SAMHSA Mental Health and Substance Abuse Block Grant Application
Consultation Minutes

August 18, 2021 (10:30 a.m. – Noon) Webinar Only

Attendance:

<table>
<thead>
<tr>
<th>Tribe/Urban Indian Health Provider/Tribal Organization</th>
<th>Name</th>
<th>State Agency/Non-Tribal Organization</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cowlitz Indian Tribe</td>
<td>Steve Kutz, Kay Culbertson</td>
<td>HCA</td>
<td>Charissa Fotinos, Keri Waterland, Michael Langer, Jessie Dean, Louise Nieto, Tori McDermott, Janet Cornell, Melissa Livingston, Lucilla Mendoza, Jovita Ramirez, Raina Peone, Nicole Earls, Archelle Ramos, Allison Wedin, Zephyr Forest</td>
</tr>
<tr>
<td>Kalispel Tribe</td>
<td>Ali Desautel</td>
<td>DSHS</td>
<td>Brenda Francis-Thomas, Leah Muasau</td>
</tr>
<tr>
<td>Lummi Nation</td>
<td>Cheryl Sanders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makah Tribe</td>
<td>Glenda Butler</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quileute Indian Tribe</td>
<td>Dolores Jimerson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snoqualmie Tribe</td>
<td>Libby Watanabe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Skagit</td>
<td>Marilyn Scott</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribal Consortium - American Indian Health Commission for Washington State (AIHC)</td>
<td>Vicki Lowe, Kathryn Akeah, Heather Erb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribal Consortium – Northwest Portland Area Indian Health Board</td>
<td>Candice Jimenez, Katie Johnson</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overview of the Block Grant timeline and purpose
- See slide deck

Overview of comments from Tribal Roundtables #1 and #2
- See slide deck for comments and responses.
- **Issue: Overload of Notices and Invitations**
  - Tribe Comment: With everything happening, we are attempting to keep up with the notices and invitations. We are getting flooded with congressional funding and special funding and the reporting requirements needed to track the activities. It is overwhelming to prioritize.

- **Issue: Health Youth Survey**
  - Tribe Comment: Regarding the using the Health Youth Survey (HYS) data for outcome measures, we are not there yet with regards to having good input to the HYS. In 2016 the Tribes asked the state how we can improve inclusion of AI/AN in the HYS, including Tribal
schools. HYS is a program of the Department of Health (DOH), the Health Care Authority (HCA), and the Office of the Superintendent of Public Instruction (OSPI), in partnership with school districts and schools. We asked if there could be invitation for Tribes that have Tribal schools to participate. We had a Tribal representative participate in the planning. In 2018, we did get some Tribes to participate in further discussions of how we can get more AI/AN participants. One item that came out is identification of the higher rate of suicide of AI/AN when we looked at the results of the survey. Even before the Tribes participated in the HYS, the AI/AN data that comes in the summary report, rates were still very high. We hope to get more involvement of Tribal schools.

- **Tribe Comment:** Any school can participate, and they can do this. We believe that this option has been available to public schools since 1980s and Tribal schools have been encouraged to participate if there is interest. We are not sure if it is due to a lack of interest or a lack of not being familiar with the process so they can build it into their normal processes.

- **Response HCA:** If there is a barrier then we should take that barrier down.

- **Tribe Comment:** We believe that they want to have control of their data. It is more than a lack of interest.
  - Tribal schools do not necessarily know what the cycle is
  - We need to spend time to talk to the schools

- **AIHC Comment:** Since this is across several agencies - does this need to move up to GIHAC?

- **Tribe Comment:** Yes, this should be elevated to GIHAC.

- **HCA Comment:** HCA has been doing some prep work with OSPI, DOH, and the Liquor Cannabis Board to work on drafting a proposal to share with Tribes on activities to improve Tribal school engagement, AI/AN participation, and data access improvements for Tribal and urban Indian communities of the HYS. This has been worked through the HYS Planning Committee and next steps are to present this to OSPI Native Education meetings with Tribal reps and at a future Monthly Tribal Meeting.

### Overview of Block Grant priorities

- **Issue: COVID impacts on tribal behavioral health programs.**
  - **Tribe Comment:** Discussion of the importance of sharing with SAMHSA the impacts that COVID has had on the state’s behavioral health system. The recommendation is to share this information in the Block Grant application.
  - **HCA Response:** Several sections of the narrative include some information on the overall impacts that COVID has had on the behavioral health system. HCA proposes to add language regarding the COVID impacts on behavioral health for Tribal communities.

- **Issue: Insufficient time to review**
  - **Tribe Comment:** Tribal Consultation is being held backwards with the documents sent this morning leaving little or no time to review them before today’s Tribal Consultation. Request to continue this consultation and deem this Consultation a RT.
  - **HCA Response:** Consultation continued per request. The priorities documents were shared during the RT meetings; however, the BG application document was not ready to be shared prior to the originally scheduled consultation.
    - HCA began working on the priorities in March, however the DBHR/HCA also had 4 other large grant applications during this time which delayed the BLOCK GRANT update.
    - In the future, HCA will work to ensure documents are shared using best practices for Consultation preparation.

