

HCA-DOH Monthly Tribal Meeting

February 6, 2019



Agenda

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|----------|---|
| 9:00 AM | Welcome, Webinar Check, Introductions, Blessings |
| 9:15 AM | DOH Updates |
| 9:30 AM | HCA Updates <ul style="list-style-type: none">• Tribal Opioid Response Workgroup• Upcoming Conferences• HCA-Tribal Contracting• HCA-Tribal Consultation Policy• New GovDelivery Email Address for HCA Notices to Tribes• Tribal FQHC Medicaid State Plan Amendment (SPA)• Northwest (Region 10) Technology Transfer Centers |
| 10:00 AM | Substance Use Disorder Peer Support Medicaid SPA Tribal Roundtable #1 |
| 11:00 AM | Tribal Evaluation & Treatment (E&T) Plan Recommendations Presentation |
| Noon | Open Session |
| 12:30 PM | Adjourn |

Tamara Fulwyler, DOH Tribal Relations Director

DOH Updates



Jessie Dean, HCA Tribal Affairs Administrator

Lucilla Mendoza, HCA Tribal Behavioral Health Administrator

HCA Updates



SAMHSA - Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program

- ▶ Application Due Date: Monday, March 18, 2019
- ▶ SAMHSA is accepting applications for Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program (GLS State/Tribal Youth Suicide). The purpose of this program is to support states and tribes with implementing youth suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use programs, mental health programs, foster care systems, and other child and youth-serving organizations.
- ▶ It is expected that this program will:
 - ▶ Increase the number of youth-serving organizations who are able to identify and work with youth at risk of suicide.
 - ▶ Increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide.
 - ▶ Improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units.
- ▶ SAMHSA plans to issue 26 grants of up to **\$736,000** per year for up to 5 years.
- ▶ <https://www.samhsa.gov/grants/grant-announcements/sm-19-006>

Upcoming Conferences

▶ Spring Youth Forum – Prevention Peer to Peer Conference

- ▶ Save the date – May 22, Grand Mound, WA
- ▶ Scholarship application open February 18
- ▶ Registration and application - <http://springyouthforum.org/>



▶ 2019 Student Support Conference – Better Together

- ▶ Save the date – May 22-24, Wenatchee, WA
- ▶ Registration - bit.ly/StudentSupport2019



Upcoming Conferences

▶ Tribal Behavioral Health Conference

- ▶ Save the Date – April 3-4, Tulalip Resort, Tulalip, WA
- ▶ Scholarships available
- ▶ Registration and application –
<http://www.northsoundbho.org/tribal>



▶ 18th Annual Saying It Out Loud Conference

- ▶ Save the date – April 29, Tacoma, WA
- ▶ Online registration open February
- ▶ Updates at SayingItOutLoud.org



Join our featured speaker
Dr. Leticia Nieto
Psy.D., LMFT

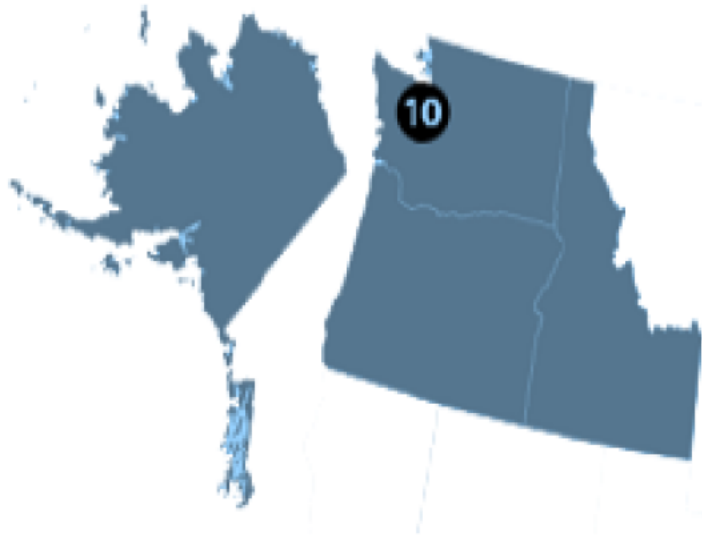


Additional HCA Updates

- ▶ *HCA-Tribal Consultation Policy*
- ▶ *HCA-Tribal Contracting*
- ▶ *Tribal FQHC Medicaid State Plan Amendment (SPA)*
- ▶ *New GovDelivery Email Address for HCA Notices to Tribes*

SAMHSA Regional Technical Centers

Region 10 TTC



- UW – ATTC
 - Co-Directors: Bryan Hartzler and Denna Vandersloot
- UW –PTTC
 - Director, Kevin Haggerty
- UW – MHTTC
 - Co-Directors: Lydia Chwastiak and Maria Monroe-DeVita

Northwest Mental Health Technology Transfer Center (NW-MHTTC)

- ▶ Purpose: support resource development and dissemination, training and technical assistance, and workforce development to behavioral health providers and allied professionals.
- ▶ Work with organizations and providers to strengthen their capacity to deliver effective practices to individuals, including the full continuum of services spanning mental illness prevention, treatment, and recovery support.
- ▶ School Mental Health Supplement for Year 1.
- ▶ Funding for this 5-year collaborative agreement began on August 15, 2018, and we began providing services November 15, 2018.
- ▶ <http://mhttcnetwork.org/mhttc.html>

Northwest Prevention Technology Transfer Center (NW - PTTC)

