### STATE OF WASHINGTON

**SAMHSA Mental Health (MHBG) and Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant FFY 2024 – 2025 Application Tribal Consultation**

**8/8/2023**

**Hosted by the Health Care Authority**

**Tribal Government Attendees:**

* Chehalis Tribe – Denise Ross, Health Director
* Colville Tribes – Casey Moore, Health and Human Services Director
* Cowlitz Indian Tribe - Kristine Groff, Quality Improvement Coordinator
* Lummi Nation – Vanda Patterson, Health Policy Analyst
* Makah Tribe – Yvette McGimpsey, Director of Sophie Trettevick
* Nooksack Indian Tribe – Dr. Aamer A. Khan, Licensed Clinical Supervisor; Jodie Owsley, Genisis II Director
* Puyallup Tribe of Indians – Mona Miller, Director of Puyallup Tribal Reentry Program
* Quileute Tribe – Ann Penn-Charles, Prevention Specialist; Brittany Hutton, Human Services Director; Jolene Winger, Health Director
* Quinault Tribe – Larissa Williams, Behavioral Health Director
* Samish Indian Nation – Dana Matthews, Secretary of Samish Indian Nation
* Skokomish Tribe – Kirk Fowler, Skokomish Hope Behavioral Health Program
* Spokane Tribe of Indians – Shad St. Paul, Behavioral Health Director; Noah Marsh, Prevention Specialist
* Squaxin Island Tribe – Ofi Tovia, Northwest Indian Treatment Center (NWITC) Director, Michelle Voie, Executive Assistant; Kay Culberson, Health Director
* Stillaguamish Tribe – Danielle Zimmerman, Grants and Contracts, Jill Malone, Behavioral Health Director
* Tulalip Tribes – Allison Bowen, Manager of Family Haven; Gina Skinner, Recovery Director; Jorie Greenman, Grant Accountant
* Yakama Nation - Dawn Vyvyan, Lobbyist

**Tribal Consortia Attendees:**

* American Indian Health Commission – Vicki Lowe, Executive Director; Lisa Rey-Thomas, Consultant and WSU

**Urban Indian Health Organization/Program Attendees:**

* American Indian Community Center – Linda Lauch, Executive Director

**State Agency Attendees:**

* Health Care Authority – Sue Birch, HCA Director; Keri Waterland, Director of DBHR; Michael Langer, Deputy Director of DBHR; Kimberly Wright, Behavioral Health Policy and Planning Supervisor; Janet Cornell, HCA-DBHR, Federal Block Grant Manager, HCA-DBHR; Tori McDermott Hale, HCA-DBHR, Block Grant Data Reports Specialist; Aren Sparck, HCA OTA Tribal Administrator; Auddie Gugel, HCA OTA South Puget Sound, King Southwest Regional Tribal Liaison (RTL); Nicole Earls, HCA OTA, Peninsula, South Cascades RTL; Annette Squetimkin-Anquoe, Tribal Grants and Contracts Program Manager
* Department of Health – Quatz’tenaut Canice Wilson, Tribal Policy Director
* Department of Social and Health Services – Tim Collins, Senor Director

**Other health partners:**

* UW Medicine - Harue Fujoka Michels

**Meeting Minutes:**

**Welcome and Introductions.** Opening Blessing provided by Annette Squetimkin-Anquoe.

**Welcome by:** Aren Sparck, HCA-OTA, Tribal Affairs Administrator

**Introduction of Elected Tribal Officials, Tribal Health Leaders, Representatives, and State leaders**

**Opening Statements:**

No opening statements provided from Tribal elected officials.

Sue Birch:

Our leadership team and I would like to sincerely thank Tribal elected officials and Tribal health leaders for participating in the roundtables and this Consultation on the SAMHSA Mental Health and Substance Use Prevention Treatment and Recovery Services Block Grant FFY 2024 - 2025 application.

Our government-to-government relationship with the Tribes is very important to the Agency, and we are committed to growing our efforts to partner and consult with Tribal governments.

We humbly acknowledge that we are still learning about best practices for providing healthcare in Indian Country. Our intention is to continue to improve the services we offer and are grateful for this opportunity to hear feedback from Tribal elected officials and Tribal health leaders.

