6 [Partnering with Tribal Governments to Meet the Mental Health Needs of American Indian/Alaska Native Consumers](#)



Many states with strong government-to-government alliances identified Tribal Liaisons as essential players in building these connections.<sup>2</sup> Some states have appointed state/Tribal liaisons, even multiple liaisons throughout various state divisions. Liaisons can often be found in the Department of Natural Resources, the Department of Children and Family Services, the Department of Behavioral Health, and American Indian Commissions (if they exist in your state).

As states nurture a mutually respectful relationship with local Tribal Nations where Tribal sovereignty is honored, groups on both sides can begin to break down barriers and work together to address the myriad health disparities that Tribal Nations face. When establishing government-to-government relationships with Tribal Nations, it is also important to collaborate with the non-profit Urban Indian organizations in your state, as they serve American Indian/Alaska Native (AI/AN) individuals living outside of Tribal Nations.

**Considering the disparities present in healthcare services, funding, resources, and outcomes for Tribal Nations, the launch of 9-8-8 presents a unique opportunity to foster alliances between Tribal Nations, state governments, and stakeholders to ensure continuous, mutually beneficial quality improvement of behavioral health services in Indiana<sup>3</sup> that promote cultural practices as sources of strength, healing, and resilience.**

## **UNDERSTANDING INTERGENERATIONAL TRAUMA**

As a direct result of the legacy of European colonization, AI/AN communities faced profound trauma, uniquely characterized as multi-generational and historical,<sup>4</sup> without the cultural safety nets of traditional healers and community support. When engaging Tribal Nations, this process of building collaboration includes particularly complex considerations due to the enduring history of violence and genocide perpetrated by the United States against Indigenous groups: repeated broken treaties and discriminatory legislation at the federal and state level, imposed limitations of resources, forced displacement and assimilation, along with current policies and practices that disenfranchise Tribal Nations have

<sup>2</sup> p8 [Partnering with Tribal Governments to Meet the Mental Health Needs of American Indian/Alaska Native Consumers](#)

<sup>3</sup> [https://www.nasmhpd.org/sites/default/files/988\\_Convening\\_Playbook\\_States\\_Territories\\_and\\_Tribal\\_Nations.pdf](https://www.nasmhpd.org/sites/default/files/988_Convening_Playbook_States_Territories_and_Tribal_Nations.pdf)

<sup>4</sup> Linklater, Renee, and Lewis Mehl-Madrona. *Decolonizing Trauma Work: Indigenous Stories and Strategies*, 2014. Print.

all fostered an often-intense fear and distrust of the government (both federal and state) since the inception of the United States. Other barriers to providing services to Tribal Nations include “availability of transportation and childcare, treatment infrastructure, level of social support, perceived provider effectiveness, cultural responsiveness of services, treatment settings, geographic locations, and Tribal affiliations.”<sup>5</sup> Because Indigenous communities carry incredibly deep-rooted historical and current trauma, States with working Tribal relationships have repeatedly emphasized the need to build mutual respect and trust before establishing a formal partnership.<sup>6</sup>

**This work must be done through a trauma-informed approach of amplifying the voice and agency of Tribal Nations, rebuilding trust, and acknowledging one’s role in a system that disenfranchises Tribal Nations.**

“SAMHSA’s recommended principles on trauma informed care align with the recommendations for partnering with Tribal Nations. These include safety, collaboration, mutuality, transparency, trustworthiness, empowerment, and consideration of culture and historical issues (2015).”<sup>7</sup>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/books/NBK539588/>

<sup>6</sup> p9 [Partnering with Tribal Governments to Meet the Mental Health Needs of American Indian/Alaska Native Consumers](#)

<sup>7</sup> p8 [Partnering with Tribal Governments to Meet the Mental Health Needs of American Indian/Alaska Native Consumers](#)



# Indiana Tribal Nation Information

## TRIBE INFO

**Tribal Nation Name: Pokagon Band of Pottawatomi Indians (Michigan and Indiana)**

Recognition Status: Federal

Phone: 800-517-0777

Email: [digitalcommunication@pokagonband-nsn.gov](mailto:digitalcommunication@pokagonband-nsn.gov)

Website: <https://www.pokagonband-nsn.gov/>

Medical Contact: Rodgers Lake Campus

Medical Contact Info: (269) 782-4141

COVID-19 Contact: (269) 782-4141

988 Contact: Native American National Suicide Prevention Lifeline – 1-800-273-TALK or 2-1-1

## STATE TRIBAL LIAISON

### State Committee and Commissions on Indian Affairs

100 North Senate Avenue, Room N300

Indianapolis, IN 46204

Melissa J Williams, Director

Native American Indian Affairs Commission



## **RESOURCES**

[Transformation Transfer Initiative \(TTI\) 2022 Resource Guide](#)

## **SAMHSA RESOURCES**

<https://www.samhsa.gov/behavioral-health-equity/ai-an>

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

<https://www.samhsa.gov/sites/default/files/sites/default/files/tttac-cy4-mental-health-fact-sheet-508-compliant.pdf>

[https://store.samhsa.gov/sites/default/files/d7/priv/tip\\_61\\_aian\\_full\\_document\\_020419\\_0.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/tip_61_aian_full_document_020419_0.pdf)

<https://zerosuicide.edc.org/toolkit/toolkit-adaptations/indian-country>

## **NATIONAL AMERICAN INDIAN AND ALASKA NATIVE MENTAL HEALTH TECHNOLOGY TRANSFER CENTER NETWORK RESOURCES**

<https://mhttcnetwork.org/centers/national-american-indian-and-alaska-native-mhffc/home>

## **NATIONAL INDIAN HEALTH BOARD**

<https://www.nihb.org/index.php>

## **YOUTH MOVE NATIONAL**

<https://youthmovenational.org/?s=Native+American+youth>

## **NATIONAL ALLIANCE ON MENTAL ILLNESS**

<https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Indigenous>

## **THE NATIONAL COUNCIL OF URBAN INDIAN HEALTH**

<https://ncuih.org/>

## **MENTAL HEALTH AMERICA**

<https://www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health>

## **AMERICAN PSYCHIATRIC ASSOCIATION**

<https://psychiatry.org/psychiatrists/diversity/education/best-practice-highlights/working-with-native-american-patients>

## **WORKFORCE GROWTH INITIATIVES:**

<https://www.ihs.gov/dhps/dhpsgrants/americanindianpsychologyprogram/>