



STATE OF WASHINGTON

Governor's Indian Health Advisory Council November 6, 2019 Meeting Minutes

Hosted by the Squaxin Island Tribe at the Little Creek Event Center, 91 WA-108, Shelton, Washington.

Advisory Council Members Represented

<i>Member</i>	<i>Delegates and Elected Leaders (and Guests)</i>
Confederated Tribes of the Colville Reservation	Norma Sanchez, Tribal Councilmember; Janet Wak Wak Nicholson, Tribal Councilmember
Confederated Tribes and Bands of the Yakama Nation	Charlene Tillequots, Tribal Councilmember
Cowlitz Indian Tribe	Stephen Kutz, Tribal Councilmember (Nadja Jones, Human Services Director)
Hoh Indian Tribe	Dawn Gomez, Tribal Chair; Melvinjohn Ashue, Tribal Vice Chair
Jamestown S'Klallam Tribe	Theresa Lehman, Tribal Councilmember; Brent Simcosky, Health Director
Kalispel Tribe of Indians	Alexandria Desautel, Healthcare Administrator
Lummi Nation	Nickolaus Lewis, Tribal Councilmember; Henry Cagey, Tribal Councilmember (Tyler Anderson)
Makah Tribe	Nathan Tyler, Tribal Councilmember
Muckleshoot Indian Tribe	(David Hoffman, Chief Medical Officer)
Nooksack Indian Tribe	Rick George, Tribal Vice Chair
Quileute Nation	James Jackson, Sr., Tribal Councilmember
Samish Indian Nation	Dana Matthews, Tribal Councilmember
Sauk-Suiattle Indian Tribe	Rachele Sullivan, Interim Health Director
Shoalwater Bay Indian Tribe	Charlene Nelson, Tribal Chair
Squaxin Island Tribe	Vicki Kruger, Tribal Councilmember; Connie Whitener, Health Services Director
Stillaguamish Tribe of Indians	Jessie Adair, Health Director
Suquamish Tribe	Robin Sigo, Tribal Councilmember; Andrew Shogren, Health Director
Swinomish Indian Tribal Community	Cheryl Rasar, Health Director (Rachel Sage, Tribal Attorney)
Upper Skagit Indian Tribe	Marilyn Scott, Tribal Vice Chair
NATIVE Project of Spokane	Toni Lodge, Executive Director
Seattle Indian Health Board	(Francesca Murnan, Government Affairs Manager)
American Indian Health Commission for Washington State (Commission)	Vicki Lowe, Executive Director (Charlene Abrahamson, Consultant; Heather Erb, Legal Consultant; Cindy Gamble, Tribal Community Health Consultant; Maria Gardipee, Legislative Consultant; Jan Ward Olmstead, Consultant; Lou Schmitz,

Minutes of November 6, 2019 Meeting
 Governor’s Indian Health Advisory Council

	Consultant; Wendy Stevens, Public Health Consultant)
Northwest Portland Area Indian Health Board (Board)	Joseph Finkbonner, Executive Director (Sue Steward, Community Health Aide Program Director)
Department of Commerce	(Ernest Rasmussen, Tribal Liaison)
Department of Corrections (DOC)	Nancy Dufraine, Director of Tribal Relations
Department of Health (DOH)	John Wiesman, Secretary (Tamara Fulwyler, Tribal Relations Director)
Department of Social and Health Services (DSHS)	Cheryl Strange, Secretary (Tim Collins, Senior Director of the Office of Indian Policy; Marietta Bobba, Tribal Affairs Administrator; Zephyr Forest, Tribal Liaison; Brady Rossnagle, Tribal Relations Administrator)
Health Benefits Exchange (HBE)	Molly Voris, Chief Policy Officer (Deborah Sosa, Tribal Liaison)
Health Care Authority (HCA)	MaryAnne Lindeblad, Medicaid Director (Jessie Dean, Tribal Affairs Administrator; Elizabeth Glavish, Communications Consultant; Melissa Livingston, Policy Analyst; Jason McGill, Assistant Director; Lucilla Mendoza, Tribal Behavioral Health Administrator; Lena Nachand, Medicaid Transformation Tribal Liaison)
Office of the Insurance Commissioner (OIC)	Steve Valandra, Deputy Commissioner for Public Affairs and Tribal Liaison
Governor’s Office	Rashi Gupta, Senior Health Policy Advisor (Amber Leaders, Senior Forensic Mental Health and Behavioral Health Policy Advisor)
State Senate Majority Caucus	John McCoy, State Senator
State House of Representatives Minority Caucus	Gina Mosbrucker, State Representative