Keri Waterland:

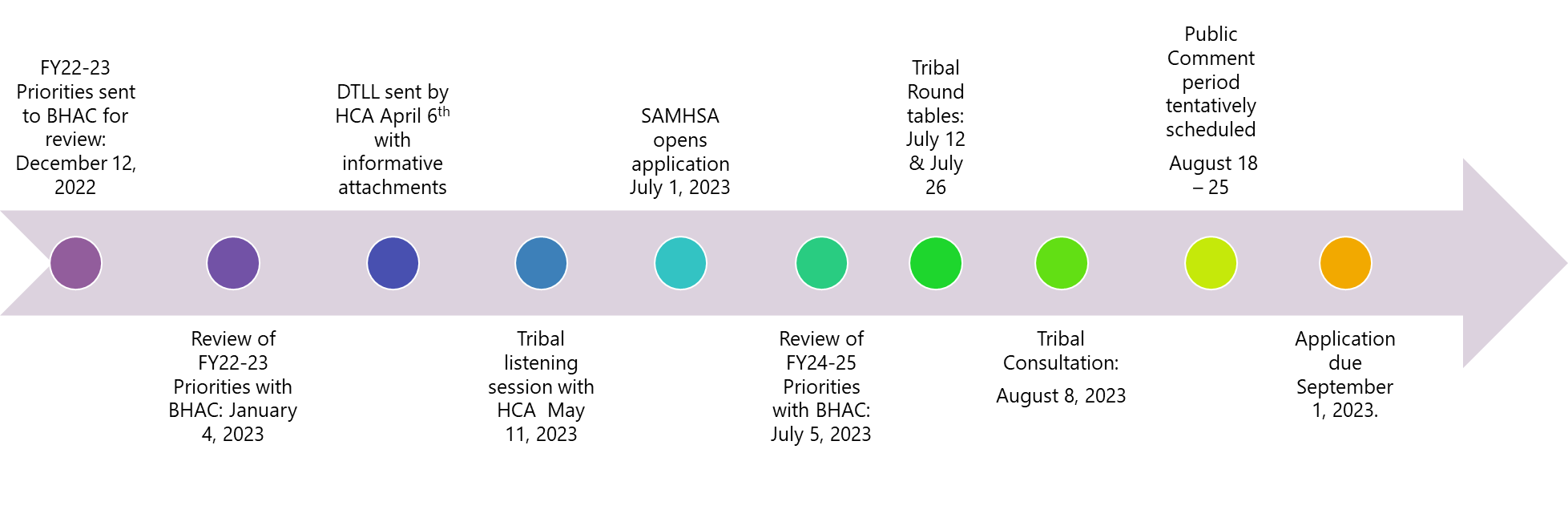
Behavioral health is a very critical component in providing equitable, whole person-centered health care services. The Tribes and Indian Health Care Providers in the state and along the borders are key partners in providing culturally attuned services to their tribal members, community members, and surrounding region in many parts of the state.

This biennial application of the Mental health and Substance Use Prevention Treatment and Recovery Services Block Grants are essential to ensuring that Washingtonians receive the essential behavioral health care that they need.

We appreciate the guidance of our tribal partners as we continue to work together on this. I want to thank our Block Grant Administration team for leading this work to get this application gathered and reflective of our state priorities inclusive of extensive feedback from partners across the state.

**Purpose of Consultation:** The HCA shared background information on the SAMHSA Mental Health (MHBG) and the Substance Use Prevention Treatment and Recovery Services (SUPRTS) Block Grant Application for 2024-2025. The purpose of the block grant applications are to support needs across a continuum of care, consistent with SAMHSA vision for a high-quality, self-directed, and satisfying life

**Timeline shared:**

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**Priorities Shared Including Feedback from Previous Listening Sessions and RTs:** Focus on priorities with feedback from Tribal representatives (all other priorities outlined in the PPT slide deck, priorities document, and full application.

**Priority 1:** Address high disproportionate rates of SUD and MH disorders and overdoses among American Indian and Alaska Native Individuals in WA State.

