CRISIS SERVICES AND 988 READINESS

As the nation prepares for the launch of 9-8-8, many states are leading efforts to collaborate with their American Indian/Alaska Native (AI/AN) communities. Many states, however, do not have any federally or state-recognized Indian Tribal Nations. In fact, over 70% of the total AI/AN population can be found in off-reservation communities and urban areas today. Since the period following World War II, large numbers of AI/AN individuals were relocated from Indian reservations into urban centers, often forced by a harmful federal Relocation policy that began in 1952 and was put into law through the Indian Relocation Act of 1956. Urban Indians, American Indians or Alaska Natives who are members of or descendants of members of Tribal Nations, are often spread out within metropolitan areas instead of localized to distinct neighborhoods or communities.

Whether they came from the generations relocated since the 1950s or have moved to Urban areas by choice for educational/economic opportunities, they still maintain an Indian identity and often find a sense of community with other Urban Indians in Urban Indian Centers and Urban Indian Health Clinics.
UNDERSTANDING INTERGENERATIONAL TRAUMA

Many Urban Indians today do not meet the criteria of the Tribe they descended from to be eligible for enrollment (citizenship) in their family’s Tribe/Tribal Nations. It is thus common for Urban Indians to be overlooked by society, the government, and services from the Indian Health community geared towards Tribal members. While Urban Indians share significant Historical Trauma and Unresolved Grief (HTUG) with their counterparts living on Tribal lands, their population faces complex challenges unique to urban residents who identify as AI/AN. Many Urban Indians face barriers to accessing care even when services are available due to a lack of transportation, information on what services are available in their community, and medical coverage, as well as a mistrust of interacting with non-Indigenous providers and stigma about asking for help. 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.1

Successful government-to-government collaboration in states like Washington and New Mexico show that building mutually respectful and trusting relationships with Tribal Nations must precede a formal working relationship.

This process will look different when working with Urban Indians because Urban Indian organizations are not sovereign governments (like Tribal Nations). As a direct result of the legacy of European colonization, AI/AN communities faced profound trauma, uniquely characterized as multi-generational and historical, without the cultural safety nets of traditional healers and community support. When engaging Urban Indian communities, this process of building collaboration includes particularly complex considerations due to the enduring history of violence and genocide perpetrated by the nation against Indigenous groups: repeated broken treaties and discriminatory legislation at the federal and state level, imposed limitations of resources,

1 p6 Partnering with Tribal Governments to Meet the Mental Health Needs of American Indian/Alaska Native Consumers
forced displacement and assimilation, along with current policies and practices which disenfranchise Indigenous communities have all fostered an often-intense fear and distrust of the government (both federal and state) since the inception of the United States.

Many Urban Indians live throughout a city instead of in a distinct area, further contributing to the disconnection and alienation from their Tribal cultures, faiths, languages, and communities.

**It is also common to have hundreds of different Tribal Nations represented by Urban Indians within a single major city, and since many Urban Indians did not have the chance to learn the culture or language of their own Tribe, they may adapt to the cultural and linguistic traditions of other Tribal Nations reflected in their city.**

Urban Indians often feel like, and are treated as, an “invisible” population ignored by the cities and states where they reside. Traumatic events occur more often in urban areas due to density of population, violence, poverty, higher suicide rates, and compounded community trauma. This intersects with the historical trauma of “relocation, assimilation, forced removal, adoption, and loss of land,”2 as well as insufficient access to culturally resonant services, resulting in Urban Indians facing complex mental health challenges and a need for state agencies to tailor part of their behavioral health services to appropriately address the needs of these populations.

Understanding Urban Indian history, culture, and mental health needs are crucial to delivering lived experience-driven and culturally resonant services. Mental health executives can start the process of improving behavioral health services for Urban Indians by

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2 p6 Cultural Considerations in Addressing the Public Mental Health Needs of Urban Indians

Developed by the Transformation Transfer Initiative (TTI) FY2022.
engaging them in focus groups to identify gaps in services and their quality, gain insight for community outreach, and better understand how to tailor assessments and treatment plans to be culturally appropriate to their identities and needs. Considering the disparities present in healthcare services, funding, resources, and outcomes for Urban Indian communities, the launch of 9-8-8 presents a unique opportunity to foster alliances between various Urban Indian communities, state governments, and stakeholders to ensure continuous enhancement of Indigenous-driven behavioral health services in Tennessee.³

### Tennessee Tribal Nation Information

**NUMBER OF AMERICAN INDIANS: 20,431**

Number of American Indians or Alaskan Natives in the Largest Metropolitan Areas
- **Nashville**: 1,357
- **Memphis**: 1,256
- **Knoxville**: 577

**Medical or Behavioral Health Resources**
- Nashville Area Indian Health Services
  711 Stewarts Ferry Pike
  Nashville, TN 37214
  615-467-1500

**Tribe(s) Seeking Recognition**
- Native American Indian Association of Tennessee (Intertribal)
  615-232-9179
  [naia@naiatn.org](mailto:naia@naiatn.org)

³988 Convening Playbook States, Territories, and Tribal Nations
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://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-mhttc/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
THE NATIONAL COUNCIL OF URBAN INDIAN HEALTH
https://ncuih.org/

MENTAL HEALTH AMERICA

AMERICAN PSYCHIATRIC ASSOCIATION

WORKFORCE GROWTH INITIATIVES:
https://www.ihs.gov/dhps/dhpsgrants/americanindianpsychologyprogram/