**Exhibit C: Tribal Plan Template 7/1/2025 – 6/30/2026 (FY26)**

Due Date: May 1, 2025, To: tribalreports@hca.wa.gov

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

**Section 1. Contact Information**

1. Indian Nation name: Click or tap here to enter text.
2. Address: Click or tap here to enter text.
3. Main telephone number: Click or tap here to enter text.
4. Person(s) completing the Annual Tribal Plan (provide contact info below): Click or tap here to enter text.
	* 1. Phone number: Click or tap here to enter text.
		2. Email address: Click or tap here to enter text.
5. Person to be contacted for information regarding the Tribal Plan: Click or tap here to enter text.
	* 1. Phone number: Click or tap here to enter text.
		2. 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):

|  |  |
| --- | --- |
|[ ]  Mental Health Promotion and/or Suicide Prevention (MHPP) Funds*(Up to $10,000 per year)* |[x]  Substance Abuse Block Grant (SABG) Opioid Response Funds*(Up to $50,000 per year)* |
|[ ]  Substance Abuse Block Grant (SABG) General Funds*(Up to $**per year)* |[ ]   |
|[ ]  Dedicated Marijuana Account (DMA)*(Up to $13,425 per year)* |  |  |

**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) Click** [**here**](file:///%5C%5Chcaflcsp002%5CSecured%5CTribal%20Affairs%5CTribal%20Affairs%5CACTIVE%20FILES%20-%20do%20not%20use%5CCONTRACTS%20MANAGED%5CINDIAN%20NATION%20AGREEMENTS%5CIndian%20Nation%20Agreement%20-%20Schedule%201%20BH%20Servies%5CAgreement%20Drafts%5CINA%20Tribal%20Plan%5CINA%20Budget%20Excel.xlsx) **for Excel File.**

|  | **SABG General**1 | **SABG Opioid Response** | **DMA** | **MHPP** | **Total by Program** |
| --- | --- | --- | --- | --- | --- |
| **Amounts per state fiscal year unless otherwise noted:** | $      | $50,000 | $11,300 | $10,000 | — |
| 1. Mental Health Promotion/Suicide Prevention Services**Program Name:**       | N/A | N/A | N/A |  |  |
|
|
| ***Subtotal*** | N/A | N/A | N/A |  |  |
| 2.a. SUD Prevention Services **Program Name:**       |   |   |   | N/A |  |
|
| 2.b. SUD Prevention Services **Program Name:**       |  |  |  |  |  |
| 2.c. SUD Prevention Services**Program Name:**       |   |   |   | N/A  |  |
|
|
| ***Subtotal*** |  |  |  | N/A |  |
| 3.a. SUD Treatment Services**Program Name:**       |   |   |   |  N/A |  |
|
| 3.b. SUD Treatment Services**Program Name:**        |   |   |   |  N/A |  |
|
| ***Subtotal*** |  |  |  | N/A |  |
| 4.a. SUD Recovery Support Services **Program Name:**        |   |   |  N/A |  N/A |  |
|
| 4.b. SUD Recovery Support Services **Program Name:**        |   |   |  N/A |  N/A |  |
|
|
| ***Subtotal*** |  |  | N/A | N/A |  |
| Indirect Cost2 |  |  |  |  |  |
| **Total by Source** |  |  |  |  |  |

***Footnotes to Program Budget Grid:***

1SABG funding amount is calculated in 2016 using the formula:

|  |  |  |
| --- | --- | --- |
| = Minimum funding + (Remaining funding x | Indian Nation User Pop | ), where: |
| All Indian Nation User Pop |

* “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.

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

1. For each Build Capacity and MHPP Program, **add each program to the Budget Grid**, complete the following questions in section 1 and work with OTA and your prevention system manager to complete the program profiles in the Minerva.
2. **Program Contact:** Name, Email Address, and Phone Number: Click or tap here to enter text.
3. Staff responsible for **prevention service data entry** Name, Email Address, and Phone Number:Click or tap here to enter text.
4. **Build Capacity** [**(click here for guidance)**](https://theathenaforum.org/sites/default/files/public/capacity_channel_sub-activity_definitions.pdf)
	1. Staff prevention coordination time (Add to Budget): Yes [ ]  No [ ]
		1. Brief Description:
	2. Conferences, Training and Professional Development (Add to Budget): Yes [ ]  No [ ]
		1. Brief Description:
5. **Implement (Programs)**
6. **MHPP Program Name 1** Click or tap here to enter text.
7. Brief description of the program: Click or tap here to enter text.
8. Program CSAP Strategy: [To be added upon completion of the planning profile in Minerva]
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. **MHPP Program Name 2** Click or tap here to enter text.
11. Brief description of the program: Click or tap here to enter text.
12. Program CSAP Strategy: [To be added upon completion of the planning profile in Minerva]
13. 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.

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

1. For each Build Capacity and Prevention Program, **add each program to the Budget Grid**, complete the following questions in section 1 and work with OTA and your prevention system manager to complete the program profiles in the Minerva.
2. **Program Contact:** Name, Email Address, and Phone Number: Click or tap here to enter text.
3. Staff responsible for **prevention service data entry** Name, Email Address, and Phone Number:Click or tap here to enter text.
4. **Build Capacity** [**(click here for guidance)**](https://theathenaforum.org/sites/default/files/public/capacity_channel_sub-activity_definitions.pdf)
	1. Staff prevention coordination time (Add to Budget): Yes [ ]  No [ ]
		1. Brief Description:
	2. Training and Professional Development (Add to Budget): Yes [ ]  No [ ]
	3. Brief Description:
5. **Implement (Programs)**
6. **Prevention Program Name 1** Click or tap here to enter text.
7. Brief description of the program: Click or tap here to enter text.
8. Program CSAP Strategy: [To be added upon completion of the planning profile in Minerva]
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. **Prevention Program Name 2** Click or tap here to enter text.
11. Brief description of the program: Click or tap here to enter text.
12. Program CSAP Strategy: [To be added upon completion of the planning profile in Minerva]
13. 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.
14. **Prevention Program Name 3** Click or tap here to enter text.
15. Brief description of the program: Click or tap here to enter text.
16. Program CSAP Strategy: [To be added upon completion of the planning profile in Minerva]
17. 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.

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

1. Program Contact Name, Email Address, and Phone Number: Click or tap here to enter text.
2. Staff Responsible for Reporting Name, Email Address, and Phone Number:Click or tap here to enter text.
3. Check to indicate the types of substance use disorder treatment services the Indian Nation will implement using behavioral health funding resources.
4. Enter Treatment Section in the 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

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