* **Question Tribe:** Did the BG include additional funding to address this priority?
* **Response HCA:** The block grants maintain a minimum baseline for all programs supported by HCA and other funding sources are leveraged to increase support for BH services in tribal communities. Examples include, State Opioid Response, COVID E, ARPA, and Opioid Abatement Settlement, Provider Relief allocations and other Medicaid funding models such as the residential cost-based Medicaid rates, over the past several years.
* **Question Tribe:** What types of services does the TARGET data represent?
* **Response HCA:** One pager of data resources will be distributed after consultation.
  + [Target User Instructions (wa.gov)](https://www.hca.wa.gov/assets/billers-and-providers/target2000-user-instructions.pdf)
  + [Behavioral Health Data Guide 5.6 (updated July 14, 2023) (wa.gov)](https://www.hca.wa.gov/assets/billers-and-providers/Behavioral-Health-Data-Guide.pdf)

**Priority 4: Increase the number of SUD Certified Peers**

* **Question Tribe:** Increase training to peers regarding working with diverse communities including considerations for working with the AI/AN population (G2G and Indian Health Care Delivery System) & Focus on DEI – recommend there will be a Tribal specific piece during foundational trainings.
* **HCA Response:** We appreciate the feedback on tribal specific training for peers and are actively applying this work where possible and looking to expand this work as a goal.
* **Question Tribe:** Recommend adding increasing the number of certified peers outside of the clinic settings to increase integration.
* **HCA Response:** HCA is currently expanding peers outside of the clinical setting. CPCs can work in any agency that provides peer support services, some Tribes have peer delivered services. BHAs can only work in tribal clinics.
* **Question Tribe:** Provide # of peers working in a Tribal setting.
* **HCA Response:** 398 CPCs to date have identified as AI/AN. HCA does not track the number of peers working in Tribel settings or specific Tribal affiliation, however HCA will take the recommendation into consideration.
* **Question Tribe:** Recommend coordinating with NPAIHB for BHA training program.
* **HCA Response:** 
  + In the past, HCA has met with the Behavioral Health Aide program staff when standing up the CPC curriculum and during the BHA curriculum development to share information.
  + Tribal representatives have shared that they encourage their CPCs to pursue the BHA training and certification, building upon their CPC.
  + The NPAIHB is currently facilitating CPC training for individuals working with Tribal communities and are working towards being a certified CPC training entity with certified CPC trainers. These activities will increase the ability to offer culturally attuned CPC trainings to Tribal and Urban Indian communities.
  + NWIC and Heritage provide courses for those interested in pursuing the 2 year training to become a Behavioral Health Aide. This is a career path that some CPCs could pursue who are interested in the clinical aspects of supporting those who access BH services.
* **Question Tribe:** Concerns regarding administrative burden for peers working in rural settings. Additional information is needed regarding peer services being Medicaid covered service.
* **HCA Response:** The Behavioral Health Aide Academic Review Committee (BHARC)and Portland Area Community Health Aide Program Certification Board shares information regarding the CPC program and may recommend that some BHA’s, who would like to share any lived experience in recovery, consider the CPC certification so that some of their services can be billed to WA Medicaid while BHAs are waiting for the Behavioral Health Aide/Community Health Aid Program SPA. Sharing lived experience is a requirement of a Certified Peer Counselor, but not of a Behavioral Health Aide.

**Priority 6: Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis (FEP) including FEP programs in diverse communities (i.e. Tribal communities)**

