

**SCHEDULE 1:**  
SCOPE OF WORK FOR BEHAVIORAL HEALTH SERVICES

**1. Purpose**

This Scope of Work sets forth the special terms and conditions under which the Parties will perform their respective obligations in connection with the Tribal Plan.

**2. Definitions**

- a. "Allowable Costs" means costs for services described in the Tribal Plan, which comply with the Fiscal/Program Requirements.
- b. "Budget" means the amounts set forth by the categories on the budget table, Exhibit E attached hereto, which is the total financial commitment under this Scope of Work for each fiscal year of the state fiscal biennium, to fund Allowable Costs for the service categories which are more fully described in the Tribal Plan. For each state fiscal year, all Budget amounts, and all amounts in **Exhibit C – Tribal Plan Template**, Section 4 – *Program Budget Grid*, are subject to sufficient amounts being awarded to HCA by the U.S. Substance Abuse and Mental Health Services Administration and appropriated to HCA by the legislature.
- c. "Fiscal/Program Requirements" means the federal and state laws, regulations, and sub-regulatory guidance applicable to the programs funded under this Scope of Work, including:
  1. For all programs: 2 CFR Part 200, 45 CFR Part 75, and the U.S. Department of Health and Human Services Grants Policy Statement (available at <https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html>).
  2. For all U.S. Substance Abuse and Mental Health Services Administration funded programs: 45 CFR Part 96 and SAMHSA Policies and Regulations (available at <https://www.samhsa.gov/grants/grants-management/policies-regulations>).
- d. "Individual Services" means any person who is eligible for, or who has received general state funds or federal block grants through this agreement.
- e. "Reporting Requirements" means the requirements for the fiscal and service entry reporting that includes A-19 invoice vouchers, Quarterly Expenditure Reports, Congruent Service Level Data, and Annual Report as set forth in Exhibit D - Reporting Requirements.
- f. "Single Audit Report" means the report from the compliance audit of the Indian Nation completed in accordance 2 CFR Part 200, Subpart F, including any audit findings.
- g. "Tribal Plan" means the plan developed by the Tribe and approved by HCA that details the services the Tribe will provide to individuals and communities in accordance with this Scope of Work and the Indian Nation Agreement. A Tribal

Plan template and instructions for completion are attached as Exhibit B – Tribal Plan Instructions and Exhibit C – Tribal Plan Template, respectively.

**3. Scope of Work Term**

This Scope of Work becomes effective July 1, 2021 and ends on June 30, 2024, unless extended or terminated prior to that date, as provided herein.

**4. Scope of Work Management**

The manager for this Scope of Work for each of the Parties will be responsible for and will be the contact person for all communications and billings regarding this Scope of Work, and they are listed below. Each Party will have the right to change its manager for this Scope of Work by providing written notice by letter or email to the other party of the name and contact information for the manager.

Indian Nation Manager Information		Health Care Authority Manager Information	
Name:		Name:	Lucilla Mendoza
Title:		Title:	Tribal Behavioral Health Administrator
Address:		Address:	PO Box 45502 Olympia WA 98504-5502
Phone:		Phone:	(360) 725-1834
Email:		Email:	<a href="mailto:tribalaffairs@hca.wa.gov">tribalaffairs@hca.wa.gov</a>

**5. Fiscal/Program Requirements and Tribal Plan**

- a. The Indian Nation will develop and submit to HCA, no later than April 1 prior to each state fiscal year, a Tribal Plan in accordance with the Tribal Plan Template and Instructions (Exhibit B – Tribal Plan Instructions and Exhibit C – Tribal Plan Template). The Tribal Plan sets forth the mental health promotion, prevention, treatment, and recovery support services that the Indian Nation will perform under this Scope of Work and is funded out of the Budget. The Tribal Plan will include a budget for all programs and strategies in the Tribal Plan, which will align with the Tribal Plan narrative and which will total to the category amounts in the Budget.
- b. Within twenty-one (21) days after the Indian Nation submits the Tribal Plan via email to HCA’s Manager for this Scope of Work, HCA will complete its review of the Tribal Plan and deliver to the Indian Nation via email either (i) HCA’s requests for revision to the Tribal Plan in a single, written communication or (ii) HCA’s informal agreement to the Tribal Plan. Upon request from the Indian Nation for technical assistance, HCA will schedule a telephone conference as soon as reasonably practicable for HCA and the Indian Nation program staff to discuss HCA’s requests for revision to the Tribal Plan and the reasons for such requests.
- c. Within thirty (30) days after HCA delivers its requests for revision via email to the Indian Nation’s Manager for this Scope of Work, the Indian Nation will submit a revised Tribal Plan that is responsive to HCA’s requests for revision.

- d. Within twenty-one (21) days after the Indian Nation submits the revised Tribal Plan via email to HCA's Manager for this Scope of Work, HCA will complete its review of the revised Tribal Plan and deliver to the Indian Nation either (i) a letter via U.S. postal service with HCA's explanation of why HCA did not approve the revised Tribal Plan and how the Indian Nation may petition for reconsideration or (ii) HCA's informal agreement to the Tribal Plan via email.
- e. Notwithstanding the foregoing, within ninety (90) days after the Indian Nation submits the initial Tribal Plan, HCA will deliver to the Indian Nation via U.S. postal service or email either (i) a communication confirming HCA's agreement to the Tribal Plan and documents to effectuate the agreed upon Tribal Plan under this Scope of Work or (ii) a letter with HCA's explanation of why HCA did not agree to the Tribal Plan and how the Indian Nation may petition for reconsideration.
- f. If a Tribal Plan is not agreed upon by September 30 of each year, HCA will not release funds under this Scope of Work for the concurrent fiscal year.
- g. HCA and the Indian Nation will maintain and update the Tribal Plan as needed and in good faith, in order to reflect the changing needs of the Indian Nation over the course of the federal fiscal year. HCA and the Indian Nation agree that no written amendment to the Indian Nation Agreement or this Scope of Work will be necessary unless an increase or decrease is necessary for any of the Budget amounts.

## 6. Funding and Costs

- a. Budget. The Parties agree to the Budget for this Scope of Work, along with the amounts designated for each category of service, as set forth on Exhibit A – Scope of Work Budget. The total amount paid to the Indian Nation under this Scope of Work, including the total amount of Allowable Costs funded under the Advance Annual Payments option in Section 7.f.1. – Advance Annual Payments of this Scope of Work, will not exceed the Budget.
- b. Allowable Costs. The Indian Nation will ensure that all costs within each funding source are permitted and not prohibited by federal and state laws, regulations, and sub-regulatory guidance, including the Fiscal/Program Requirements.
- c. Administrative Costs. Administrative costs are allowable at no more than ten percent (10%) of the total amounts expended under this Scope of Work.
- d. Funding Adjustments. HCA will adjust funding to the Indian Nation under this Scope of Work in accordance with any legislative action, provided that if there are significant changes impacting either Party, then each Party reserves the right to request a renegotiation of this Scope of Work.
- e. Funding Availability. Payments are subject to availability of federal and state legislatively appropriated funds.

## 7. Payment and Reporting

- a. Fiscal Reports. Fiscal reports are used to report any financial documentation. The Quarterly Expenditure Report will be used for Indian Nations that have chosen the Advance Payment option, and an A-19 Invoice form will be used for Indian Nations that have chosen the Cost Reimbursement Payment option.