- ▶ Purpose: develop and disseminate prevention tools and strategies needed to reduce substance misuse. This includes providing training, technical assistance, and learning resources to substance abuse prevention practitioners to improve their understanding and application of prevention science. For example, we can help you:
 - ▶ Use epidemiological and other types of data to guide prevention planning
 - ▶ Build and strengthen effective coalitions and collaborations
 - ▶ Select, implement, and evaluate evidence-based prevention programs, policies, and practices
 - ▶ Develop tools and resources to engage the next generation of prevention professionals
 - ▶ Identify and address health disparities
 - ▶ <http://www.nwpttc.org/>

NW Technology Transfer Centers

- ▶ PTTC and MHTCC looking to identify Tribal leaders to participate their Advisory boards
- ▶ Northwest Prevention Technology Transfer Center (PTTC) Workforce Needs Assessment Survey
<https://www.surveymonkey.com/r/NWPTTC> Prevention Workforce Assessment

American Indian/Alaskan Native Opioid Response Workgroup (AI/AN ORW)

- ▶ Upcoming meeting – February 19, 2019 at the Health Care Authority, Cherry Street Plaza Apple Room, 2pm -4pm (space limited, please RSVP)
- ▶ Register for webinar:
<https://attendee.gotowebinar.com/register/5896703246180313858>
- ▶ Meeting Agenda Draft Items
 - ▶ Development of Indigenous Methodology for Assessment
 - ▶ Workgroup Charter Draft
 - ▶ 2019 Opioid Response Legislation, HB 1331 Concerning opioid use disorder treatment, prevention, and related services. Companion Bill SB 5380

Pattie Marshall, HCA Peer Support Program Administrator

Teesha Kirschbaum, HCA Recovery Support Services Supervisor

SUD Peer SPA Roundtable #1



SUD Peer SPA Background

Reasons for this Amendment:

- ▶ Allows state to use Medicaid funds for SUD Peer Support
- ▶ Current state plan only allows MH Peer Support
- ▶ 2017 Legislative Mandate to seek a Peer SUD SPA

SPA 19-0003 Adds specific language to the behavioral health portion of the state plan.

SPA 19-0006 Authorizes MCOs to cover the new service described in 19-0003.

Current Mental Health Peer SPA Service Definition

Mental Health Section of the State Plan 13(d)(c)(i)(c)

Peer Support: Services provided by peer counselors to Medicaid enrolled individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote recovery, self-advocacy, development of natural supports, and maintenance of community living skills.

Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan which delineates specific goals that are flexible, tailored to the consumer, and attempt to utilize community and natural supports. Progress notes document consumer progress relative to goals identified in the Individualized Service Plan and indicates where treatment goals have not yet been achieved.

Peer support is available daily no more than four hours per day. The ratio for this service is no more than 1:20 for group size.

Current Mental Health Peer SPA Service Definition cont...

Mental Health section of the state plan--13(d)(c)(vi)

“Peer Counselor” means the individual who: has self-identified as a consumer or survivor of mental health services; has received specialized training provided/contracted by the Mental Health Division; has passed a written/oral test, which includes both written and oral components of the training; has passed a Washington State background check; has been certified by the Mental Health Division; and is registered as a counselor with the Department of Health.

Peer Counselors must demonstrate:

- ▶ That they are well grounded in their own recovery for at least one year;
- ▶ Willingness to a pretest for reading comprehension and language composition; and,
- ▶ Qualities of leadership, including governance, advocacy, creation, implementation or facilitation of peer-to-peer groups or activities.

Proposed SUD Peer SPA Language Service Definition

The following language is added to the SUD section of the state plan--13(d)(c)(i)(C)

Peer Support: Services provided by peer counselors to Medicaid enrolled individuals under the consultation, facilitation or supervision of a chemical dependency professional who understands rehabilitation and recovery. This service provides scheduled activities that promote recovery, self-advocacy, development of natural supports, and maintenance of community living skills.

Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan which delineates specific goals that are flexible, tailored to the consumer, and attempt to utilize community and natural supports. Progress notes document consumer progress relative to goals identified in the Individualized Service Plan and indicates where treatment goals have not yet been achieved.

Peer support is available daily no more than four hours per day. The ratio for this service is no more than 1:20 for group size.

Proposed SUD Peer SPA Language Service Definition cont...

The following language is added to the SUD section of the state plan--13(d)(c)(vi):

“Substance Use Peer Counselor” means the individual who: has self-identified as in recovery from substance use disorders; has received specialized training provided or contracted by the Division of Behavioral Health and Recovery; has passed a test, which includes both written and oral components of the training; has passed a Washington State background check; and obtains and maintains a counselor credential with the Department of Health, and has been certified by the Division of Behavioral Health and Recovery.

Peer Counselors must demonstrate:

- ▶ That they are well grounded in their own recovery for at least one year;
- ▶ Willingness to a pretest for reading comprehension and language composition; and,
- ▶ Qualities of leadership, including governance, advocacy, creation, implementation or facilitation of peer-to-peer groups or activities.

Recovery Coaches who self-identify as a person in recovery and who complete the necessary “bridge training” are eligible to participate in the certified peer counselor certification process.

SUD Peer SPA Timelines

Tribal Roundtables scheduled on **February 6 and 13**

Tribal Consultation scheduled for **February 25**

- ▶ Public comment period closes March 9, 2019
- ▶ Scheduled Submission to CMS by March 31, 2019
- ▶ Anticipated CMS Approval by June 30, 2019
- ▶ Implementation Date TBD, pending successful legislative funding allocation.

Questions?

