

Navigating a Crisis without a Tribal Crisis Coordination Protocol

Procedural Tool

This document outlines the actions and protocols to use when Tribal Crisis Coordination Protocols are not in place. It provides best practices for engaging with American Indian and Alaska Native (AI/AN) individuals in crisis, ensuring culturally appropriate responses, and coordinating with Tribal governments and Tribal health service entities.

Identifying Tribal affiliation and needs:

Initial engagement: Make reasonable efforts to identify an individual's Tribal affiliation during initial engagement. This is an essential step to ensure that AI/AN individuals receive appropriate care, and it helps determine if the individual is affiliated with a Tribe or currently receiving services from an Indian health care provider (IHCP). Please note: The language in the RCW states that you know or have reason to know ([RCW 71.05.150](#)).

Indicators that may suggest Tribal affiliation:

- Individuals place of residence or location, such as whether they are on or reside on Tribal lands.
- Whether the individual is currently receiving services from an IHCP. Whether that be their home provider or another IHCP.
- Eligibility for services from a Tribe or IHCP.
- Identify if the individual has or is eligible to receive health insurance through the Tribe or Indian Health Service
- Any self-reported Tribal affiliation. Individuals may identify by mentioning the name of their Tribe, self-identifying as Native or indigenous.
- Any Tribal affiliation or relationship mentioned by family or friends, or paperwork received during the investigation process.

While these indicators may help identify Tribal affiliation, they should not be viewed as a definitive checklist. Each case should be treated with sensitivity and care.

How to identify if a Tribe has a Tribal crisis coordination protocol in place:

1. Refer to the Volunteers of America's [Tribal Crisis Services Document](#) and contact the [Native Resources HUB](#) during business hours
2. Contact the DCR agency where the individual resides: [Washington Designated Crisis Responder \(DCR\) list](#)
3. Contact Health Care Authority: [Office of Tribal Affairs Behavioral Health team](#) or [Regional Tribal Liaison](#) during business hours.
4. Contact the [BH-ASO](#) during business hours or Regional Crisis Line (24/7) in the region
5. Contact the Tribe (see Tribal Contact section below)

Notification and culturally appropriate services:

- If there is a Tribal Crisis Coordination Protocol, comply with those protocols.

- If there is not a Tribal Crisis Coordination Protocol, consult the IHCP to identify provider contact information and contact information for notification of your detention decision.
- If there is no IHCP, identify contact information for the appropriate Tribal contact and provide notification of your detention decision.
 - Depending on the Tribe, the Tribal contact could include:
 - Tribal Crisis Lines
 - Tribal Health or Behavioral Health Programs
 - Tribal Social Services
 - Tribal Hospitals or Health Centers
 - Tribal Law enforcement
 - For Youth Indian Child Welfare (ICW)
 - Tribal Courts
 - Adult Protective Services
 - Trusted family member or spiritual leader identified by the individual.
 - As a last resort, a Tribal Council representative.
- Use the following resources to identify and notify the most relevant Tribal contact. Consider the individual's specific needs and the nature of the crisis (e.g. SUD, mental health, suicide risk, danger to self and others, grave disability) to determine the most appropriate contact is notified.
 - **Native Resource Hub**
 - **Tribal Profiles:**
 - If a Tribal Profile is not published, this website will direct you to the Tribes' webpages.
 - Navigate around the webpage to identify the appropriate contact source using the Tribal provider list above.
 - Out of state Tribes
 - Urban Indian Health Programs
 - **Governor's Office of Indian Affairs** | Tribal Directory
 - **Indian Health Service Health Care Finder** | U.S. Department of Health and Human Services

Coordinating with Tribes outside of Washington:

If the individual has a Tribal affiliation from a state outside of Washington, best practices include care coordination with Tribes located out of state. This connection may be obtained by navigating to the Tribe's website and finding the phone number for the most appropriate contact on the website (using the recommended contact list above). Use the [Find Health Care search](#) on the IHS Website to find contacts for Tribal providers across the US. It is best practice to ensure Tribes out of state have the opportunity to be informed about their members' health and wellbeing. Additionally, the Health Care Authority: [Office of Tribal Affairs Behavioral Health team](#) or [Regional Tribal Liaison](#) may be contacted during business hours to assist with Tribal connection.