- b. Congruent Service Level Data Reports. These are reports into the Behavioral Health Management Information Systems (e.g., Minerva and TARGET or succeeding systems) as outlined in *Exhibit D – Reporting Requirements for Interim Period Reports*.
- c. Annual Narrative. The Indian Nation will submit an Annual Narrative each year using the template provided by HCA in Exhibit F. The Indian Nation will submit each Annual Report on the template provided by HCA, which will include all of the information described in *Exhibit D – Reporting Requirements for Annual Reports*.
- d. Interim Period Reports. With each invoice or quarterly expenditure report, whether monthly or quarterly, the Indian Nation will submit the information that is not reported into in the Behavioral Health Management Information Systems (e.g., Minerva and TARGET or succeeding systems), for the month or quarter covered by the invoice, all of the information in described in *Exhibit D – Reporting Requirements for Interim Period Reports*.
- e. Services Rendered. The Indian Nation will submit Fiscal Reports and Interim Period Reports that include all expenses for services rendered during the period covered by the Fiscal Report. This ensures that the fiscal expenditure data align with congruent service level data.
- f. Payment Options. HCA will fund the Indian Nation under this Scope of Work in one of the following two options:
  - 1. Advance Annual Payments
    - A. Payment. The Scope of Work, along with an A-19 Advance Form, will be sent to the Indian Nation upon completion of the prior state fiscal year reconciliation. The advance annual payment will be paid to the Indian Nation in the beginning of July each year after the following are completed:
      - (1) Agreement to the INA and Scope of Work. HCA and the Indian Nation sign the Scope of Work, including any amendment thereto.
      - (2) A-19 Advance Form. HCA receives a signed A-19 advance from the Indian Nation.
      - (3) Reconciliation. HCA and the Indian Nation have reconciled the prior year's advance annual payment to the Quarterly Expenditure Reports, Annual Report and Congruent Service Level Data documentation from the Indian Nation for that year.
      - (4) Repayment. In the event that the foregoing reconciliation identifies amounts unexpended for the year that are not permitted to carry forward to the next year (e.g., state budget proviso amounts, which are limited to a state fiscal year; or SAMHSA block grant amounts, which are limited to the federal fiscal biennium), the Indian Nation will pay back to HCA such unexpended amounts.
      - (5) Failure to Reconcile. In the event that the Indian Nation does not provide the information necessary to complete the foregoing

reconciliation within sixty (60) days after July 31, HCA will not make advance annual payment of funds for subsequent years until such reconciliation is completed and any repayment is received if applicable. In the event that the Indian Nation does not provide the information necessary to complete the foregoing reconciliation on or before the subsequent December 31, HCA will consider the failure to reconcile unresolvable and request the Indian Nation to return to HCA all funds advanced under this Agreement.

- B. **Reporting Requirements for Advance Payment.** The Indian Nation will submit four Quarterly Expenditure Reports, congruent service data reports into the Behavioral Health Management Information Systems (e.g., Minerva and TARGET or succeeding systems), interim service level reports, and an Annual Report for all of the programs included in the Tribal Plan in accordance with the Reporting Requirements and according to the Quarterly Reporting Schedule.

<b>Quarterly Reports for Advance Payment Option</b>		
<u>Quarterly Period</u>	<u>Report Due</u>	<u>Due Date</u>
July 1 – September 30	Quarterly Expenditure Report Service Level Data Entry (Minerva/TARGET or succeeding systems)	October 30
October 1 – December 31	Quarterly Expenditure Report Service Level Data Entry (Minerva/TARGET or succeeding systems)	January 30
January 1 – March 31	Quarterly Expenditure Report Service Level Data Entry (Minerva/TARGET or succeeding systems)	April 30
April 1 – June 30	Quarterly Expenditure Report Service Level Data Entry (Minerva/TARGET or succeeding systems)	July 30
<b>Annual Report</b>		
<u>Annual Period</u>	<u>Report Due</u>	<u>Due Date</u>
July 1 – June 30	<u>Annual Narrative Report</u>	July 30

- **Quarterly Expenditure Reports.** The Indian Nation will submit the information on the Quarterly Expenditure Report template provided by HCA and in the Behavioral Health Management Information Systems (e.g., Minerva and TARGET or succeeding systems), for the quarter, all of the information described in Exhibit D – Reporting Requirements for Interim Period Reports.
- **Annual Report.** The Indian Nation will submit each Annual Report on the template provided by HCA, which will include all of the information

described in Exhibit D – Reporting Requirements for Annual Reports.

2. Cost Reimbursement

- A. Reimbursement by Invoice. HCA will reimburse the Indian Nation for actual, allowable costs of services provided under the Scope of Work.
- B. Invoice System and Timing. The Indian Nation will submit invoices using State Form A-19 Invoice Voucher, at least quarterly and no more than monthly via email to [tribalaffairs@hca.wa.gov](mailto:tribalaffairs@hca.wa.gov) for all amounts to be paid by HCA.
  - The Indian Nation will include the Scope of Work number in the subject line of the email.
  - The Indian Nation will submit the invoices no later than 60 calendar days after the end of each calendar quarter. Consideration for services rendered will be payable upon receipt of properly completed invoices and congruent service level data reporting.
  - The Indian Nation will submit certified invoices using the Form A-19 Excel spreadsheet provided by HCA within the quarter in which the services were rendered.
  - For prevention services, names, CSAP Strategy, and IOM strategy will align and match program names and categories within the Minerva Data System or succeeding system.
  - An Indian Nation is not required to submit an invoice for a quarter or month for which no reimbursement is requested.
- C. Timely Payment by HCA. Payment will be considered timely if made by HCA within 30 calendar days after receipt and acceptance by HCA. Payment will be sent to the Indian Nation. HCA may, at its sole discretion, withhold payment claimed by the Indian Nation for services rendered if the Indian Nation fails to satisfactorily comply with any term or condition of this Scope of Work or the Indian Nation Agreement.
- D. Fiscal Year-End Billing. Claims for payment submitted by the Indian Nation to HCA for amounts due and payable under this Scope of Work that were incurred prior to the expiration or termination date will be paid by HCA if received by HCA via email to [tribalaffairs@hca.wa.gov](mailto:tribalaffairs@hca.wa.gov) within 60 calendar days after the expiration date.
- E. Recommended Reporting Timeline:

<b>Quarterly Reports for Cost Reimbursement Payment Option (Also able to submit monthly invoicing)</b>		
<u>Quarterly Period (if not billed monthly)</u>	<u>Report Due</u>	<u>Due Date</u> (60 days following the quarter)

July 1 – September 30	A-19 Invoice Service Level Data Entry (Minerva/TARGET or succeeding systems)	November 30
October 1 – December 31	A-19 Invoice Service Level Data Entry (Minerva/TARGET or succeeding systems)	February 1
January 1 – March 31	A-19 Invoice Service Level Data Entry (Minerva/TARGET or succeeding systems)	May 30
April 1 – June 30	A-19 Invoice Service Level Data Entry (Minerva/TARGET or succeeding systems)	August 29
<b>Annual Report</b>		
<u>Annual Period</u>	<u>Report Due</u>	<u>Due Date</u>
July 1 – June 30	<u>Annual Narrative Report</u>	July 30

8. ***Deadline to Select Payment Option.*** The Indian Nation will notify HCA of its selected payment option no later than May 31 for the subsequent year ending June 30. If no option is selected by May 31 or if the Indian Nation was not able to maintain compliance with the requirements of Section 7.F.1.B., the cost-reimbursement option will apply to the subsequent year ending June 30.
9. **Program Review**
- a. At least once in each state fiscal biennium, HCA will conduct a desk review for the purpose of meeting the obligations to the federal government to conduct Monitoring of each program. The review will examine (i) the performance of every program of the Indian Nation included in the Tribal Plan in meeting the goals and objectives contained in the Tribal Plan, including program outcomes and fiscal expenditures as described in the Quarterly Expenditure Reports or cost reimbursement invoices and the Annual Reports, against (ii) the requirements and goals set forth in federal and state statutes, state plans, and other applicable guidance documents.
  - b. To conduct the program review, HCA will involve program, financial, or other staff, as HCA deems beneficial to the review process. Reviewers will be familiar with the requirements of the federal and state programs included in the Tribal Plan. HCA will provide applicable monitoring tools, checklists, and risk assessments to be completed with the Indian Nation prior to or during the review.
10. **Additional Responsibilities of the Health Care Authority**
- a. HCA will promptly respond on a case-by-case basis to any written request by the Indian Nation regarding the Indian Nation’s eligibility to access any new funding sources.