Please submit comments to:

Richard.VanCleave@hca.a.gov

(360) 725-1904

Other questions?

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Division of Behavioral Health and Recovery

Pattie.Marshall@hca.wa.gov

Tel: (360) 725-1963



Lucilla Mendoza, HCA

Charlene Abrahamson, American Indian Health Commission

Vicki Lowe, American Indian Health Commission

Tribal Evaluation & Treatment Overview – Draft Report

Tribal Evaluation and Treatment Overview

Draft Report

Charlene R. Abrahamson, AIHC

Vicki Lowe, AIHC

Lucilla Mendoza, HCA



American Indian Health Commission
for Washington State

About Us

Pulling Together for Wellness

We are a Tribally-driven, non-profit organization providing a forum for the twenty-nine tribal governments and two urban Indian health programs in Washington State to work together to improve health outcomes for American Indians and Alaska Natives.

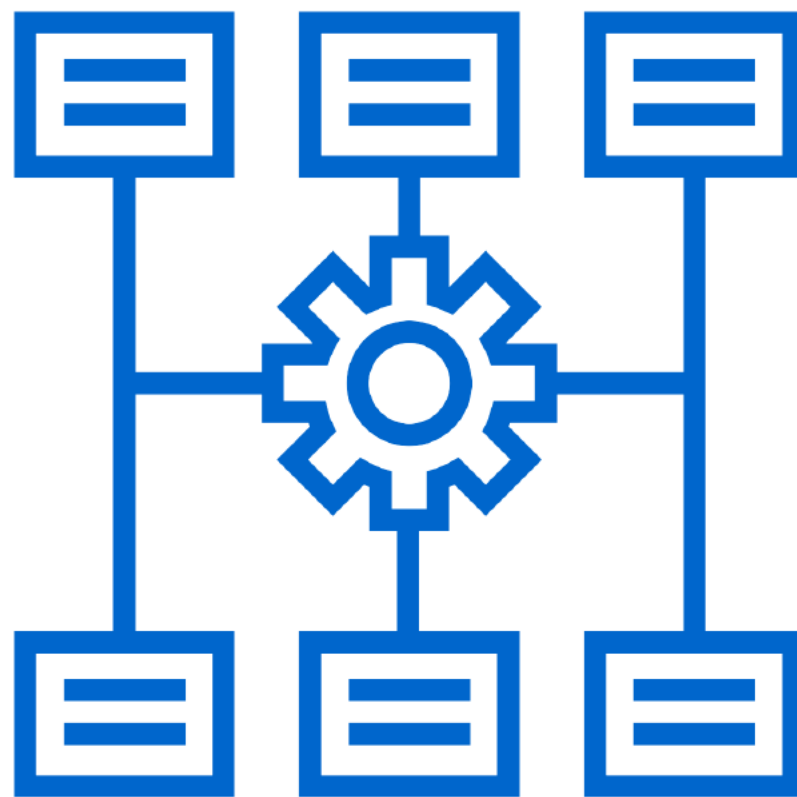


Overview of E&T Workgroup Project

- ▶ Tribal Centric Behavioral Health Workgroup – Development of the Report to the Legislature 2013
- ▶ 1915b Roundtables and Consultation 2015/2016
- ▶ Proviso for development of E&T Workgroup 2017-2019
 - ▶ Workgroup overview
 - ▶ Governance Subcommittee
 - ▶ Facilities and Siting Subcommittee
 - ▶ Funding and Operational Costs Subcommittee
 - ▶ Laws and Regulations Subcommittee
 - ▶ Cultural and Clinical Practices Subcommittee



