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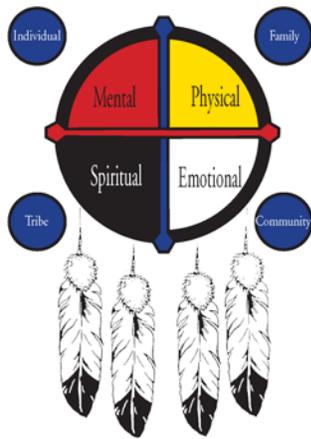
## Reshaping mental health services for American Indians in Minnesota

### Executive Summary: American Indian Mental Health Advisory Council (AIMHAC)

The increase of the American Indian people residing on their respective reservations in Minnesota has more than doubled the need for behavioral health services and the decreased funding to Tribes have limited services to address the dire needs of MICD clients. The onslaught of addiction to prescription medicines, synthetic drugs, and the ever-present issues around alcoholism has resulted in mental health issues not present previously. Workers in the field require additional training to couple with traditional methods of healing to tackle these very complex cases.

Therefore, the AIMHAC has proposed the following recommendations for Tribes, urban Indian programs, counties and the state to more effectively address the mental health needs for American Indians in Minnesota.

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## Critical American Indian mental health issues:

### Need for more culturally sensitive mental health professionals

Although efforts are under way, there remains a serious dearth of mental health professionals who are trained to understand the vast effect that culture has on the understanding and practice of mental health with American Indians. The lack of such an understanding has consistently led to misdiagnosis and inappropriate treatments.

### Great need to integrate mental health and chemical dependency treatment for American Indians in Minnesota

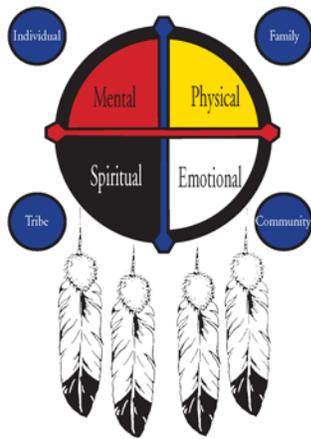
In order for American Indian people who are having mental health and chemical dependency issues to be effectively treated, there is a need for our service delivery systems to integrate to treat the whole person.

### Limited local mental health infrastructure resources

Mentally ill individuals who are American Indian in Minnesota are often removed from their communities and culture in order to receive treatment. There are limited local and state resources to assist Tribes and urban Indian programs in developing and growing their own American Indian culturally specific mental health programs, training sites, mental health residential facilities and day treatment programs.

### Negative stigma about mental illness

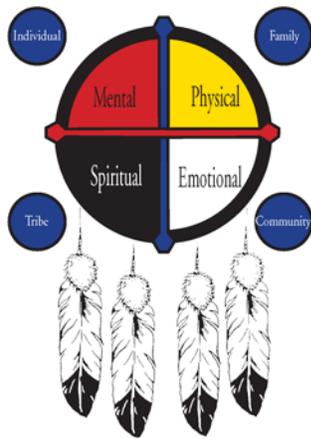
There is still a great deal of misunderstanding among American Indians regarding mental illness, its causes, and the fact that it is treatable. More education about the acceptability and treatability of mental illness is greatly needed.



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## AIMHAC recommendations

- Assure that tribal and urban Indian mental health programs have access to all funds designated for mental health services (i.e., state, federal funds either through appropriation or discretionary grant opportunities, counties, or access to collaborative funds relative to the needs of American Indian people).
- Allow Tribes and urban Indian organizations, at their option, to be designated the local mental health authority.
- Increase Tribes' and urban Indian organizations' capacities to bill for Medical Assistance and other major health care programs, including but not limited to outpatient mental health services; day treatment; individual, family and group psychotherapy; crisis management; case management; mental health targeted case management; and mental health rehabilitative services.
- DHS should increase technical assistance to Tribes and urban Indian organizations regarding outcomes, data collection, and best practices (including assistance in the provision of direct services to American Indian clients).
- Develop a referral network of American Indian providers.
- Assure that all managed care organizations (MCOs) that DHS contracts with to provide Prepaid Medical Assistance Program (PMAP) services have a demonstrated capacity to provide culturally appropriate mental health services to American Indian clients.
- Assure that all mental health collaboratives are a) providing services to American Indian children and b) providing funding to Tribes and Indian organizations as a means of fulfilling Children's Mental Health Collaborative service obligations.



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## AIMHAC recommendations

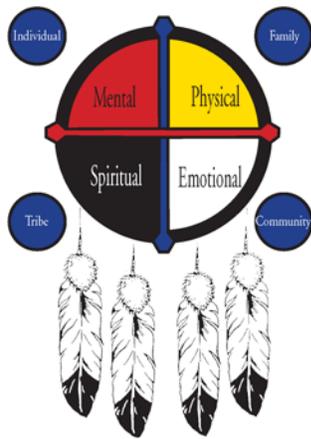
- Issues of tribal identity, age and developmental status, gender, language, culture, spirituality, and disability are consciously addressed in ensuring access and availability of mental health services.
- Access to mental health services must be quick, easy and convenient, and outreach and follow-up must be seen as part of the access continuum.