- b. HCA will refer to the National Tribal Behavioral Health Agenda and the American Indian and Alaska Native Cultural Wisdom Declaration as precedential guidance for culturally appropriate behavioral health programs for American Indian and Alaska Native populations.
- c. HCA recognizes and agrees that Section 221 of the IHCA, 25 USC § 1621t, exempts a health care professional employed by an Indian Nation or Tribal Organization from the licensing requirements of the state in which such Indian Nation performs services, provided the health care professional is licensed in any state.

**11. Additional Responsibilities of the Indian Nation**

- a. For all Indian Nation employees, contractors, and volunteers who have unsupervised access to work with children, adolescents, and vulnerable adults, the Indian Nation will ensure that they pass a criminal background check (CBC) that meets or exceeds tribal and state standards, including but not limited to RCW 43.43.830 et seq and WAC 246-341-0200.
- b. The Indian Nation will meet or exceed federal and state statutory and regulatory requirements applicable to facilities and services under this Scope of Work.
- c. If any license to provide services under this Scope of Work expires, the Indian Nation agrees that the portion of this Scope of Work that pertains to that service will be suspended on the expiration date. If any license is revoked, the portion of this Scope of Work that applies to that service will be suspended on the date of the license revocation letter from the state agency or other comparable national accreditation entity, or on the date the license revocation is effective, whichever is later.
- d. The Indian Nation will strive to provide interpreter and translation services for any client requiring such services.



## Exhibit A: Election: Advance Payment or Cost Reimbursement

The Indian Nation elects which funding option they will participate in (7.a.) (check box):

- Advance Payment (7.a.i.)       Cost Reimbursement (7.a.ii.)

***See section 8 of SOW.*** Deadline to Select Payment Option. The Indian Nation will notify HCA of its selected payment option no later than May 31 for the subsequent year ending June 30. If no option is selected by May 31 or if the Indian Nation was not able to maintain compliance with the requirements of Section 9.a.i., the cost-reimbursement option will apply.

## **Exhibit B: Tribal Plan Instructions**

### **Section 1. Contact Information**

Fill in information regarding the contact information including:

- Indian Nation's Name
- Indian Nation's Address
- Indian Nation's Main Telephone
- Person(s) completing the Tribal Plan and contact information
- Person(s) to be contacted for further information regarding the Tribal Plan.

### **Section 2. Funding Resources**

Check the box for each funding resource the Indian Nation will use for the state fiscal year. The Indian Nation can choose any or all funding resources applicable as long as the Tribal Plan is approved for Sections 4-10.

Funding resources include:

- Mental Health Promotion and/or Suicide Prevention Funds (MHPP)
- Substance Abuse Block Grant (SABG) General Funds
- Dedicated Marijuana Account (DMA) Funds
- Substance Abuse Block Grant (SABG) Opioid Response Funds
- State Opioid Response (SOR) Grant Funds

### **Section 3. Service Categories**

Check the appropriate boxes to indicate which service categories the Indian Nation will implement using these DBHR Behavioral Health funds through the various funding resources.

Options include:

- Mental Health Promotion/Suicide Prevention Services
- Substance Use Disorder (SUD) Primary Prevention Services
- SUD Treatment Services
- SUD Recovery Support Services

### **Section 4. Budget**

Complete a summary of your budget to include all services to be delivered outlined in Section 3. Each overall program the Indian Nation chooses to implement should be listed in the Program Budget Grid. For each program, indicate total amount of funding in the appropriate funding source column. Add more columns in each section if there are more than two programs identified per category.

*For example, if the Indian Nation will implement Healing of the Canoe using \$3,000 in DMA funds, list the program in the row for SUD Prevention Services and include the amount (\$3,000) in the appropriate funding source(s) (DMA column).*

### **Section 5. Mental Health Promotion and Suicide Prevention**

Complete section for mental health promotion and suicide prevention programs. Funding is provided to increase mental health promotion services to Indian Nations in the State of Washington. Indian Nations may support their programs for up to \$10,000.

Mental health promotion works at three levels: strengthening individuals, strengthening communities, and reducing structural barriers to mental health. Promotion of mental health can be achieved by working to improve your community in a variety of ways. Here are a few examples:

- Early childhood interventions (e.g., home visiting for pregnant women, pre-school psychosocial interventions, combined nutritional and psychosocial interventions among disadvantaged populations);
- Mental health promotion activities in schools or communities (e.g., programs supporting normal transitions and changes in schools, increasing the atmosphere of child-friendly schools, outreach);
- Family education programs (e.g., increasing child parent bonding, child transitions, communication skills, problem solving skills, disciplinary skills);
- Suicide prevention programs (e.g., community or individual training on signs of suicide and how to provide appropriate referrals); and
- Mental health interventions at work (e.g., stress prevention programs).
- Mental health outreach, support group programs and early interventions, none of which may be considered mental health treatment services, for selective or indicated individuals at a higher risk for suicide ideation, mental health disorder, or substance use disorder .

A comprehensive list of Mental Health Promotion strategies can be found on the Athena Forum Tribal Prevention and Wellness site on the Athena Forum.

<https://www.theathenaforum.org/resources-for-providers/tribal-prevention-and-wellness-programs>

Answer the questions in the template for each program you intend to support using MHPP dollars. If the Indian Nation plans to implement, more than 2 programs in this section, please add and respond to additional set of the 10 questions to describe each program.

## **Section 6. Substance Use Disorder Primary Prevention**

Complete section on primary prevention programs. Prevention programs should be directed towards working with individuals, communities, and families in preventative efforts addressing substance use disorders. Prevention programming should enhance resilient factors and decrease risk factors associated with youth substance use and substance use disorders. Strategies include youth programs, parenting programs, community strategic planning strategies.

**A. Strategies within the SAMHSA's Center for Substance Abuse Prevention strategies** including in information dissemination strategies, environmental, education, problem identification and referral, alternatives, and community-based processes. Definitions are listed below.

- **Information dissemination** – Strategy to provide relevant information to community members regarding the effects of substance use, abuse and addiction has on families, communities, and individuals. Additional information related to prevention and treatment services are shared through a one-way communication strategy. Examples of these strategies include, speaking engagements, brochures, wellness fairs, social marketing or social norms campaigns, and health information hotlines.
- **Environmental** – Strategy to create changes within the community environment such as community attitudes norms and policies that can influence substance use occurrence within the community.
- **Education** – Strategy to provide two way communication to teach individuals skill building through a formal setting. Examples of skills taught are substance use refusal skills, healthy strategies to dealing with stress, problem solving, positive decision making. Examples of these strategies may be curriculum based family or youth programs that last for a particular number of sessions.
- **Problem identification and referral** – Strategy includes identifying individuals who may be experiencing issues around substance use disorder and may have participated in non-prescribed substance use. An appropriate provider may conduct a brief screening. If through the screening process, the individual does not need to be referred for a SUD

assessment, then the professional may work with the individual to provide services in attempts to reduce or reverse the trajectory of the substance use. If necessary, the professional will refer the individual to an SUD assessment.

- **Alternatives** – Strategy includes events and activities that involve participation by targeted groups/individuals that purposefully exclude alcohol and other substances by way of providing prosocial and healthy alternatives.
- **Community-based process** – Strategy includes to formalizing groups, coalitions, and task forces for assessment and strategic planning purposes around youth substance use disorder prevention services.

## B. IOM Strategies

- **Universal (Direct and Indirect)** – These strategies and activities are for all individuals within the community.
- **Selective** – These strategies are specific to a select population based on elevated risk. (Example, youth group for youth with incarcerated parents)
- **Indicated** – These strategies are specific to individuals who have the highest elevated risk for substance use disorders as indicated by their exposure and experimental use of substances. Individuals may not need a SUD assessment but may have been caught using substances. Interventions are set in place to deter and lower the risk for the individuals to have substance use disorders.

You can find a list of best practice prevention programs located on the Excellence in Prevention website on the Athena Forum: <https://www.theathenaforum.org/EBP>.