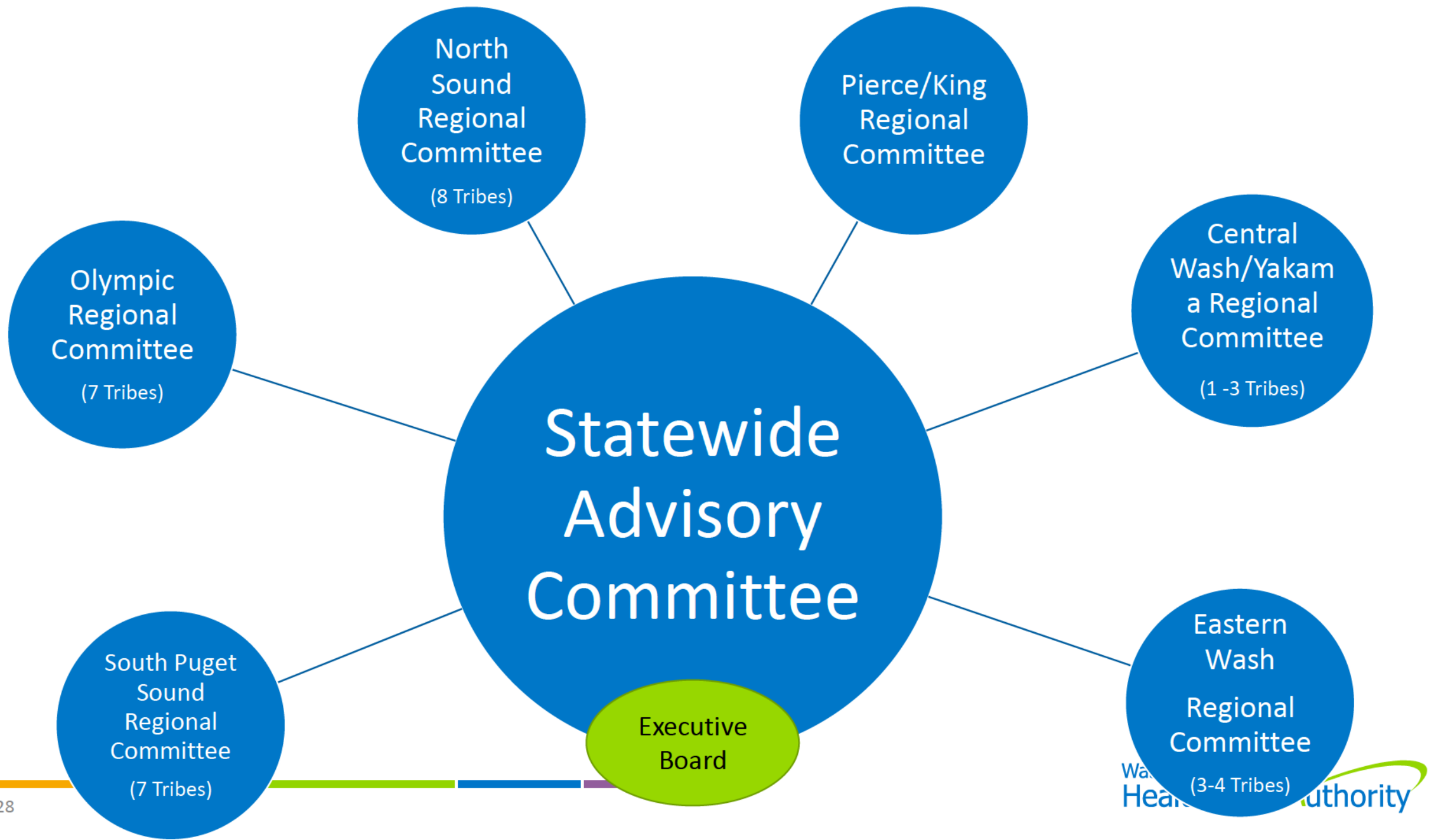
Section 1: Governance Structure for Management of Facility



Recommendations Governance for Management of Facility

- ▶ Move forward with the development of a Statewide advisory/consortium and board/committee to inform the management of the development and oversee the Tribal E&T/Secure Detox Facility.
 - ▶ Transform the Tribal E&T workgroup into board.
 - ▶ Begin development of governance structure.
 - ▶ Advisory/consortium to make decisions on implementation of final plan.