* **Question Tribe:** Recommend HCA expands FEP sites to Tribal communities.
* **HCA Response:** The efforts to expand and improve recovery support interventions for first episode psychosis to Tribal communities is multipronged:
  + 1) Each New Journeys team is to reach out to Tribal communities and health clinics in their region to facilitate referrals as specified in the New Journeys Manual. An individual’s treatment is guided by the cultural formulation that is a part of the model and services can be provided in the Tribal community itself and coordinated with families and other Tribal resources.
  + 2) Washington State University (WSU) is currently working with a Tribe to adapt and implement the New Journeys model in the Tribal Health Center to specifically address the unique needs of community members with early psychosis and their family members. In partnership with the tribe, WSU faculty have convened a community advisory board to meet with community members and health center staff about needs, potential barriers, and adaptation. They have begun a language review of the New Journeys manual and other materials, developed a plan for dissemination strategy to educate the community about psychosis and reduce stigma, modified the assessment battery and included culturally responsive tools (e.g., medicine wheel) which will allow for a culturally responsive New Journeys level of care to be provided.
  + 3) Response to Dear Tribal Leader Letters (DTLL) in 2021 and 2022 has resulted in several expansion conversations with various Tribes throughout the State over the past two years.
  + HCA is continually looking to work with Tribes and expand access to FEP sites in tribal nations.

**Priority #9: Increase the number of adults receiving outpatient SUD treatment**

* **Question Tribe:** Recommend that this is broader to expand to OUD, Tribes are seeing additional need for MOUD treatment in inpatient settings.
* **Response HCA:** In order to address the impact Fentanyl has had on Washington state, we definitely need a full continuum of services, including inpatient treatment, and that treatment episodes must include access to MOUD induction. If we can get individuals stabilized on MOUD while they are in a stable environment and ensure they have appointments scheduled in their community of residence, we would be setting people up for success. NOTE: on a broad level, I think we could issue a survey to Residential Treatment providers around MOUD to better understand any pervasive barriers.
* **Question Tribe:** Recommend a mechanism for hospitals to understand the lack of access to MOUD issue across the state as there are MOUD and Methadone deserts in the state.
* **Response HCA:** The executive sponsors of the State Opioid and Overdose Response Plan recommended funding for Emergency Department Bridge that would be able to provide services to individuals who present to emergency departments following an acute SUD event (usually an overdose).  However, this recommendation was not incorporated into the conference budget.  Improving treatment systems for individuals with SUD in hospitals and emergency departments remains a strategic goal for HCA.
  + In the meantime, HCA is working closely with Washington State Hospital Association (WSHA) and various emergency departments across the state to help expand availability of training and technical assistance related to the provision of overdose reversal medication and MOUD resources.

**Priority #10: Pregnant and Parenting Individuals**

* **Feedback Tribe:** Tribes need to learn more about who is providing these services and if Tribes are able to bill and access PCAP services.
* **Question Tribe:** Are tribes can bill for PCAP services?
* **Response HCA:** PCAP is a 3-year intensive case management program offering services to pregnant and parenting individuals. If there is interest in expanding PCAP services in a specific area, the best way to go about this is to partner with the HCA to identify funding opportunities and pathways.
* **Question Tribe:** How can a tribe become a PCAP provider? Is there funding for a new site? Or is there anticipation for a tribal community to be able to become a PCAP site?
* **Response HCA:** PCAP is a Medicaid billable service and discussions of expansion of PCAP sites can be brought to MTM for interest and partnership.

**Priority #13: Increasing access to Behavioral Health Crisis Services (BHCS) through expansion of voluntary mobile crisis services.**

* **Feedback Tribe:** Requesting that there be a set number of MCRs dedicated to tribes throughout the state.
* **Response HCA:** In HB 1134 we were allocated 10% of the funding for tribal MCR which translates to about $2.6 million, but we are required to do an actuarial analysis on funds to maximize federal dollars and make a stable funding model to include commercial insurance. Because of this we don’t know exactly how many teams we will find or what the model will be. The actuarial work should give us a preliminary report by December.
* **Response HCA:** We have also received two grants recently for Tribal MCR that we are using to help two tribes stand up teams and pilot models for tribal MCR. We are currently contracting with the tribes and will announce them once contracts are in place.
* **Feedback Tribe:** Ensure that there are targeted conversations on this priority with Tribes.
* **Response HCA:** HCA is working through Tribal Mobile Crisis Response through the Tribal 988 Subcommittee and has established a TMCR workgroup that meets bi-weekly. A DTLL for this workgroup was shared Juy, 2023. Please see DTLL for Tribal Mobile Crisis Workgroup - Invite to Tribal partners and UIO partners.