Advisory Council Members Not Represented

Confederated Tribes of the Chehalis Reservation	Indian Health Service (IHS) Portland Area Office
Lower Elwha Klallam Tribe	
Nisqually Indian Tribe	IHS Colville Service Unit
Quinault Indian Nation	IHS Wellpinit Service Unit
Skokomish Indian Tribe	IHS Yakama Service Unit
Snoqualmie Indian Tribe	Office of the Superintendent of Public Instruction
Spokane Tribe of Indians	
Tulalip Tribes of Washington	State House of Representatives Majority Caucus State Senate Minority Caucus

2:30 PM Call to Order/Tribal Protocol and Welcome
Jessie Dean, Meeting Chair

The meeting was called to order by Jessie Dean, HCA Tribal Affairs Administrator. The Honorable Vicki Kruger, Squaxin Island Tribal Councilmember, gave the opening blessing.

2:35 PM Roll Call/Introductions

Jessie Dean, Meeting Chair

The meeting was convened, roll call was taken, and Advisory Council members and guests introduced themselves. The Advisory Council approved Jessie Dean to serve as chair of the meeting.

2:45 PM Proposal A: Council Charter and Minutes

Jessie Dean, Meeting Chair

The proposed Advisory Council Charter and August 14, 2019 meeting minutes were reviewed, discussed, and adopted.

2:50 PM Schedule December 2019 Meeting

Jessie Dean, Meeting Chair

The date, time, and location for the third Advisory Council meeting was set for December 6, 2019, 9:00 a.m. to Noon, at the HCA Sue Crystal Conference Center in Olympia, Washington with webinar access.

3:00 PM Discussion: Indian Health Care Delivery System and the State Delivery System

Jessie Dean and Vicki Lowe

Facilitated and open discussion was held on suggested readings regarding the Indian health system, American Indian and Alaska Native (AI/AN) health disparities and historical trauma, the Involuntary Treatment Act, and long-term civil commitment and other tribal concerns.

- Tribal representative expressed concern that Senate Bill 5181 (enacted in 2019) requires individuals who are detained for 72-hour evaluation and treatment to surrender their firearms to the local authorities. This could interfere with subsistence hunting and ignores tribal sovereignty. It was noted some tribes have entered into memoranda of agreement with county sheriffs or municipal police so that designated crisis responders may coordinate with tribal, county, and municipal law enforcement. Crisis coordination plans may begin to address this and other situations related to involuntary and involuntary inpatient behavioral health treatment.
- Tribal representative expressed hope that relationships with counties may be improved to develop crisis coordination plans where none yet exist.
- Tribal representative encouraged the legislature to pass House Bill 1317 regarding Dental Health Aide Therapists. HCA noted the appeal to CMS awaits a decision. In the meantime, the state appropriated over \$6 million through June 30, 2021 to reimburse for DHAT services provided to Medicaid-enrolled clients.
- Tribal representative reflected on extreme push-back from a citizen's group against a new tribal medication assisted treatment facility. It was requested that the governor's office and state agencies engage in a public messaging campaign to ameliorate the stigma of behavioral health services.
- Tribal representative noted the importance of regional tribal collaboration on Tribal FQHC affiliate agreements.

3:35 PM Discussion: Medicaid Managed Care and Indian Health Care Providers (IHCPs)

Jessie Dean and Vicki Lowe

Facilitated and open discussion was held on concerns with Medicaid managed care.