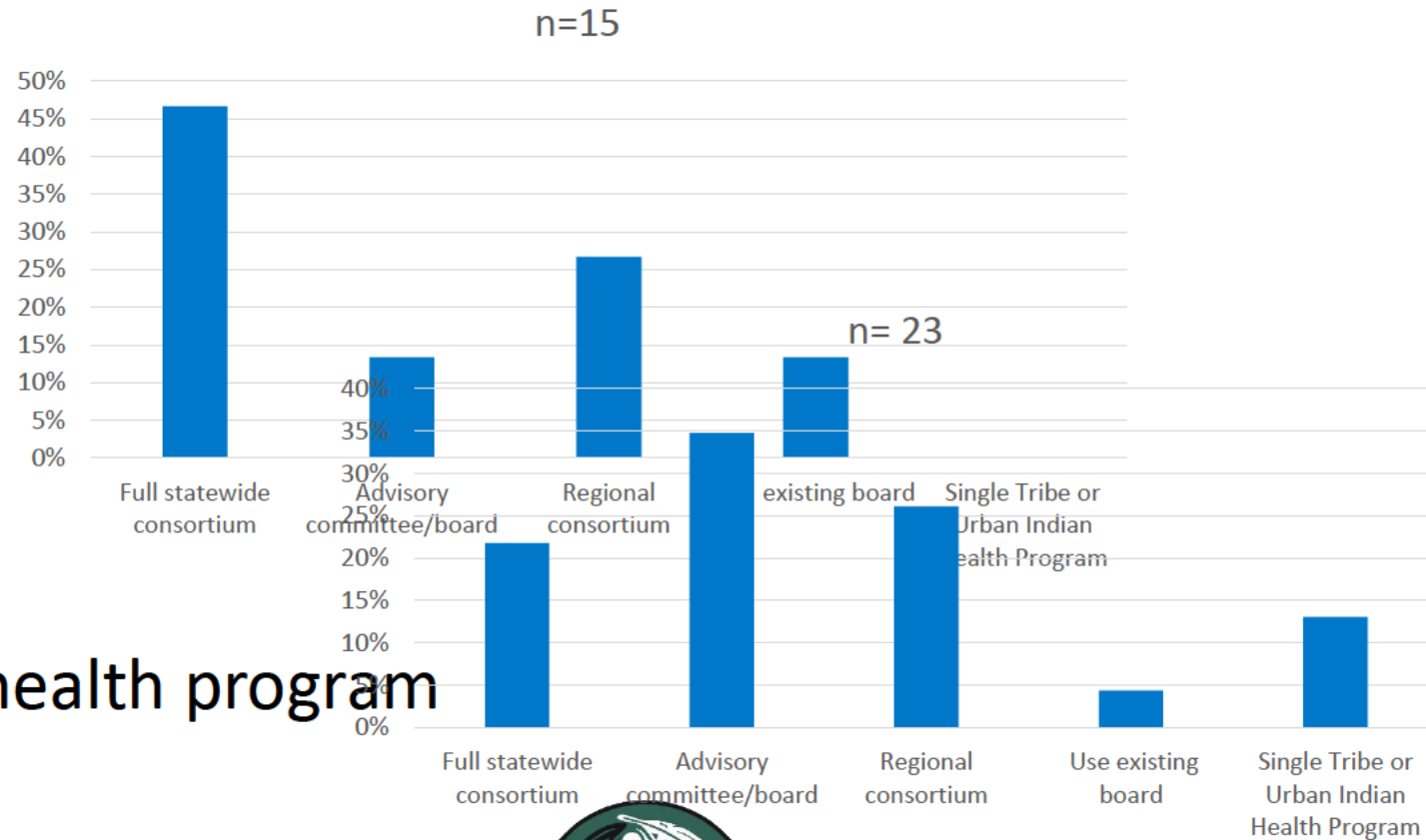
Governance Structure Examples

- ▶ **Full statewide consortium:** Representatives, designated by formal letter or resolution, participate on a statewide consortium to manage facility.
- ▶ **Advisory committee/board:** Less formal advisory committee to influence work of the facility. This is more advisory in nature without liabilities borne by a consortium.
- ▶ **Regional consortium:** Development of regional consortium to regionalize facilities or crisis services.
- ▶ **Regional advisory committee:** Advisory committee for regional facility.
- ▶ **Use existing board:** Use existing board to advise or manage facility including organizations such as the AIHC, HL7N, NWIHB, etc.
- ▶ **Single Tribe or Urban Indian Health Program:** Single Tribe to take full responsibility for management of the facility.

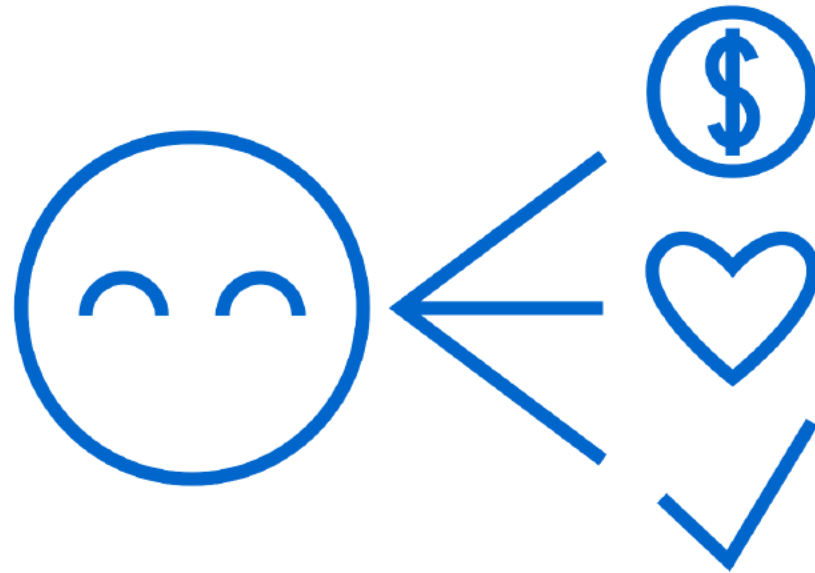


Recommendations on Governance Structure

- ▶ Full statewide consortium
- ▶ Advisory committee/board
- ▶ Regional consortium
- ▶ Regional advisory committee
- ▶ Use existing board
- ▶ Single Tribe or Urban Indian health program



Section 2: Type of Facility



Recommendations – New, Renovated, Contracted

▶ Address Immediate Needs

- ▶ Increase access to beds by working regionally to contract for beds at E&T and Secure Detox facilities to address immediate access needs.
- ▶ AIHC to develop contract template and funding mechanism to contract beds with entities interested in contracting.

▶ Develop Tribal E&T/Secure Detox Facility

- ▶ If possible, identify facility that can be renovated to save on costs and time for the development of a facility. If not available, build brand new facility.
- ▶ *Currently there are no available facilities to renovate



Recommendations – Type of Facility

- ▶ Develop a pilot to stand up an evaluation and treatment facility for both mental health and substance use disorders. (Tribal E&T/Secure Detox 16 beds)
- ▶ Subcommittee prioritized facility be licensed for adults.
- ▶ Subcommittee prefers site to be on tribal land.
- ▶ Subcommittee prefers site to be in or near an urban setting.
- ▶ Subcommittee recommends that the facility use the Northwest Intertribal Court System to oversee the ITA hearings.

*bullets 3-5 are dependent on identified location



Prioritize Evaluation and Treatment Facility

Pros	Cons
In alignment with funding provided by Legislature to develop a plan for Tribal E&T facility.	No longer an imminent and immediate need
Need for access to evaluation and treatment facilities to address mental health concerns for individuals who are harm to self, harm to others, property, and grave illness.	Tribal partners have expressed the need for a Secure Detox at workgroups and at the 2018 Centennial Accord.
BHOs and other agencies are supportive of Tribal efforts. This can facilitate learning from their experience, policies, and procedures.	



