

# Native American (Urban and Rancheria/Reservation-based) Perspectives on the Community Services and Supports Component of the MHSA

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# California Tribal Communities

- With **109** federally-recognized tribes, **19** state-recognized tribes, and **22** non-recognized tribes, California is home to the largest number of tribes in the entire country.
- According to the 2000 U.S. Census, **627,562** individuals in California identified as American Indian or Alaska Native, making it the state with the largest number of Indians in the nation.
- **68%** of the Indian population in California are Urban Indians and **32%** are Rancheria/Reservation-based.

# Community Profile

- Less than **2%** of the federal Indian Health Service (IHS) monies in California are allocated to urban Indian health programs.
- **XX%** of the federal IHS monies in California are allocated to mental health services and programs.
- Less than **50%** of tribes in California operate a casino, and less than **25%** of those that do operate a casino generate considerable revenue.
- In total, less than **5%** of Indians in California receive per capita payments equal to or more than the federal poverty guideline.

# Urban and Reservation-based

## Urban Indians

- Main government policy: Relocation (1950s-60s)
- Mental Health need: Intergenerational PTSD
- Historical Trauma: Boarding Schools
- Mainly non-California Indian Nations
- High rates of co-occurring disorders
- Significant cultural and spiritual proficiency needs

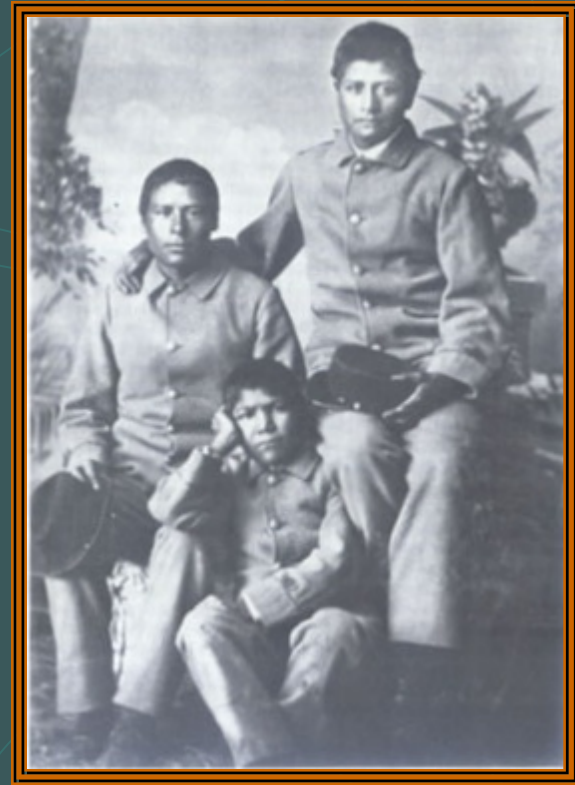
## Rancheria/Reservation-based Indians

- Main government policy: Genocide (late 1800s)
- Mental Health need: Genocide-Afflicted PTSD
- Historical Trauma: Missions
- Mainly California Indian Nations
- High rates of co-occurring disorders
- Significant cultural and spiritual proficiency needs

# Assimilation



**Before**



**After**

\* This slide is borrowed from Feather River Tribal Health

# What is Sovereignty??



“Tribal sovereignty means that. It’s sovereign. You’re a... you’re a... you’ve been given sovereignty and you’re viewed as a sovereign entity.”

\* This slide is borrowed from Feather River Tribal Health



# The United States Constitution

## Section 8, Clause 3

*The Congress shall have power... To regulate commerce with foreign Nations, and among the several states, and with Indian tribes.*

# A Trust Relationship

- In 1831, the U.S. Supreme Court relegated Indian tribes to “dependent domestic nation” status and said the U.S. responsibility was “that of a ward to his guardian.”
- The following year (1832), the Congress made its first appropriation of \$12,000 specifically for Indian health, authorizing the purchase and administration of the smallpox vaccine.

\* This slide is borrowed from Feather River Tribal Health

# Traditional Healer

- In 1883, the Federal Government outlawed traditional tribal spiritual and health care practices, furthering dependence on federal health care assistance.
- U.S. policy led to minimal emphasis on providing health care.