- **Issue: Inappropriate inclusion of AI/AN alongside racial/ethnic minorities**
  - **Tribe HCA:** Request to not list AI/AN in the “Other” category along with other minority and ethnic groups in Priority #1. AI/AN is a political status, as citizens of sovereign nations.
- **Issue: Request for increased prioritization and funding for AI/AN**
  - **Tribe Comment:** The Tribal government-to-government priority 10 does not reflect the fact that AI/AN individuals experience the highest behavioral health inequities. Request higher prioritization of this priority. Also, request an increase in the funding to be allocated to Tribes and Urban Indian Health Programs (UIHP).
  - **HCA Response:** The numbered priorities are not in any prioritized order; HCA will move priority 10 to become priority 1. We currently do not have funding allocated for UIHPs but will look at the feasibility as we are currently reviewing block grant funding obligations. Both COVID-E and ARPA funding did include allocations to UIHPs.
  - **Tribe Comment:** The revised language is appreciated and looks good.

- **Issue: Block Grant needs assessments**
  - **Tribe Request:** In Priority #1, there’s mention of the need for a needs assessment to be done to determine the need for behavioral health and substance use disorder support. Tribes and UIHPs don’t need to conduct a needs assessment because they already know what the Tribal Member needs are.
  - **HCA Response:** The Block Grant requires that a needs assessment be completed at the State level.
  - **Tribe Question:** Regarding inpatient treatment beds and wait time for beds for AI/AN individuals and looking at our wait times versus our BH-ASOs wait times, is that part of the assessment? This may identify a big gap of what needs to be filled.
  - **HCA Response:** We have not considered this. HCA will look into the wait times for AI/AN individuals. We are not sure if we can have this completed by the due date of the application, however, we will commit to looking into this further to identify if there are any gaps.

- **Issue: Onerous Block Grant reporting requirements**
  - **Tribe Comment:** Recommend Tribal and UIHP funding be provided similar to the Medicaid Transformation Indian Health Care Provider Projects with “Pay for Reporting” required instead of “Pay for Performance”. We need boots on the ground to provide services – not staff submitting reports.
  - **HCA Response:** SAMSHA does not allow for us to report in this format. We will share these concerns/request with our SAMHSA partners and project officers. SAMHSA shared that they are considering the impacts of GPRA reporting. Over time, we have worked with Tribes to have less reporting requirements to reduce administrative burden.

### Overview of block grant budgeted recipient programs

- **Issue: Request for more funding.**
  - **Tribe Request:** With the significant behavioral health inequities experienced by AI/AN, Tribes and UIHPs should receive more funding.
  - **HCA Response:** We will not have time to accommodate this request for this upcoming block grant period, however HCA will commit to working with our budget staff to identify interim resources and to identify the feasibility to accommodate this request in the future grant period.
    - Mental Health Block Grant: 0.20% is allocated for tribal programs for AI/AN.
    - Substance Abuse Block Grant: 5% is allocated for tribal programs for AI/AN.
  In addition, we note that 5% of the COVID-E block grant (for mental health and substance use disorder) and of the ARPA block grant (for mental health and substance use disorder) were allocated to Tribes and UIHPs.
- **Issue: Need to reach out to tribes early.**
  - **Tribe Comment:** HCA began drafting the priorities in March-June. If the priorities had been shared with the Tribes during that time, we would not be in this position. **Should we schedule a continuation of this consultation?**
  - **HCA Response:** Although the priorities were being drafted and shared previously with the BHAC, the full narrative was not ready just until recently. We apologize for the time to get the full document together including the priorities and data. Although we shared and reviewed the draft priorities with the Behavioral Health Advisory Council (which includes a tribal representative), the full application was not ready until last week. It is now open for public comment (8/20/21 – 8/27/21). We will strive to complete and share the narrative sooner in the future.

- **Issue: Behavioral Health Advisory Council is not Tribal Consultation.**
  - **Tribe Comment:** Sharing a draft of the Block Grant application with the Behavioral Health Advisory Council (BHAC) does not replace Tribal consultation.
  - **HCA Response:** We agree. The BHAC is not a replacement for Tribal consultation. This process has been a challenge this year and we will be looking to make improvements.

---

**Future Work/Next Steps**

There was discussion of the need to continue the consultation. Instead of adjourning the Tribal Consultation to another day, the Tribal representatives decided that the Tribes could provide written comments by August 25 since the deadline to submit the application is quickly approaching.

HCA will take into consideration any written comments from the Tribes during the comment period, August 25, 2021. And the application will be submitted by September 1.

- submit comments to dbhrblockgrant@hca.wa.gov

HCA will make the following commitments and next steps.
- Bring the HYS topic to the Governor’s Indian Health Advisory Council per the request of the Tribes. This topic will also be presented to the OSPI Office of Native Education workgroup with Tribal schools and Tribal representatives and to the DOH-HCA Monthly Tribal Meetings, to discuss improvements in AI/AN youth engagement, usability, and access to the HYS.
- Review ITA investigation data to identify wait times for AI/AN individuals across the state, if possible.
- Ensure during the next application process that the Tribes are receiving application materials earlier and prior to or at the same time that the Behavioral Health Advisory Council has access to these materials.
- Consider the requests from Tribes for more Block Grant funding allocation to Tribes and UIHPs.