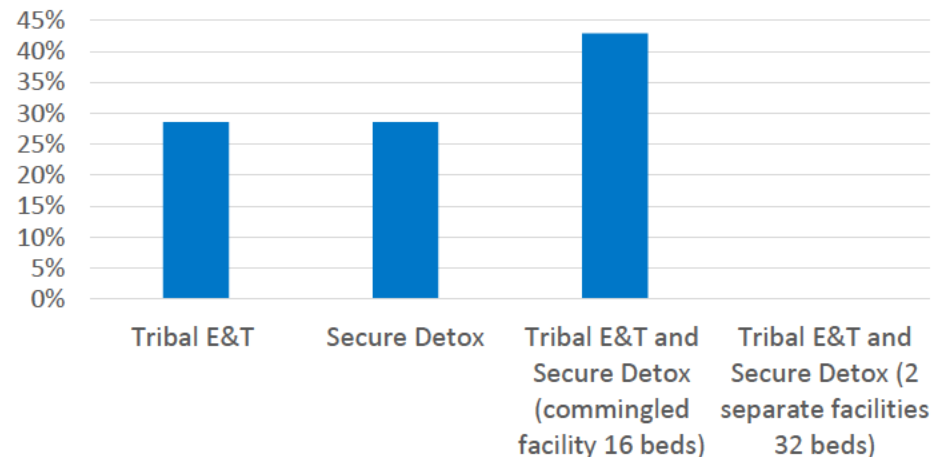
Prioritize Secure Detox

Pros	Cons
Tribal leaders, providers, and Tribal members emphasized need for access to secure detox.	Will initial funding be more likely for a Tribal E&T or a Tribal Secure Detox?
BHOs and other agencies are supportive of Tribal efforts. This can translate into learning from their experience and policies and procedures.	State funded workgroup to develop a plan specifically for a Tribal E&T facility, and plans will still have to move toward an E&T to comply with funding structure.
Addresses a wide array of concerns for AI/ANs in WA, including opioid overdose.	
Secure Detox stand-up will provide a needed structure and experience before Tribal E&T stand-up.	
State goal of building capacity for nine secure detox facilities in response to Ricki's Law by 2026	

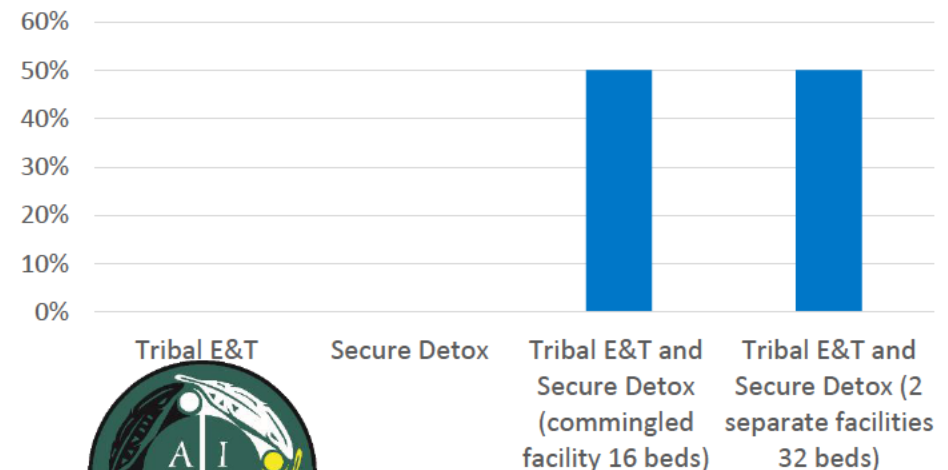
Tribal E&T vs Secure Detox Facility

- ▶ Tribal E&T Facility (Mental Health - MH)
- ▶ Secure Detox (Substance Use Disorder - SUD)
- ▶ Tribal E&T and Secure Detox (commingled facility 16 beds)
- ▶ Tribal E&T and Secure Detox (2 separate facilities 32 beds)

n=7



n=4



Washington State
Health Care Authority

Additional decisions on facility and siting

Tribal Land Vs Non-tribal Land	n=3
Tribal Land	67%
Non-tribal Land	33%

Youth Vs Adult	n=3
Youth	33%
Adult	67%

Rural Vs Urban	n=3
Rural	33%
Urban	67%

Court System	n=3
Tribal Court	33%
Non-tribal Court	0%
Northwest Intertribal Court System	67%

Section 7: Location Recommendations to Date



Which region do you think would be best to develop 1st E&T/SWM Facility? (1st Choice)

- ▶ North Sound Region
- ▶ Olympic Region
- ▶ South West Region
- ▶ Spokane Region
- ▶ Central Washington Region
- ▶ King County/Pierce County Region
- ▶ North Central Region



Q. What would you recommend the workgroup prioritize?

- ▶ Support projects in development
- ▶ Support new project separate from those currently in development



Support projects in development

Q. a. If you chose “Support projects in development” prioritize which area for first project to support:

- ▶ Lummi Nation – New or renovated facility (secure detox)
- ▶ Jamestown – New MAT Therapy with BH beds
- ▶ Astria Hospital – Secure detox or E&T
- ▶ North Sound – Add wing to facility for AI/AN
- ▶ Healing Lodge of the Seven Nations – youth facility