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# The MHSA

From the text of the Act:

- *This program combines prevention services with a full range of integrated services to treat the whole person...successful programs, including prevention, emphasize client-centered, family focused and community-based services that are culturally and linguistically competent and are provided in an integrated services system.*

# HOLISTIC MODEL LINKING TREATMENT, PREVENTION, AND RECOVERY

## TREATMENT

Mental Health  
Substance Abuse  
Medical Care  
Family Services

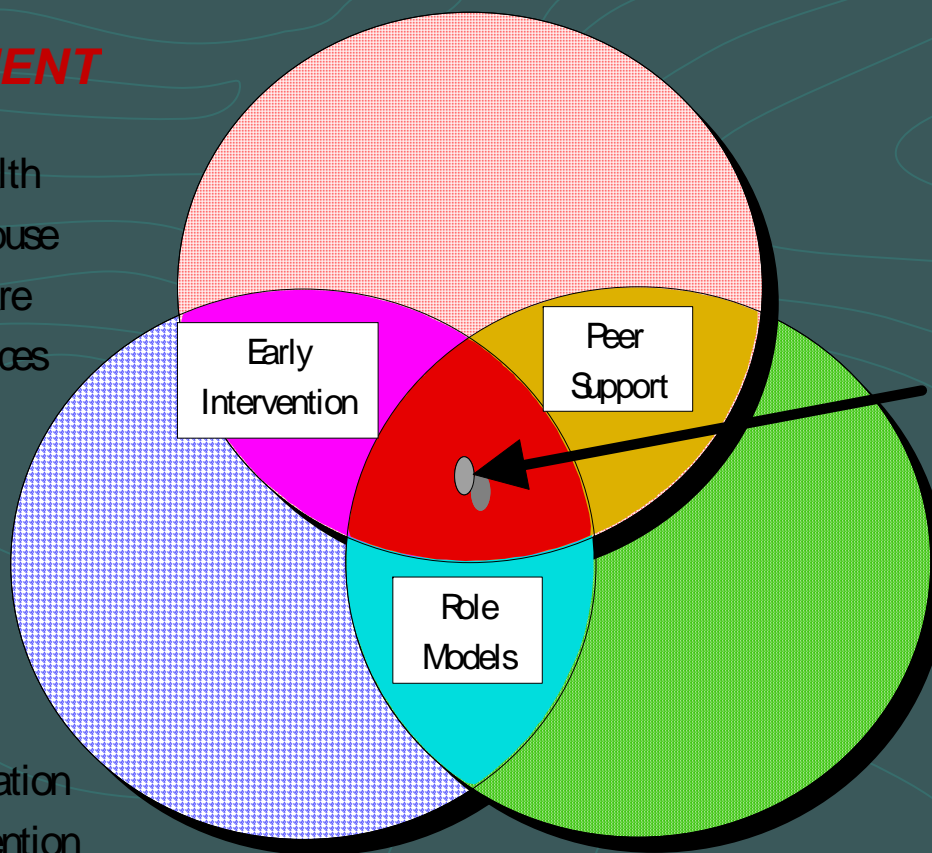
## PREVENTION

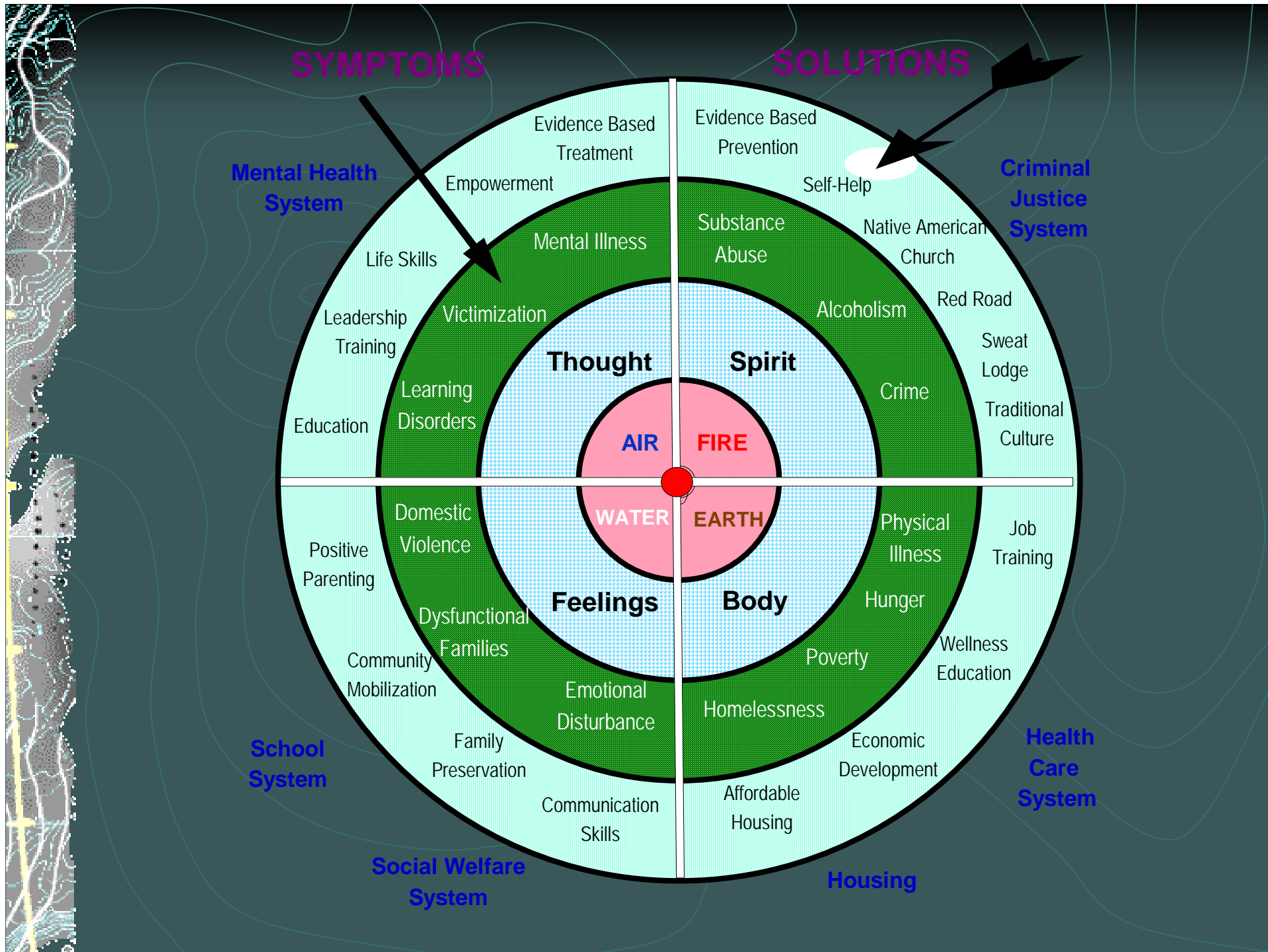
Wellness Education  
HIV/AIDS Prevention  
Substance Abuse Prevention  
Mental Health Promotion  
Positive Parenting

COMMUNITY  
CULTURE  
SPIRITUALITY

## RECOVERY

Employment  
Housing  
Life Skills  
Giving Back





# Where CSS Fell Short

- Planning for the CSS in each county was not conducted in a manner that is culturally appropriate for Native Americans.
- The “Phase Implementation” directly conflicts with the Native American holistic model that asks us to consider all aspects, not isolate a single focus.
- Continuity is ambiguous at best, with many tribal communities feeling frustrated about what lies ahead.
- MHSA rollout could have begun with a smaller component first, so that counties could respond to concerns before the majority of the monies were distributed.

# Culturally Appropriate Consultation

- Contact tribal leadership or local service providers.
- Provide a format for community input that is family-centered and culturally sensitive. An ideal setting would include a feed and celebrate tribal culture.
- Integrate (not tokenize) Native Americans at all levels of the planning process and decision-making process.
- Demonstrate impact of community input.
- We WANT to help you help us. We DON'T want to be saved, ignored, under-valued, victimized or mistreated.

# County Examples of What Worked

## Santa Clara County

- Integrated community members in the planning process
- Involved food and cultural practices
- Documented the quantitative and qualitative needs of the community
- Demonstrated how the input was used in the planning process.

## Colusa County

- Tribal leadership was consulted
- Example Work Plan was created by local tribal service providers
- Results reflected the *need*, not the demographics
- All levels of county leadership demonstrated "buy-in"

# County Examples of What Fell Short

## Large Urban Counties

- Service providers were not included in all phases of the planning process.
- Stakeholder groups were given data that was flawed and asked to plan services.
- No process evaluation for cultural competency was completed.
- Planning meetings were too many and were not culturally sensitive.

## Small Rural Counties

- Didn't address access barriers, i.e. transportation.
- Tribal leaders and service providers weren't engaged, i.e. Education Programs, Health Programs, Youth Programs, Faith-based, etc.
- Methods of outreach were not culturally competent (email and internet).
- Native community wasn't included in policy-level decision making, i.e. Advisory Boards.

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