American Indian children who have mental health problems:

- Should be able to receive effective services in their homes, schools, and community without disruptive removals from these settings.
- Should be able to remain safe, complete their education, and avoid trouble with law enforcement.
- Should remain connected to family and peers while in treatment.
- Should receive services that are family focused and health centered.
- Should receive culturally sensitive services that utilize the strengths of the American Indian culture.
- Should receive concurrent chemical health treatment if necessary.

American Indian adults with mental health problems:

- Should be able to maintain a stable, comfortable, and safe living environment.
- Should be able to engage in a chosen, productive daily activity.
- Should be able to remain safe and uninvolved with law enforcement.
- Should receive treatment that is consumer-centered and that maximizes independence and self-care skills.
- Should receive services designed to enhance total health and maintain social connections and improved quality of life.
- Should receive services that are culturally sensitive.



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## American Indian mental health initiative

**Goal:** To reduce the incidence of mental health-related problems within the American Indian communities of Minnesota.

**Objective:** To develop a culturally sensitive service delivery system that has the capacity to provide a full continuum of care, appropriate to different age, gender and developmental growth issues facing the American Indian adult or child, that also integrates chemical dependency. To meet this objective, the following services must be provided in local communities by culturally trained mental health professionals, utilizing the strengths of American Indian culture.

- Early identification/screening and referral
- Diagnostic assessment, psychological testing, appropriate diagnoses, and individual treatment plans
- Integration of chemical dependency treatment when appropriate.
- Outpatient mental health services in the least restrictive, clinically appropriate setting
- Crisis intervention (phone and walk-in)
- Day treatment, in-home family based mental health services
- Therapeutic foster care, therapeutic support of foster care, group homes
- Individual, family and group therapy, and multiple family group psychotherapy
- Inpatient treatment
- Neuropsychological assessment and rehabilitation
- Medication management
- Family community support services
- Case management services

## About the American Indian Mental Health Advisory Council to the Department of Human Services, State of Minnesota

The American Indian Mental Health Advisory Council (AIMHAC) is composed of representatives who are authorized by tribal resolution from each of the 11 Minnesota reservations; and one representative each appointed by the commissioner from the Duluth, Minneapolis and St. Paul urban Indian communities. The AIMHAC has been meeting for over a decade, but was adopted into Minnesota Law in 2001.

### The purpose of the AIMHAC:

- Formulate policies and procedures relating to Indian mental health services and programs.
- Make recommendations regarding approval of grants.
- Provides guidance to the mental health divisions of the Department of Human Services on:
  - Policies and procedures regarding the delivery of mental health services to American Indian people residing in the state of Minnesota.
  - Concerns and/or issues regarding the manner in which the mental health divisions are responding to the mental health needs of Indian people.
  - Program priorities for the allocation of available resources.
  - Opportunities for improving the effectiveness of the mental health division's program initiatives that serve Indian people.
  - Selection of Indian personnel within the mental health divisions who are hired to specifically serve Indian people/programs.
- Develop legislative initiatives.
- Facilitate communication between the AIMHAC and respective tribal governments and urban Indian communities and the Department of Human Services.
- Develop, support and promote American Indian cultural based practices.

### AIMHAC 2012 members:

Bunny Jaakola, Fond du Lac Band of Lake Superior Chippewa

Crystal Weckert, Mille Lacs Band of Ojibwe

Dorothy Olson, Duluth Urban Community Representative

Gertrude Buckanaga, Minneapolis Urban Community Representative

James Hastings, Upper Sioux Community

Jenny Hollis, Red Lake Band of Ojibwe

Jessica Gourneau, St. Paul Urban Community Representative

Lila George, Leech Lake Band of Ojibwe

Mary Peters, Lower Sioux Indian Community

Michael Harris, Minneapolis Urban Community Representative

Roxy Sherer, Grand Portage Band of Lake Superior Chippewa,

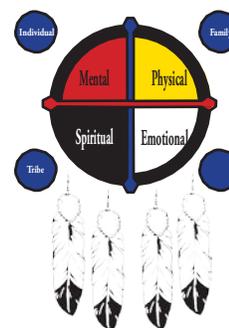
Wendy Drift, Bois Forte Band of Chippewa

Lamar Hill, White Earth Nation

Unseated, Prairie Island Indian Community

Unseated, Shakopee Mdewakanton Sioux Community

DHS Staff: Angie Stratig, MSW, LICSW, Mental Health Program Consultant 651-431-3068



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<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-6652-ENG>