A list of programs specific to reducing youth marijuana use and abuse and/or associated risk factors in the general population, please go to the Athena Forum: <https://www.theathenaforum.org/best-practices-toolkit-programs-and-practices-youth-marijuana-use-prevention>

For a list of programs shown to have some evidence of effectiveness in tribal communities are located in Section 7. Details on each of the programs is listed on the Tribal Prevention and Wellness site on the Athena Forum: <https://www.theathenaforum.org/resources-for-providers/tribal-prevention-and-wellness-programs>.

## C. Specific Opioid Use Disorder Prevention Services

For each opioid prevention program, please complete the questions in the template. Strategies below are shown to be effective at preventing substance use disorder and/or reducing associated risk factors in general populations.

- Athletes Training & Learning to Avoid Steroids
- Community-based Mentoring (e.g., Big Brothers/Big Sisters of America)
- Communities That Care (CTC)
- Getting Connected
- Good Behavior Game – PAX
- Guiding Good Choices
- LifeSkills Training (Botvin Middle School Version)
- Local Prescriber Education \*\*\*
- Positive Action
- Prevention-Intervention Specialist
- Prevention Training\*
- Promotion of Prescription Drug Monitoring Program \*\*\*
- Promotion of Prescription Drug/Opioid Prevention Media Campaign(s) (\*\*\*)

- Project Northland
  - Project Towards No Drug Abuse
  - Raising Healthy Children
  - Secure/Safe Home Storage (Lockbox Distribution) \*\*\*
  - Secure Medicine Return Program (located in pharmacy/law enforcement) \*\*\*
  - Secure Medicine Take-back Events \*\*\*
  - SPORT Prevention Plus Wellness
  - Staff to deliver prevention services (policy review/development)
  - Strengthening Families Program: For Parents & Youth 10-14 (Iowa Version)
- If the Indian Nation, would like to propose an innovative or cultural specific strategy for prevention, describe the "Other opioid prevention strategy."
- General prevention strategies will be accepted upon approval of the prevention system manager.

\*\*\* Prevention strategies/practices from the Governor's Executive Order 16-09-Addressing the Opioid Use Public Health Crisis and the 2017 WA State Opioid Response Plan:

<http://stopoverdose.org/docs/StateODResponsePlan2017.pdf>

[https://www.governor.wa.gov/sites/default/files/exe\\_order/eo\\_16-09.pdf](https://www.governor.wa.gov/sites/default/files/exe_order/eo_16-09.pdf)

#### **D. Tribal Prevention Best Practices Development and List**

Strategies below are shown to be effective at reducing youth opioid and/or prescription drug misuse and/or associated risk factors in tribal communities:

- American Indian Life Skills Development/Zuni Life Skills Development
- Bicultural Competence Skills Approach
- Families & Schools Together (FAST) for American Indian Children
- Family Spirit
- Healing of the Canoe Project
- Protecting You/Protecting Me for American Indian Children
- Project Venture

#### **E. Prevention Staff - General Prevention Coordination**

Prevention coordination is time that a dedicated prevention staff dedicates time to the coordination of prevention services within the Tribal Community. These activities include:

- Community Outreach - Increasing community awareness of tribal prevention program efforts, initiatives, and building community support. Includes time spent making contracts and communicating with partners to coordinate program implementation, preparing and participating in coalition presentations, participating in community meetings to support planning and implementation of common efforts, and working with media (newspaper articles, social media, newsletters, billboards, preparing media interviews with coalition members, etc.).
- Key leader engagement/relationship building - Increasing key leader (i.e. tribal leaders, elders, elected officials) and policy makers' awareness of tribe/coalition's strategic prevention plan. Nurture community partnerships. Includes time spent organizing and implementing Key Leader Orientation (KLO) events, tribal leader events, meetings with key decision or policy makers in the community to build and strengthen relationships that will result in future partnerships or common visions for services. Includes any effort to build community awareness of coalition or coalition's direction with Key Leaders (i.e., emails, phone calls, meetings, interactions).

- Coordinator/Tribe Staff professional development - Increasing knowledge and skills of coordinator/tribe prevention staff to support coalition and/or prevention efforts. Includes time spent viewing webinars, reading resources related to prevention research and new information, strategic prevention framework, attending prevention and wellness training, learning about hot topics and topics of interest that the coalition has requested more information about, training related to coalition development and community organization and participating in and attending required HCA meetings.
- Strategic planning - The process, findings decisions and plan for the future for each step of the planning framework. Includes time spent supporting coalition/tribal prevention program structure development, ensuring cultural competency, advancing sustainability, assessing needs, and overseeing coalition's/tribal community priority needs selection, resources assessment, gap analysis, strategy selection, action plan development, evaluation planning, and involvement in developing and writing plan.
- Technical assistance to coalition strategy implementation - Providing technical assistance to support coalition members to carry out action plans. Includes time spent supporting coalition efforts and related initiatives as needed to assist the coalition in successful implementation. Includes technical assistance to youth coalitions, coalitions and workgroups and subcommittees. Tribes: This only applies if your tribe has a coalition or formal workgroup for prevention and wellness planning.
- Reporting and evaluation - Ensuring proper functioning and accountability to internal structures/fiscal agent. May include time spent participating in budget/fiscal meetings and communication, attending internal staff meetings, sub-contracting related to tribal prevention plan and processing billing paperwork.
- Other please specify - Coordinator/tribal prevention staff time that does not include coordination services. Example include: Sick leave, annual/vacation leave, maternity/paternity leave, bereavement, jury duty, and holiday.  
<https://www.theathenaforum.org/MinervaUserGuide>

## **Section 7. Substance Use Disorder Treatment Services (alcohol, marijuana, opioid, and other drug use disorders)**

Substance use disorder (SUD) means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances. There is a continuum of care starting with prevention, intervention, screening and treatment referral, aftercare services and recovery support services. Today there are different paths to recovery for everyone and treatment is individualized, holistic and patient driven.

Check the boxes to indicate types of SUD treatment services your Tribe intends to provide using various funding resources.

### **Allowable Services include:**

#### **A. COMMUNITY INTERVENTION AND REFERRAL SERVICES**

- **Continuing Education/Training (for staff)\*\*\*:** Costs incurred to support educational programs, training projects, and/or other professional development programs directed toward: (1) improving the professional and clinical expertise of prevention and treatment facility staff, (2) the knowledge base of Indian Nation employees who oversee the scope of work; and (3) to meet minimum standards and contract requirements. Costs could include trainers, transportation, per diem expenses, and tuition.
- **Youth, Adult, PPW Outreach, Referral, and Intervention:** Intervention and referral covers the costs incurred to provide services to identify hard-to-reach individuals with substance

use assessments and to engage these individuals in ongoing treatment services. Costs can be reimbursed for activities associated with providing information on substance use disorders, the impact of substance use disorders on families, treatment of substance use disorders, and treatment resources that may be available as well as re-engaging individuals in the treatment process. This does not include ongoing therapeutic or rehabilitative services. Outreach is an activity of providing critical information and referral regarding behavioral health services to people who might not otherwise have access to that information. This may include assisting individuals to navigate through different systems including health care enrollment, scheduling appointments for a substance use disorder assessment and ongoing treatment or providing transportation to appointments. Outreach tasks may include educating communities, family members, significant others, or partners about services and to support access to services where care coordination may be necessary. Costs to be covered may also include responding to requests for information to be presented both in and out of the treatment facility by individuals, the general public and community organizations.