Urban Indian Health Programs:

Urban Indian Health Programs (UIHP) provide health care and services for AI/AN people who live off the reservations. UIHPs receive funding through the Indian Health Service (IHS) and provide traditional health care services, cultural activities and a culturally appropriate place for urban AI/ANs to receive health care. There are two UIHPs in Washington State:

- [The NATIVE Project](#)
- [The Seattle Indian Health Board](#)

Without delay, notify the Tribal contact of the decision to detain or not to detain according to protocols or Tribal contact no later than three hours from the time the decision is made
[RCW 71.05.150 \(5\)](#)

Coordinate any follow-up care with an individual's Tribe and/or IHCP Provider:

Coordinating follow-up care with the appropriate Tribe and/or IHCP is essential, even in the absence of a Tribal Crisis Coordination Protocol to ensure access to care. Involving the Tribe and/or IHCP helps bridge gaps and ensures that culturally relevant resources are offered. This communication supports the individual's health and respects Tribal sovereignty. Tribes have the right to be informed about their members' health and wellbeing.

Steps for providing follow-up care:

1. Establish Communication- Reach out to the individual's Tribe, IHCP, or Tribal contact to discuss the individual's needs and ensure the follow up care is arranged.
2. Develop a care plan -Collaborate with the Tribe, IHCP, or Tribal contact to create a comprehensive follow up care plan that includes both medical and cultural considerations. This plan may involve referrals to specialists, behavioral health services, mental health services, support from family and friends, and integration of traditional practices where appropriate.
3. Provide culturally relevant resources: -Ensure the individual has access to culturally appropriate resources which may include mental health support, spiritual care, and community-based services that align with the individual's beliefs and needs.

Post-crisis service coordination resources

- [Native and Strong Lifeline](#)-a 24/7 lifeline for indigenous people in Washington. Dial 988 and press option 4 to connect with confidential support.
- [Medicaid Managed Care](#)-For individuals with Medicaid Managed Care, contact the individual's MCO for care coordination.
- [Behavioral Health Administrative Services Organization](#)-For individuals not in managed care, contact the Behavioral Health Administrative Service Organization or the Health Care Authority.
- [Tribal Assisters](#)-Tribal assisters help individuals apply for health insurance through Washington Healthplanfinder free of charge.
- [The Tribes of Washington](#) - Map of Tribes, Tribal land, and links to Tribal information
- [Indian Health Services](#) - The Federal Health Program for American Indians and Alaska Natives Indian Health Services healthcare locator
- Washington State Department of Social and Health Services, [Services for American Indians and Alaska Natives](#)
- [Missing Indigenous Persons-Washington State Patrol](#) - Includes a listing of MIP, as well as Washington State Patrol's Tribal Liaisons.
- [Mother Nation](#) - A non-profit organization that delivers social and cultural healing services, mobilize and help search for MIPs and support their families.
- [American Indian Health Commission](#) (AIHC)
- Health Care Authority (HCA) [Office of Tribal Affairs](#) (OTA)
- [Northwest Portland Area Indian Health Board](#)
- List of [Washington State Tribal Courts](#) from the Governor's Office of Indian Affairs

Educational resources

- [Diversity Goals for Evaluation and Treatment of American Indians and Alaska Natives](#) by B. Jabbari National Institutes of Health (NIH)
- [Emerging Tribal Models for the Civil Commitment of American Indians](#) by Spero M. Manson Et al. American Indian and Alaska Native Mental Health Research Centers for American Indian and Alaska Native Health Colorado School of Public Health/University of Colorado Anschutz Medical Campus.
- [Indian Health Manual, Chapter 14 – Mental Health Program, Part 3](#) – Professional Services The Indian Health Manual (IHM) is the reference for IHS employees regarding IHS-specific policy and procedural instructions.
- [In Search of Cultural Competence in Evaluation](#) Chapter 3: Culturally Competent Evaluation in Indian Country by Joan LaFrance
- [Steps for Conducting Research and Evaluation in Native Communities](#) NACE, Native American Center for Excellence, Substance Abuse Prevention