- Commission discussed survey results from Indian health care programs on managed care entities, which include managed care organizations (MCOs). These results and the associated report, as well as proposed MCO performance standards, are posted at <https://aihc-wa.com/medicaid-system/>.
- HCA shared that the agency plans to hold Tribal Consultation on the agency's forms of agreement with MCOs and with Behavioral Health Administrative Service Organizations (BHASOs). HCA will be sending letters to Tribal Chairs and IHCP leaders with links to the current versions of agency's forms of agreement, with the intent to amend the agreements to address tribal concerns and implement the amendments effective July 1, 2020.
- Non-tribal IHCP representative commented on the difficulty of removing auto-assigned non-Native clients from the clinic roster.
- Tribal representative reported that MCOs do not list IHCPs on their websites as participating providers.
- Tribal representative reported that some MCO contracts do not offer the Indian Addendum until it is asked for and every MCO has different credentialing requirements and processes, which leads to unnecessary administrative burdens for enrolling with up to five MCOs.
- Commission requested to develop a workgroup to implement a Tribal MCO plan that honors federal managed care rules and the Tribal Centric Behavioral Health Plan, avoiding the necessity of contracting with MCOs.
- HCA introduced three possible solutions to improve Medicaid managed care for tribes and other IHCPs:
 - **Specialized Managed Care Program.** HCA contracts with one MCO to offer (without mandatory enrollment) managed care services to all AI/AN Medicaid clients and their non-AI/AN Medicaid household members.
 - **Indian Managed Care Entity.** Tribes and other IHCPs establish an Indian Managed Care Entity (IMCE) through a joint venture with an MCO, where the tribal/IHCP consortium has control over the IMCE; HCA then contracts with that IMCE to offer (without mandatory enrollment) managed care services to all AI/AN Medicaid clients and, if the tribal/IHCP consortium agrees, their non-AI/AN Medicaid household members.
 - **Three-Party Managed Care Agreement.** In Wisconsin, when tribes were forced to contract with MCOs as part of the state's transition to mandatory managed care for long-term services and supports, the tribes negotiated three-party contracts where the tribes, the state, and the MCO were all parties to the agreement.

At the end of the discussion, the following steps were agreed upon for the next meeting:

- HCA will prepare and circulate briefing papers on these three possible solutions to improve Medicaid managed care for tribes and other IHCPs before the next meeting.
- Commission will disaggregate the results of their managed care survey to include only the data on MCOs (excluding the data on the Behavioral Health Organizations, which will cease to operate after December 31, 2019) and that HCA would present the disaggregated survey results to the leaders of the MCOs.

4:30 PM Discussion: Proposed Bill Amending the Involuntary Treatment Act

Jessie Dean and Vicki Lowe

Facilitated and open discussion was held on the Commission's plans to prepare a bill to address various issues with the state's behavioral health system.

- Commission noted that the work of the Tribal Evaluation and Treatment (E&T) Workgroup recommendations inspired the proposed bill. The goal of the bill will be to remove barriers to access to behavioral health care through legislation, as well as programmatic and operational changes. IHCPs need better access to funding for crisis services, along with the ability for designated crisis responders (DCRs) to be appointed by tribal governments on request. Commission invited more tribal representation on the Tribal Centric Behavioral Health Advisory Board to implement the plan to site and stand up a Tribal E&T facility.
 - Tribal representative expressed concern that non-Medicaid crisis funding is in serious crisis. There are not enough resources to meet state population crisis needs. Tribal representative requested the Governor declare a state of emergency for crisis behavioral health inpatient treatment.
 - Tribal representative shared that there is a critical lack of secure withdrawal management services on and within reasonable driving distance from the Colville reservation. Transportation is also a challenge with such a large reservation that is divided into four regions. Tribal representative asked for the tribe's reservation to be recognized as a single region, instead of being split into two regions and having to work with two BHASOs and different MCOs.
 - Tribal representative shared that there is also a critical lack of secure withdrawal management services on and within reasonable driving distance from the Lummi Nation, and there is interest in building a secure withdrawal management facility under the control of tribes.
 - Tribal representative shared that there is also a critical lack of secure withdrawal management services on and within reasonable driving distance from the Makah reservation. Facilities in the area do not accept Medicaid.
 - Legislator commented that a task force will assemble to work on a strategy to address youth suicide. It will lay out youth suicide numbers, demographics, and causes; it is important to include tribal youth suicides and share their stories as tribes and their families permit.
 - Commission responded that tribal leaders, HCA, and the governor's office staff should collaborate on the task force.
 - DOH commented that DOH staff will share findings from their vital statistics system.
 - Legislator advised tribal leaders to reach out to their own Washington state legislators to request capital budget appropriations to build and establish secure withdrawal management facilities.
 - DOH suggested that, with such a large and complex system as the state's health care delivery, a graphic would be helpful that illustrates the entire health care delivery system and that helps to focus on different aspects of the system as needed.
- At the end of the discussion, the following steps were agreed upon for the next meeting:
- Commission will prepare proposed legislation, with HCA feedback, which HCA will circulate before the next meeting.

5:15 PM Closing/Adjournment.

Jessie Dean

The Honorable Charlene Nelson, Shoalwater Bay Tribal Chair, gave the closing blessing, and the Advisory Council meeting adjourned.