- **Other Outreach Activities:** Outreach may also be done by clinical or non-clinical staff for the purpose of scheduling, rescheduling and client reminder calls. Administrative staff may contact individuals in order to confirm appointments and for rescheduling missed appointments. Non-clinical staff will ensure that any relevant information offered by the client about the reason for missing an appointment is communicated to the assigned clinician for follow-up.
- **Alcohol/Drug Information School:** Costs incurred for Alcohol/Drug Information schools to provide information regarding the use and abuse of alcohol/drugs in a structured educational setting. Alcohol/Drug Information Schools must meet the certification standards in Chapter 246-341 WAC or its successor.
- **Opiate Dependency:** Costs incurred with outreach and referral services to special populations such as opiate dependent, injecting drug users (IDU), HIV or Hepatitis C-positive individuals. Opiate Dependency/HIV and Hepatitis C Outreach is specifically designed to encourage injecting drug users (IDUs) and other high-risk groups such as opiate dependent and HIV or Hepatitis C-positive individuals to undergo treatment and to reduce transmission of HIV and Hepatitis C disease. Costs include providing information and skills training to non-injecting, drug using sex partners of IDUs and other high-risk groups such as street youths. Programs may employ street outreach activities, as well as more formal education and risk-reduction counseling. Referral services include referral to assessment, treatment, interim services, and other appropriate support services. Costs do not include ongoing therapeutic or rehabilitative services.
- **Opiate Substitution Treatment:** Costs incurred to provide assessment and treatment services to opiate dependent patients. Services include prescribing and dispensing of an approved medication, as specified in 21 CFR Part 291, for opiate substitution services in accordance with chapter 246-341 WAC or its successor. Both detoxification and maintenance are included, as well as physical exams, clinical evaluations, individual or group therapy for the primary patient and their family or significant others. Additional services include guidance counseling, family planning, educational and vocational information.
- **Medication Assisted Treatment (MAT):** Use of Federal Drug Administration (FDA) approved medications, in combination with counseling and behavioral therapies, to provide “whole-patient” approach to the treatment of substance use disorders. MAT increases treatment engagement, reduces cravings and mortality, and improves psychosocial outcomes.
- **Interim Services:** Services to individuals who have been denied admissions to a treatment program on the basis of the lack of the capacity to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission

of disease. Such services are provided until the individual is admitted to a treatment program. Services include referral for prenatal care for a pregnant patient, brief screening activities, the development of a service plan, individual or group contacts to assist the person either directly or by way of referral in meeting his/her basic needs, updates to advise him/her of treatment availability, and information to prepare him/her for treatment, counseling, education, and referral regarding HIV and tuberculosis (TB) education, and, if necessary, referral to treatment for HIV and TB.

- **Brief Intervention (including SBIRT screening):** A time limited, structured behavioral intervention using substance use disorder brief intervention techniques, such as evidence-based motivational interviewing techniques, and referral to treatment services when indicated. Services may be provided at, but not limited to, sites exterior to treatment facilities such as hospitals, medical clinics, schools or other non-traditional settings.

## **B. TRIAGE SERVICES**

- **Crisis Services/Residential Stabilization:** Services provided on a very short-term basis to intoxicated or incapacitated individuals on the streets or in other public places and may include general assessment of the patient's condition, an interview for diagnostic or therapeutic purposes, and transportation home or to an approved treatment facility. Services may be provided by telephone or in person, in a facility or in the field, and may or may not lead to ongoing treatment. This does not include the costs of ongoing therapeutic services.
- **Withdrawal Management (ASAM Levels 3 or higher):** Costs incurred for detoxification services provided to an individual to assist in the process of withdrawal from psychoactive substance in a safe and effective manner. Acute detoxification provides medical care and physician supervision for withdrawal from alcohol or other drugs.
- **Sobering Services:** Costs incurred to provide shelter services for short-term (12 hours or less) emergency shelter, screening, and referral services to persons who need to recover from the effects of alcohol. Services include medical screening, observation and referral to continued treatment and other services as appropriate.
- **Involuntary Commitment:** Costs incurred for services employed to identify and evaluate alcohol and drug involved individuals requiring protective custody, detention, or involuntary commitment services in accordance with chapter 71.05 RCW. Costs include case finding, investigation activities, assessment activities, and legal proceedings associated with these cases.

## **C. OUTPATIENT TREATMENT SERVICES\*\*\***

- **Outpatient Treatment:** Costs incurred for services provided in a non-residential substance use disorder treatment facility. Outpatient treatment services must meet the criteria in the specific modality provisions set forth in chapter 246-341 WAC. Services are specific to a specific client population and breakout of costs between group and individual therapy.
- **Intensive Outpatient:** Costs incurred for services provided in a non-residential intensive patient centered outpatient program for treatment of alcohol and other drug addiction.
- **Youth, Adult, and PPW individual therapy:** This also includes services to family and significant others of persons in treatment. Outpatient and Intensive Outpatient Individual Therapy.
  - Youth and young adults ages 10 through 20.
  - Women who are pregnant or postpartum (up to one year past delivery, regardless of birth outcome, adoption or foster care placement of child) and women with dependent children.
  - Adults
- **Youth, Adult, and PPW group therapy:** Includes services to family members of persons admitted to treatment and costs incurred to provide supervised recreational activities in



conjunction with a substance use disorder outpatient program. Family Services will be coded as family support services and Supervised Therapeutic Recreation will be coded as group therapy. Outpatient youth group and Intensive Outpatient youth group therapy.

- Women who are pregnant or postpartum (up to one year past delivery, regardless of birth outcome, adoption, or foster care placement of child) and women with dependent children.
- **Youth, adult, and PPW Case Management** ([ASAM Levels 1 or 2](#))
- **Youth, adult, and PPW assessment:** Costs incurred in diagnosis, placement in accordance with the American Society of Addiction Medicine (ASAM) patient placement criteria.

#### D. SUPPORT SERVICES

- **DUI Assessment** - For DUI assessments, the costs for the assessment services must meet the program approval standards for this service outlined in chapter 246-341 WAC or its successor. Note: While SABG funds may not pay for DUIs, they may pay for DUI assessments and all DUI assessments have DUI evaluations written into the assessments.
- **Urinalysis/Screening Test:** Costs incurred to provide screening tests, such as urinalysis or breathalyzers, to identify a patient's use of drugs or alcohol. There is a maximum limit of eight tests per month for any individual. Note: [SABG funds only pay for urinalysis/screening test except as part of the initial assessment.](#)
- **Transportation:** Costs incurred to transport patients to and from substance use disorder treatment programs.
- **Childcare Services:** Costs incurred to provide childcare services, when needed, to children of parents in treatment in order to complete the parent's plan for substance use disorder treatment services. Childcare services must be provided by licensed childcare providers or by providers operating in accordance with the provisions set forth in WAC's published by the Department of Health (DOH) and Department of Children, Youth and Families (DCYF) for the provision of childcare services.
- **Engagement and Screening:** Costs incurred assessing a person's readiness for change and applying appropriate strategies to motivate the client to enter and participate in treatment.
- **Therapeutic Intervention Services for Children:** Cost incurred to provide services promoting the health and welfare of children accompanying parents who participate in the residential substance abuse program. Services include: developmental assessment using recognized, standardized instruments; play therapy; behavioral modification; individual counseling; self-esteem building; and family intervention to modify parenting behavior and/or the child's environment to eliminate/prevent the child's dysfunctional behavior.
- **Naloxone:** Naloxone HCl (trade names: Narcan, Novaplus). This medication is used for the emergency treatment of known or suspected opioid overdose.
- **Tuberculosis Screening:** Costs incurred to provide the Mantoux PPD skin test (standard skin test) when routine TB screening indicates the patient has or is at high risk of TB disease. Costs include conducting a TB risk assessment, symptom screening, and PPD skin test. Includes two visits one to administer the test and one to read the results.
- **Case Management:** Case management services are services provided by a Substance Use Disorder Professional (SUDP) SUDP Trainee, or person under the clinical supervision of a SUDP who will assist individuals in gaining access to needed medical, social, education, and other services. Does not include direct treatment services in this sub element. This covers costs associated with case planning, case consultation and referral services, and other support services for the purpose of engaging and retaining individuals in treatment or maintaining individuals in treatment. This does not include treatment planning activities required in chapter 246-341 WAC.