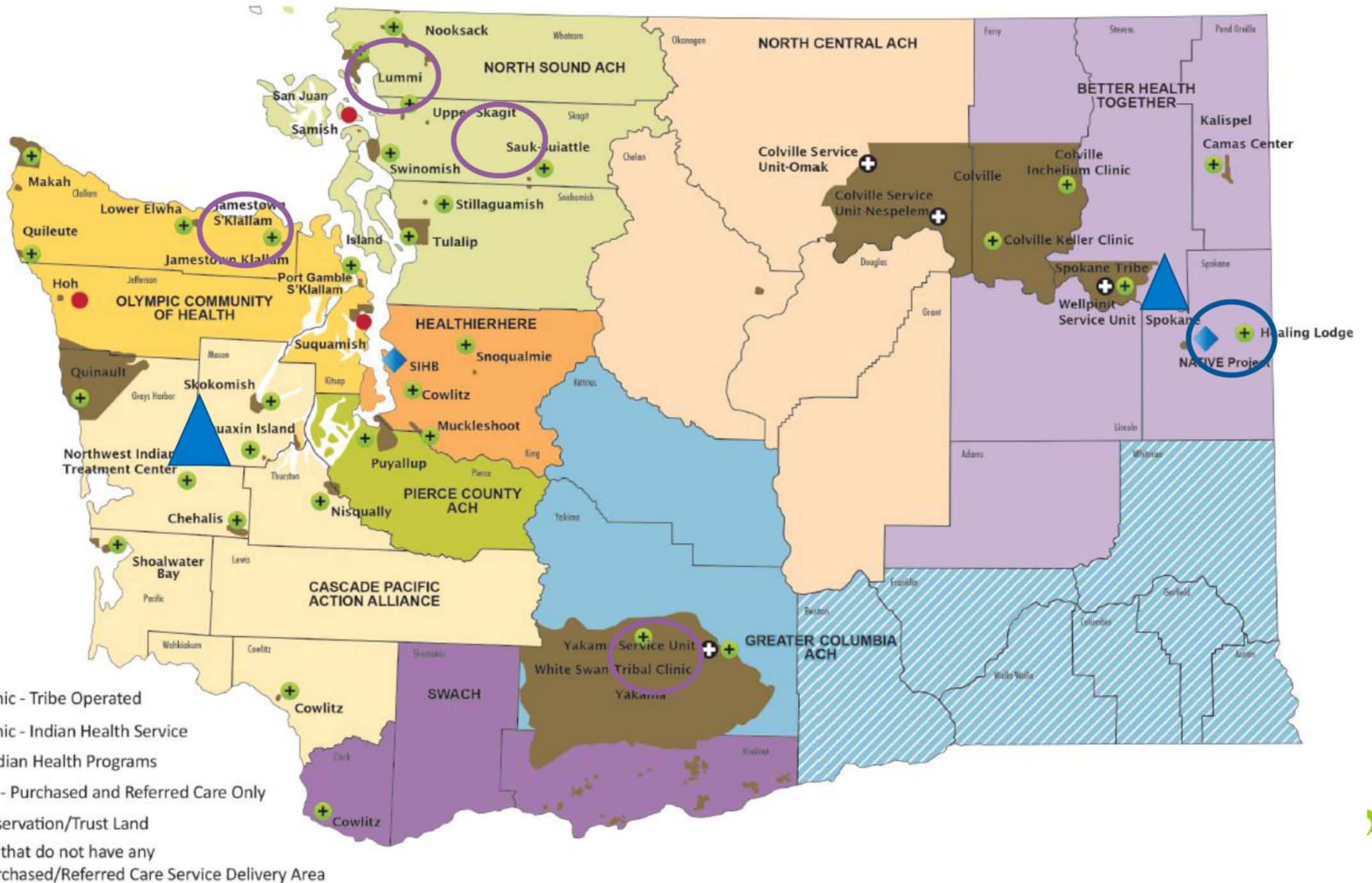


Support new projects

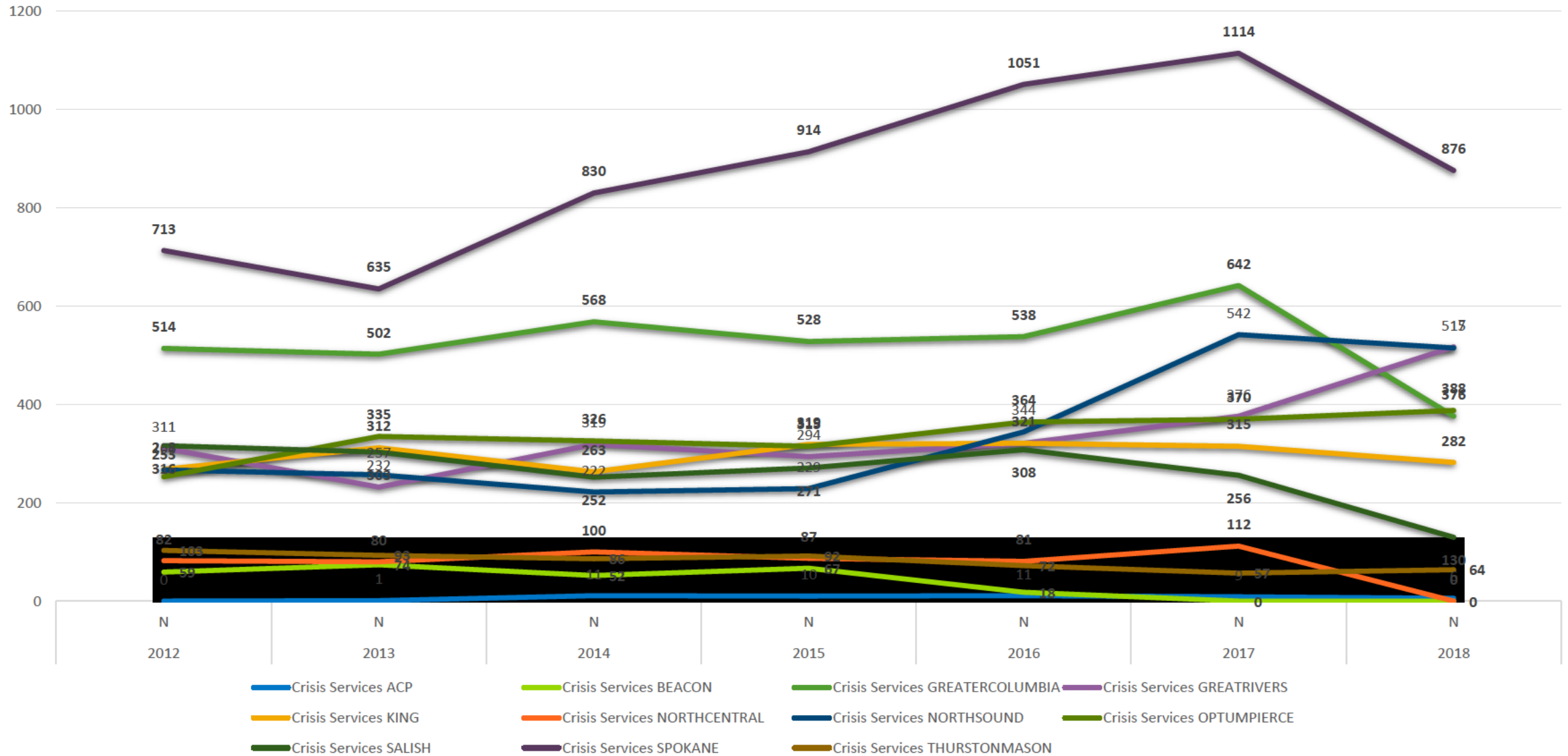
Q. b. If you chose “Support new project separate from those currently in development” which area should this workgroup prioritize first to support?

