



RSN/Tribal Collaboration Plan

No: AS1000

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Document Scope: (applies to Policy & Procedure only) _____

- The requirements herein apply only to the GCBH Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH and its network providers².
- The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

Plan Attached

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State Funded Mental Health Model Agreement for the Request for Qualifications
Exhibit B

RSN/ Tribal Collaboration Plan Matrix

Greater Columbia Behavioral Health RSN/ Tribal Collaboration Plan				
Plan Due Date: to MHD by December 1 st of each odd numbered year Plan Submission Date: November 30, 2006		Progress Report Due Date: to MHD by December 1 st of each even number year Progress Report Submission Date: November 30, 2006		
Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1
1. Have you scheduled regular meetings with the Tribes to discuss the Collaboration Plan and/or Progress Report? When and how often do you meet?	The GCBH Board of Directors has included the Yakama Nation as one of the 12 Board member governments since 1992 and this is primarily where discussion takes place. The Tribal Collaboration Plan is included on the GCBH website where it can be viewed by the Tribe and the public. In addition links to other Native American information are available. Board of Directors meetings are held once per month.	Expanded accessibility to information	GCBH Staff	Ongoing
2. Has your RSN administration staff, Contractors, i.e. CMHA administrators, supervisors, or other program staff met with the Tribes in your area and identified issues that need to be addressed? What were the topics of the Issues? What were the agreeable solutions? Has your RSN Identified for the Tribes one or two contact people with the RSN?	The Yakima Nation has a member on the Board of Directors; this is primarily where discussion takes place. Topics identified are crisis services and services to children. The Nation is in the process of going through the 638 contract renewal. The Interim Director continues to be the RSN identified contact person for tribal issues/concerns.	Discussions about Providing services on the Nation	Oscar Olney, HHS Committee GCBH Director	On-going
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1

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<p>4. Have you notified Tribes of funding opportunities, available grants, or training opportunities, including from the RSN and/or your contracted providers? What were they?</p>	<p>Yes, RSN notices of funding availability and training information is forwarded to Nation's Board member.</p> <p>GCBH holds regular provider education and training and invites all members of the provider network and their staff as well as members of the Board of Directors, of which the Yakama Nation is a member. Community education meetings are also held in various areas of GCBH on a quarterly basis that are open to the public. Information about meetings is made available through wide email distribution and/or mass mailings.</p>	<p>Increased communication and training</p>	<p>GCBH Staff</p>	<p>Ongoing</p>
<p>5. Do you have any special/pilot projects that include Tribal participation or need to have Tribal participation? What are they?</p>	<p>All services are available to Yakama members, and additionally, the Yakama Nation Family Counseling Program provides intensive treatment services to children and families within their own environment, focusing on the family as the unit of change. In a culturally competent manner, strengths of the family, extended family, and community are identified. This encourages the building of a supportive environment and provides an opportunity for healing past traumas and resolution of current difficult situations that confront the child and family. Priority is given to children who have a history of abuse and neglect. A parent, family member, or caretaker willing to involve themselves in treatment must accompany all children referred. Many of the children referred are involved with Child Protective Services, Yakama Children's Tribal Court, Indian Health Services, Nak-Nu-We-Sha, Youth Treatment Center, or other child-serving agencies, so inter-agency collaboration is a high priority and we expect much effort with the goal of achieving the best possible outcomes for the children we serve.</p> <p>In October 2006, the Nation hosted a multicultural, two-day training attended by sixty participants that was sponsored by GCBH in collaboration with MHD. Continue to identify cross cultural conferences/workshops that would be beneficial to both Tribal staff and other groups.</p>	<p>Improved services and communication</p> <p>Establish mechanism to identify needed trainings, process for development and funding.</p>	<p>Oscar Olney GCBH Staff</p>	<p>Ongoing</p>
<p>6. Are your employees, RSN administration and contracted providers trained to address culturally sensitive issues, have access to culturally relevant resources, or Tribal contacts?</p>	<p>Yes a directory of mental health specialists within the GCBH provider network is maintained which requires compliance with WAC to assure deliver of culturally competent services.</p>	<p>Facilitate awareness of specialist availability within the provider network</p>	<p>GCBH Staff</p>	<p>Updated yearly</p>

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7. Is your RSN able to respond to the current needs of the Tribes? How? If not, have service gaps been identified and discussed?	There are issues with sovereignty which presents problems at times.	Greater communication	Oscar Olney	Ongoing
8. Did your RSN and contracted providers participate in the 7.01/Indian law/Tribal relations training? What staff? What kind of training was provided?	Yes, presenter was Phil Ambrose, Region II program manager.	Greater awareness of tribal issues	GCBH staff to research available trainings	Need to schedule new series of trainings
9. Did your RSN or contracted providers provide training to the Tribes? What Tribes? What kind of training was provided?	All Tribal members are invited to any GCBH sponsored training. GCBH sends notices to Board members and providers as well as Yakima Nation General Council	Increased communication	Oscar Olney	Ongoing
10. Do you have current working agreements with the Tribes? What are they? Are they current?	Sovereignty issues are a barrier to contracts. In 1997, GCBH in consultation with the Yakama Nation amended both the Interlocal Agreement and its bylaws to include the Yakama Nation as a "member government" of GCBH and to provide an opportunity for the Yakama Nation to participate on the GCBH Board of Directors as a standing member.	To provide culturally competent services to Tribal members.	Oscar Olney	Ongoing
11. Do you contract directly with the Tribes? What are these contracts? Include amounts, a brief description and contract dates.	No, sovereignty issues are a barrier to contracts			
12. Do you have a plan for recruiting Native American providers, contractors, or employees?	Regional Office staff position openings are made available to the public through posting on GCBH's website.	As wide a distribution as possible	Oscar Olney	Ongoing
13. Did you inform and seek input from the MHD when developing policies and procedures that will have a unique affect on Tribes?	MHD has been informed of all activities with the Tribe over the years.	Increased communication and knowledge of MHD requirements	GCBH Staff	Ongoing

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<p>14. Do you have issues or concerns that require assistance from the Mental Health Division's Tribal Liaison or staff? Have you discussed these issues with MHD staff?</p>	<ul style="list-style-type: none"> • Medicaid rules prohibit reimbursement for co-therapy. • Multi-generational traumas that require a higher level of service. • Transportation for clients to necessary appointments within the medical, legal, welfare systems, etc. • Legal system(s), custody issues, kinship issues • Lack of understanding among non-Indian allied service providers of the cultural worldview, tribal customs, family structures, etc. • Under-identification of FAS/E in the school systems; common misdiagnosis as ADHD. • Institutional racism 	<p>Some resolution</p>	<p>GCBH Director/Oscar Olney</p>	<p>Continued dialogue</p>
<p>15. Has any Tribe asked to be a member on your Governing Board? Advisory Board? Is any Tribe currently serving on your Governing Board? Advisory Board?</p>	<p>GCBH Board of Directors has included the Yakama Nation as one of the 12 board member governments since 1992. The GCBH Regional Advisory Board has a seat available for a member representing the Yakama Nation, which is open at this time.</p> <p>Yes, on the Board of Directors as indicated above.</p>	<p>Diverse representation on the Advisory Board</p>	<p>GCBH Staff Oscar Olney</p>	<p>Ongoing</p>

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Identification of Issues that require assistance of Mental Health Division Staff:					
Issue	Activities/Assistance Needed	Assigned MHD Lead	RSN Lead Staff	Resolution activity	Status Update
		Date Assigned	Date Assigned		
		Date Assigned	Date Assigned		