#### E. RESIDENTIAL TREATMENT

- **Room and Board:** Costs incurred for a patient's lodging and meals while receiving residential treatment.
- **Intensive Inpatient Residential Treatment Services:** Costs incurred for a concentrated program of substance use disorder treatment, individual and group counseling, education, and related activities for alcoholics and addicts including room and board in a twenty-four-hour-a-day supervised facility in accordance with chapter 246-341 WAC or its successor.
- **Long-Term Residential Treatment Services:** Costs incurred for the care and treatment of chronically impaired alcoholics and addicts with impaired self-maintenance capabilities including personal care services and a concentrated program of substance use disorder treatment, individual and group counseling, education, vocational guidance counseling and related activities for alcoholics and addicts including room and board in a twenty-four-hour-a-day supervised facility in accordance with chapter 246-341 WAC or its successor.
- **Pregnant, Post-Partum, or Parenting (PPW) Women Housing Support Services:** Costs incurred for support services to PPW in a transitional residential housing program designed exclusively for such individuals. Costs include facilitating contacts and appointments for community resources for medical care, financial assistance, social services, vocational, childcare needs, outpatient treatment services, and permanent housing services. This includes services to family or significant others of a person currently in transitional housing. These cases would be coded as Family Support services.
- **Family Hardship:** Costs incurred for family members traveling round trip from and to their home to the treatment facility for distances over 50 miles within Washington State. These funds may only be used for Washington residents, for travel within Washington State, and for transportation and lodging. Priority is given to travel that is required for clinical participation of the family in the youth's residential treatment, including admission appointment, family treatment activities, visitation and passes, and emergency discharge or other crisis visits.

**Additional OUD SUD Treatment Strategies Not Shown Above**

- Public Awareness on Opioid Substitute Treatment (MAT)
- Adaptation of statewide Tribal Treatment Media Campaign
- Media campaign development\*\*\*
- Other SUD treatment strategy (please describe): If the Indian Nation, would like to propose an innovative or culturally specific strategy for treatment and/or recovery, describe the "Other opioid treatment strategy."

\*\*\* Treatment strategies/practices from the Governor's Executive Order 16-09-Addressing the Opioid Use Public Health Crisis and the 2017 WA State Opioid Response Plan:

<http://stopoverdose.org/docs/StateODResponsePlan2017.pdf>

[https://www.governor.wa.gov/sites/default/files/exe\\_order/eo\\_16-09.pdf](https://www.governor.wa.gov/sites/default/files/exe_order/eo_16-09.pdf)

## **Section 8. Substance Use Disorder Recovery Support Services (alcohol, marijuana, opioid, and other drug use disorders)**

Include information regarding implementation of recovery support services. Include how the Tribe will plan, train, and negotiate with community partners for the provision of recovery support services.

In the Tribal Plan, answer the following questions regarding your recovery support services programs.

1. Describe types of recovery support services that the Indian Nation will implement in their community.
2. Describe how the program will outreach to individuals in recovery.
3. Describe how the program will outreach to the community to increase recovery support services.

SAMHSA defines recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life to the greatest extent possible, and strive to reach their full potential.”

Additionally, SAMHSA has developed 10 guiding principles to foster the recovery of individuals from substance use disorders to help guide recovery support programming. These include:

- Recovery emerges from hope;
- Recovery is person-driven;
- Recovery occurs via many pathways;
- Recovery is holistic;
- Recovery is supported by peers and allies;
- Recovery is supported through relationship and social networks;
- Recovery is culturally-based and influenced;
- Recovery is supported by addressing trauma;
- Recovery involves individuals, families, community strengths, and responsibility;
- Recovery is based on respect.

Additionally, SAMHSA outlines four dimensions of recovery that include health, home, purpose, and community. To expand:

- Health refers to supporting the management of an individual’s substance use disorder. These include supporting the health and wellness of individuals, and promoting ongoing treatment stabilization for individuals in recovery.
- Home refers to supporting individual or recovery community to have a home that is safe and stable.
- Purpose refers to supporting an individual or recovery community with activities that are meaningful to their lives, including education, employment, family relationships, income and support for individuals to participate in the larger community.
- Community refers to supporting an individual or recovery community in enhancing social networks and relationships.

Recovery support services include strategies to promote the health and wellness of individuals recovering from substance use disorders. Examples of recovery support services include peer services programs including recovery coaching models, supportive housing and supportive employment strategies, education strategies to support meaningful purpose and community engagement in recovery networks. Recovery networks includes youth networks, parent networks and recovery cafés.

Support for individuals for recovery supports is person-driven, therefore it is important to assess the needs and how support with the individual through a recovery planning process. Programs supporting individuals in recovery should identify a mechanism to establish a recovery plan and provide support as needed.

**Recovery Coaching \*\*\*:** Costs incurred to provide recovery coach services, which is a form of strengths-based support for people with addictions or in recovery from alcohol, other drugs, codependency, or other addictive behaviors. Recovery coaches are helpful for making decisions about what to do with one's life and the part addiction or recovery plays in it

**Recovery Housing:** Costs incurred for supporting individuals housing needs to support their recovery. Recovery housing supports are safe, healthy, family-like, substance-free living environments that support individuals in recovery from substance use disorders. These can include transitional housing, recovery residences, or Oxford housing.

**Recovery Care Management and Transitions Services:** Costs incurred to support individuals in recovery to improve the coordination of care between acute SUD services to community recovery services.

\*\*\* Recovery support strategies from the Governor's Executive Order 16-09-Addressing the Opioid Use Public Health Crisis and the 2017 WA State Opioid Response Plan:

<http://stopoverdose.org/docs/StateODResponsePlan2017.pdf>

[https://www.governor.wa.gov/sites/default/files/exe\\_order/eo\\_16-09.pdf](https://www.governor.wa.gov/sites/default/files/exe_order/eo_16-09.pdf)

## Exhibit C: Tribal Plan Template

Due Date: April 1 To: [TribalAffairs@hca.wa.gov](mailto:TribalAffairs@hca.wa.gov)

Please see Exhibit B for all instructions on completing the template.

### Section 1. Contact Information

- A. Indian Nation name: Click or tap here to enter text.
- B. Address: Click or tap here to enter text.
- C. Main telephone number: Click or tap here to enter text.
- D. Person(s) completing the Annual Tribal Plan (provide contact info below): Click or tap here to enter text.
  - i. Phone number: Click or tap here to enter text.
  - ii. Email address: Click or tap here to enter text.
- E. Person to be contacted for information regarding the Tribal Plan: Click or tap here to enter text.
  - i. Phone number: Click or tap here to enter text.
  - ii. Email address: Click or tap here to enter text.

### Section 2. Funding Resources

Identify funding sources the Indian Nation intends to utilize for the state fiscal year (check box):

<input type="checkbox"/> Mental Health Promotion and/or Suicide Prevention (MHPP) Funds <i>(Up to \$10,000 per year)</i>	<input type="checkbox"/> Substance Abuse Block Grant (SABG) Opioid Response Funds <i>(Up to \$50,000 per year)</i>
<input type="checkbox"/> Substance Abuse Block Grant (SABG) General Funds <i>(Up to \$ per year)</i>	<input type="checkbox"/> State Opioid Response (SOR) Grant Funds <i>(Up to \$12,500 per federal grant year)</i>
<input type="checkbox"/> Dedicated Marijuana Account (DMA) <i>(Up to \$11,300 per year)</i>	

### Section 3. Service Categories

At a high level, identify categories of services, Indian Nation will implement (check box):

- Mental Health Promotion/Suicide Prevention Services
- Substance Use Disorder (SUD) Primary Prevention Services
- Substance Use Disorder (SUD) Treatment Services
- Substance Use Disorder (SUD) Recovery Support Services