**Priority 14 – Indicator 1: Increase the number of naloxone kits distributed, individuals trained on naloxone administration, and reported overdose reversals with program kits.**

* **Question Tribe:** Does a demonstration have to be given to provide Narcan/naloxone kits to community members?
* **HCA Response:** There are no training requirements for Naloxone / Narcan distribution. However, it is good practice to do naloxone training at point of distribution. If training is requested HCA can support in connecting with the training.
  + Naloxone resources: Overdose Education and Naloxone Distribution | Washington State Department of Health
* **Question Tribe:** Question, how old can a person be to get the Naloxone to administer?
* **HCA Response:** We are not aware of any restrictions or requirements for age to administer or receive Naloxone. HCA will coordinate to provide information in writing to Ann Penn-Charles.
* <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//150-148-StatewideStandingOrderFAQ.pdf>. Free mail order naloxone <http://phra.org/mail-order-naloxone>.
  + Follow up Response from Tribe: Thanks a bunch. We have directors and others in our tribal programs that will ask for age requirements. Our youth all know where or who has drugs, so we have been working with all ages. Providing videos and demonstrations for our community.

**Summary of Application – Additional Sections of Interest**

* Assessment of Strengths and Organizational Capacity to Address the Specific Populations
* Identify Unmet Service Needs and Critical Gaps in the Current System
* Planning Tables for Targeting Populations
* Environmental Factors and Plan – Tribes

HCA encourages everyone to read through the full application and provide feedback not only on the priorities but other sections of the application as well.

Lucy has provided a word document outlining the various sections of the application and has included a table highlighting each of the sections that include reference to American Indian/Alaska Natives, Indian Health Care Programs, Tribes and Urban Indian Organizations.

**Summary of Changes Expected in New Draft Application**

* **New priorities** outlined and narrative to address the opioid crisis and crisis strategies.
* **Table 1:** The Health Care System, Parity and Integration, Access to Care, Integration, and Care Coordination - 5 additional narrative question for the
* **Table 2:** Health Disparities now required.
* **Table 3:** 4. Evidence-Based Practices for Early Interventions to Address Early Serious Mental Illness (ESMI) - 10 percent set aside - Required MHBG – new questions and data from ESMI programs.
* **Table 5:** Person Centered Planning (PCP) - Required for MHBG – new questions answered.
* **Table 8:** Primary Prevention – 3 new questions answered.
* **Table 15:** Crisis Services - Required for MHBG – Requested for SUPRTS BG in this new application, new questions, new table.
* **Table 18:** Children and Adolescents M/SUD Services – new narrative questions answered.
* **Table 20:** Support of State Partners – new questions answered.
* **Table 21:** State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application – additional details requested and new questions.

Please review this document for easy reference and page numbers of those sections within the application.

**Next Steps**

* HCA will share a DTLL that includes notes, consultation feedback and responses, full updated block grant plan for full review.

**Get Involved: Behavioral Health Advisory Council (BHAC)**

BHAC includes consumers, providers, advocates, government representatives, and other private and public entities.

* BHAC partners with HCA to make recommendations on gaps in service that will best serve citizens in need of mental health and substance abuse prevention, treatment and recovery programs.
* Currently seats are available on the council for tribal representation.
* Next meeting is Wednesday, September 2nd, 2023, 9:30am to 2:30pm.

**Closing Statements and Adjournment**

No closing statements from Tribal Elected Officials

Tribal Representatives: Thank you - Health Care Authority! It takes us all to help our loved ones. Thank you for your hard work and partnership.

Sue Birch:

We want to again thank those that participated in our Consultation today. Please know, that any tribe is also welcome to connect with us following this meeting for any questions or concerns related to this biennial block grant application or any other topics you wish to discuss.

Keri Waterland:

We value this relationship and the services that are provided by the Tribes, and we intend to continue to support this critical work to address behavioral health outcomes by applying for and obtaining these important federal block grants and ensuring access to other HCA initiatives and payment structures.

We appreciate Tribal partners support to move this application forward to SAMHSA. Please openly continue to provide your important feedback. Thank you again.

**Meeting Adjourned by**: Aren Sparck, Office of Tribal Affairs Administrator