**Section 4: Program Budget Grid per State Fiscal Year (July 1 – June 30)**

	SABG General <sup>1</sup>	SABG Opioid Response <sup>2</sup>	DMA	MHPP	SOR <sup>3</sup>	Total by Program
<b>Amounts per state fiscal year unless otherwise noted:</b>	\$	\$50,000	\$11,300	\$10,000	\$12,500	—
1. Mental Health Promotion/Suicide Prevention Services <b>Program Name:</b>	N/A	N/A	N/A		N/A	
<b>Subtotal<sup>6</sup></b>	N/A	N/A	N/A		N/A	
2.a. SUD Prevention Services <b>Program Name:</b>				N/A		
2.b. SUD Prevention Services <b>Program Name:</b>				N/A		
<b>Subtotal<sup>6</sup></b>				N/A		
3.a. SUD Treatment Services <b>Program Name:</b>				N/A		
3.b. SUD Treatment Services <b>Program Name:</b>				N/A		
<b>Subtotal<sup>6</sup></b>				N/A		
4.a. SUD Recovery Support Services <b>Program Name:</b>			N/A	N/A		
4.b. SUD Recovery Support Services <b>Program Name:</b>			N/A	N/A		
<b>Subtotal<sup>6</sup></b>			N/A	N/A		
Indirect Cost <sup>4</sup>						
<b>Total by Source</b>						

**Footnotes to Program Budget Grid:**

<sup>1</sup>SABG funding amount is calculated in 2016 using the formula:

$$= \text{Minimum funding} + \left( \text{Remaining funding} \times \frac{\text{Indian Nation User Pop}}{\text{All Indian Nation User Pop}} \right), \text{ where:}$$

- “Minimum funding” is 70% of the total tribal allocation statewide divided evenly,
- “Remaining funding” is 30% of the total tribal allocation statewide,
- “Indian Nation User Pop” is the total 2006 Indian Health Service User Population for the Indian Nation,
- “All Indian Nation User Pop” is the total 2006 Indian Health Service User Population for all Indian Nations in Washington State.

<sup>2</sup>SABG Opioid Response-supported must be specific to opioid use disorder prevention, treatment, recovery support, and opioid overdose intervention. General prevention programming may be allowed upon review from the prevention program manager.

<sup>3</sup>SOR-supported programs must be specific to opioid use disorder prevention, treatment, recovery support, and opioid overdose intervention. General prevention programming may be allowed upon review from the prevention program manager. The SOR program budget is allocated for the period from Sept. 30 - Sept. 29 (see exhibit E).

<sup>4</sup>Indirect Cost (also known as Administrative Cost) is limited to no more than 10% of total amounts expended under this Scope of Work.

## Section 5. Mental Health Promotion/Suicide Prevention Services

- Program Contact Name, Email Address, and Phone Number: [Click or tap here to enter text.](#)
  - Staff Responsible for Reporting Name, Email Address, and Phone Number: [Click or tap here to enter text.](#)
  - Staff prevention coordination time: Yes  No
  - Staff training: Yes  No
  - For each program, complete the following 10 questions (two sets of 10 questions are provided in the template below).
    - Program Name** [Click or tap here to enter text.](#)
    - Briefly describe the program and activities. [Click or tap here to enter text.](#)
    - What are the start and end dates? [Click or tap here to enter text.](#)
    - How many groups and sessions will you conduct per year? [Click or tap here to enter text.](#)
    - Who will be served by this program? [Click or tap here to enter text.](#)
    - Briefly describe the difference you hope to make by doing the program. [Click or tap here to enter text.](#)
    - How will you measure outcomes? [Click or tap here to enter text.](#)
    - How much will you spend on this program? [Click or tap here to enter text.](#)
    - Please provide a brief description of planned expenditures that outlines your proposed costs (i.e., training costs, program costs, staffing costs, etc.) [Click or tap here to enter text.](#)
    - Enter into Program Budget Grid the amounts from each funding resource that will be used to support this program.
- Program Name** [Click or tap here to enter text.](#)
  - Briefly describe the program and activities. [Click or tap here to enter text.](#)
  - What are the start and end dates? [Click or tap here to enter text.](#)
  - How many groups and sessions will you conduct per year? [Click or tap here to enter text.](#)
  - Who will be served by this program? [Click or tap here to enter text.](#)

6. Briefly describe the difference you hope to make by doing the program. [Click or tap here to enter text.](#)
7. How will you measure outcomes? [Click or tap here to enter text.](#)
8. How much will you spend on this program? [Click or tap here to enter text.](#)
9. Please provide a brief description of planned expenditures that outlines your proposed costs (i.e., training costs, program costs, staffing costs, etc.) [Click or tap here to enter text.](#)
10. Enter into Program Budget Grid the amounts from each funding resource that will be used to support this program.

### **Section 6. Substance Use Disorder Prevention Programs (Alcohol, Marijuana, Opioids and Other Drugs)**

- A. Program Contact Name, Email Address, and Phone Number: [Click or tap here to enter text.](#)
- B. Staff Responsible for Reporting Name, Email Address, and Phone Number: [Click or tap here to enter text.](#)
- C. Staff prevention coordination time: Yes  No
- D. Staff training: Yes  No
- E. For each program, complete the following 10 questions (two sets of 10 questions are provided in the template below). *Add additional sets of questions if needed.*
  1. **Program Name** [Click or tap here to enter text.](#)
  2. Briefly describe the program and activities. [Click or tap here to enter text.](#)
  3. What are the start and end dates? [Click or tap here to enter text.](#)
  4. How many groups and sessions will you conduct per year? [Click or tap here to enter text.](#)
  5. Who will be served by this program? [Click or tap here to enter text.](#)
  6. Briefly describe the difference you hope to make by doing the program. [Click or tap here to enter text.](#)
  7. How will you measure outcomes? [Click or tap here to enter text.](#)
  8. How much will you spend on this program? [Click or tap here to enter text.](#)
  9. Please provide a brief description of planned expenditures that outlines your proposed costs (i.e., training costs, program costs, staffing costs, etc.) [Click or tap here to enter text.](#)
  10. Enter into Program Budget Grid the amounts from each funding resource that will be used to support this program.
  1. **Program Name** [Click or tap here to enter text.](#)
  2. Briefly describe the program and activities. [Click or tap here to enter text.](#)
  3. What are the start and end dates? [Click or tap here to enter text.](#)
  4. How many groups and sessions will you conduct per year? [Click or tap here to enter text.](#)
  5. Who will be served by this program? [Click or tap here to enter text.](#)
  6. Briefly describe the difference you hope to make by doing the program. [Click or tap here to enter text.](#)
  7. How will you measure outcomes? [Click or tap here to enter text.](#)
  8. How much will you spend on this program? [Click or tap here to enter text.](#)
  9. Please provide a brief description of planned expenditures that outlines your proposed costs (i.e., training costs, program costs,



staffing costs, etc.) Click or tap here to enter text.

10. Enter into Program Budget Grid the amounts from each funding resource that will be used to support this program.

**Section 7. Substance Use Disorder Treatment Services (alcohol, marijuana, opioid, and other drug use disorders)**

- A. Program Contact Name, Email Address, and Phone Number: Click or tap here to enter text.
- B. Staff Responsible for Reporting Name, Email Address, and Phone Number: Click or tap here to enter text.
- C. Check to indicate the types of substance use disorder treatment services the Indian Nation will implement using behavioral health funding resources.
- D. Enter into Program Budget Grid the amounts from each funding resource that will be used to support each program.

- Continuing Education/Training (for staff) \*\*\*
- Youth, Adult, PPW Outreach, Referral, Intervention
- Alcohol/Drug Information School
- Opiate Dependency
- Opiate Substitution Treatment
- Medication Assisted Treatment/Opiate Substitution Treatment \*\*\*
- Interim Services
- Brief Intervention (including SBIRT screening)
- Crisis Services/Residential Stabilization
- Withdrawal Management  
(eligible if ASAM Level 3 or higher)
- Sobering Services
- Involuntary Commitment
- Youth, adult, and PPW Individual therapy
- Youth, adult, and PPW group therapy
- Youth, adult, and PPW Case Management  
(eligible if ASAM Level 1 or 2)
- PPW Housing Support Services
- Youth, adult, and PPW assessment
- DUI Assessment  
(not eligible for SABG funding)
- Urinalysis/Screening Test  
(eligible for SABG funding if part of initial assessment)
- Intensive Inpatient Residential Treatment Services
- Long-Term Residential Treatment Services
- Outpatient Treatment
- Room and Board
- Transportation
- Childcare Services
- Engagement and Screening
- Therapeutic Intervention Services for Children
- Purchase and Distribution of Opioid Reversal Medication \*\*\*  
(Naloxone Kit, Narcan Kit)
- Engagement and Screening
- Tuberculosis Screening
- Family Hardship
- Public Awareness on Opioid Substitute Treatment (MAT)
- Adaptation of statewide Tribal Treatment Media Campaign; media campaign development; etc. \*\*\*
- Treatment Coordination
- Other opioid treatment strategy (please describe): [Click or tap here to enter text.](#)

**Section 8. Substance Use Disorder Recovery Support Services (alcohol, marijuana, opioid, and other drug use disorders)**

Recovery Coaching \*\*\*

Recovery Housing

Recovery Care Management and Transition Services

- A. Program Contact Name, Email Address, and Phone Number: Click or tap here to enter text.
- B. Staff Responsible for Reporting Name, Email Address, and Phone Number: Click or tap here to enter text.
- C. Answer the following questions regarding the Indian Nation recovery supports program.
  - 1. Describe types of recovery support services that the Indian Nation will implement in their community. Click or tap here to enter text.
  - 2. Describe how the program will outreach to individuals in recovery. Click or tap here to enter text.
  - 3. Describe how the program will outreach to the community to increase recovery support services. Click or tap here to enter text.
  - 4. Enter into Program Budget Grid the amounts from each funding resource that will be used to support this program.
- D. Enter into Program Budget Grid the amounts from each funding resource that will be used to support this program.

## Exhibit D: Reporting Requirements

### A. Congruent Service Level Data Reports - Behavioral Health Management Information Systems (MIS).

### B. For substance use disorder (SUD) primary prevention services:

1. Each program name.
2. For each program, identify the Institute of Medicine Strategy (IOM): Universal-Direct, Universal-Indirect, Selective, and Indicated.
3. For each program identify the Center for Substance Abuse Prevention (CSAP) Strategy, including Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Process, Environmental, or Other.
4. Expenditures for each program name.

Expenditures for prevention staff general prevention coordination: Billing for these service can include a line item that include Prevention Coordination on the A-19 or QER billing forms. The congruent service level data for this expenditure type is documented in the Staff Coordination module (See exhibit B).

5. If implementing a prevention program, the Indian Nation will document the following in the Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (Minerva) at [www.theathenaforum.org/MKB](http://www.theathenaforum.org/MKB) or its successor.:
  - a. Submit one program planning profile for each program planned for the agreement period within 30 days following the scope of work approval.
  - b. Enter activity log(s) for each program.
  - c. Enter session information.
    - i. Enter each training hosted or attended per plan for prevention, mental health promotion, or suicide prevention service
    - ii. Enter one-time only events.
    - iii. Enter reoccurring services.
  - d. For each session above, the following are required;
    - i. Enter each type of services entry requires date of event, location, and aggregate number of participants.
    - ii. Enter participant aggregate information to be entered includes age range, gender, race, and ethnicity.
    - iii. Enter each type of service entry requires aggregate demographic information to be entered including age range, gender, race, and ethnicity.

iv. Direct and Indirect staff and partner hours.

**C. SUD treatment services:**

1. Number of service units/hours for each treatment category.
2. Number of naloxone (overdose intervention) kits distributed.
3. If implementing a youth or adult treatment program, the Indian Nation will enter service data into the appropriate form or TARGET System as determined by HCA contract monitor.
  - a. The tribal staff should ensure that the TARGET system is accessed by current and appropriate staff.
  - b. The Indian Nation will notify the HCA treatment and recovery support services program manager for when an employee has resigned or has been terminated and provide information on the new employees who will need access to the TARGET data system.
  - c. Enter client receiving treatment services including protected health information (PHI).
  - d. Enter service information.
  - e. Enter dates of service.
4. Other considerations for treatment services
  - a. Establish an integrated comprehensive screening and assessment process for substance use disorder (SUD), mental health (MH) disorders and co-occurring SUD and MH disorder per RCW 70.96C.010, using the Global Assessment of Individual Needs – Short Screener (GAIN-SS) as the tool for conducting the integrated comprehensive screen for behavioral health conditions on all new patients.

**D. SOR Treatment Services**

1. SOR funds can now be used to address both opioid and stimulant use, misuse, and abuse prevention, treatment, and recovery support services.
2. The Indian Nation must conduct HIV and viral hepatitis testing, referral to appropriate treatment for those testing positive, and vaccination for hepatitis A and B, for individuals in treatment services using SOR grant funds, as clinically indicated.
3. The grant requires the Government Performance and Results Act (GPRA) intake, 6-month follow-up, and discharge for each person receiving individual treatment or recovery support services. For these services, the Indian Nation will:
  - a. Ensure that the GPRA data collection is conducted for all individuals receiving treatment or recovery supports supported by SOR funds within three intervals;

- b. Coordinate with DSHS Division of Research and Data Analysis (RDA) for data collection efforts.
- c. Ensure that 80% of those individuals receive a six month follow up;
- d. Ensure that all discharged patients receive a GPRA discharge interview or administrative discharge

**E. SUD Recovery Support Services**

- 1. Keep appropriate records on file for the services provided under recovery support services.

**F. Annual Reports will include:**

- 1. Description and summary of program compared to the Tribal Plan. A summary of prevention and treatment needs assessment, successes, and challenges.
- 2. Description of the any treatment services and programs delivered and not entered into the TARGET data system if the Tribe delivered treatment services.
- 3. Description of any treatment or recovery supports programs funded through the State Opioid Response Grant, not reported into TARGET or GPRA reporting measures if the Indian Nation utilized SOR grant funds.
- 4. The Indian Nation will send electronic copies of the Annual Narrative to the Office of Tribal Affairs at Tribalaffairs@hca.wa.gov.
- 5. Each HCA program manager overseeing a section of the Tribal Plan will provide to the OTA, an email response to the Annual Reports within twenty-one (21) days of receipt.

**Exhibit E – Total Agreement Funding Per Year**

**FY 22**

Mental Health Promotion and/or Suicide Prevention (MHPP) Funds ( <i>Up to \$10,000 per year 7/1/2021-6/30/2022</i> )	\$
Substance Abuse Block Grant (SABG) General Funds ( <i>Up to «SABG» per year 7/1/2021-6/30/2022</i> )	\$
Dedicated Marijuana Account (DMA) ( <i>Up to \$11,300 per year 7/1/2021-6/30/2022</i> )	\$
Substance Abuse Block Grant (SABG) Opioid Response Funds ( <i>Up to \$50,000 per year 7/1/2021-6/30/2022</i> )	\$
State Opioid Response (SOR) Grant Funds ( <i>Up to \$12,500 per federal grant year 9/30/2021 – 9/29/2022</i> )	\$

**FY 23**

Mental Health Promotion and/or Suicide Prevention (MHPP) Funds ( <i>Up to \$10,000 per year 7/1/2022-6/30/2023</i> )	\$
Substance Abuse Block Grant (SABG) General Funds ( <i>Up to «SABG» per year 7/1/2022-6/30/2023</i> )	\$
Dedicated Marijuana Account (DMA) ( <i>Up to \$11,300 per year 7/1/2022-6/30/2023</i> )	\$
Substance Abuse Block Grant (SABG) Opioid Response Funds ( <i>Up to \$50,000 per year 7/1/2022-6/30/2023</i> )	\$

**FY 24**

Mental Health Promotion and/or Suicide Prevention (MHPP) Funds ( <i>Up to \$10,000 per year 7/1/2023-6/30/2024</i> )	\$
Substance Abuse Block Grant (SABG) General Funds ( <i>Up to «SABG» per year 7/1/2023-6/30/2024</i> )	\$
Dedicated Marijuana Account (DMA) ( <i>Up to \$11,300 per year 7/1/2023-6/30/2024</i> )	\$
Substance Abuse Block Grant (SABG) Opioid Response Funds ( <i>Up to \$50,000 per year 7/1/2023-6/30/2024</i> )	\$