- ▶ Thurston/Mason – Unincorporated
- ▶ Pierce County

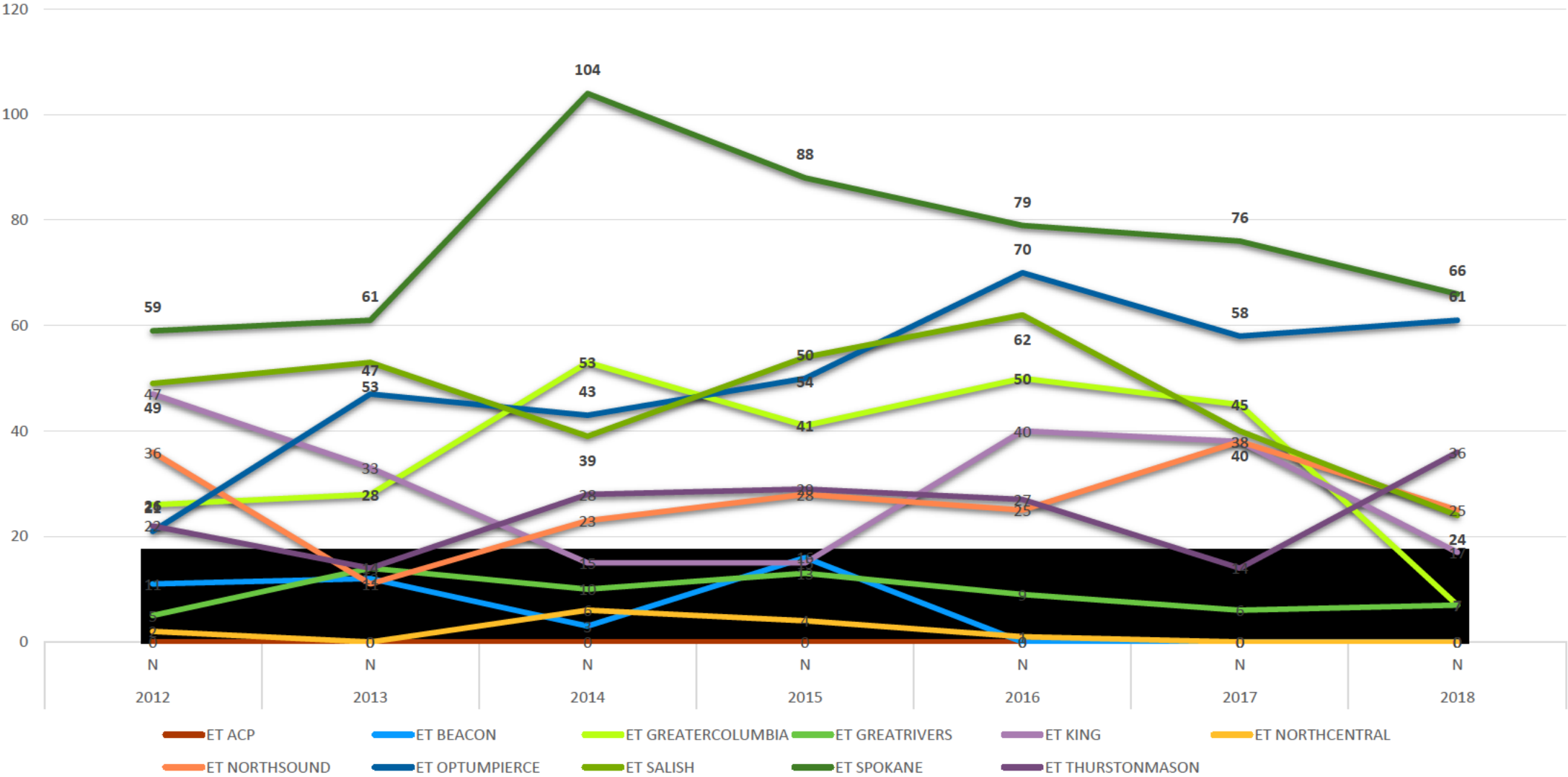




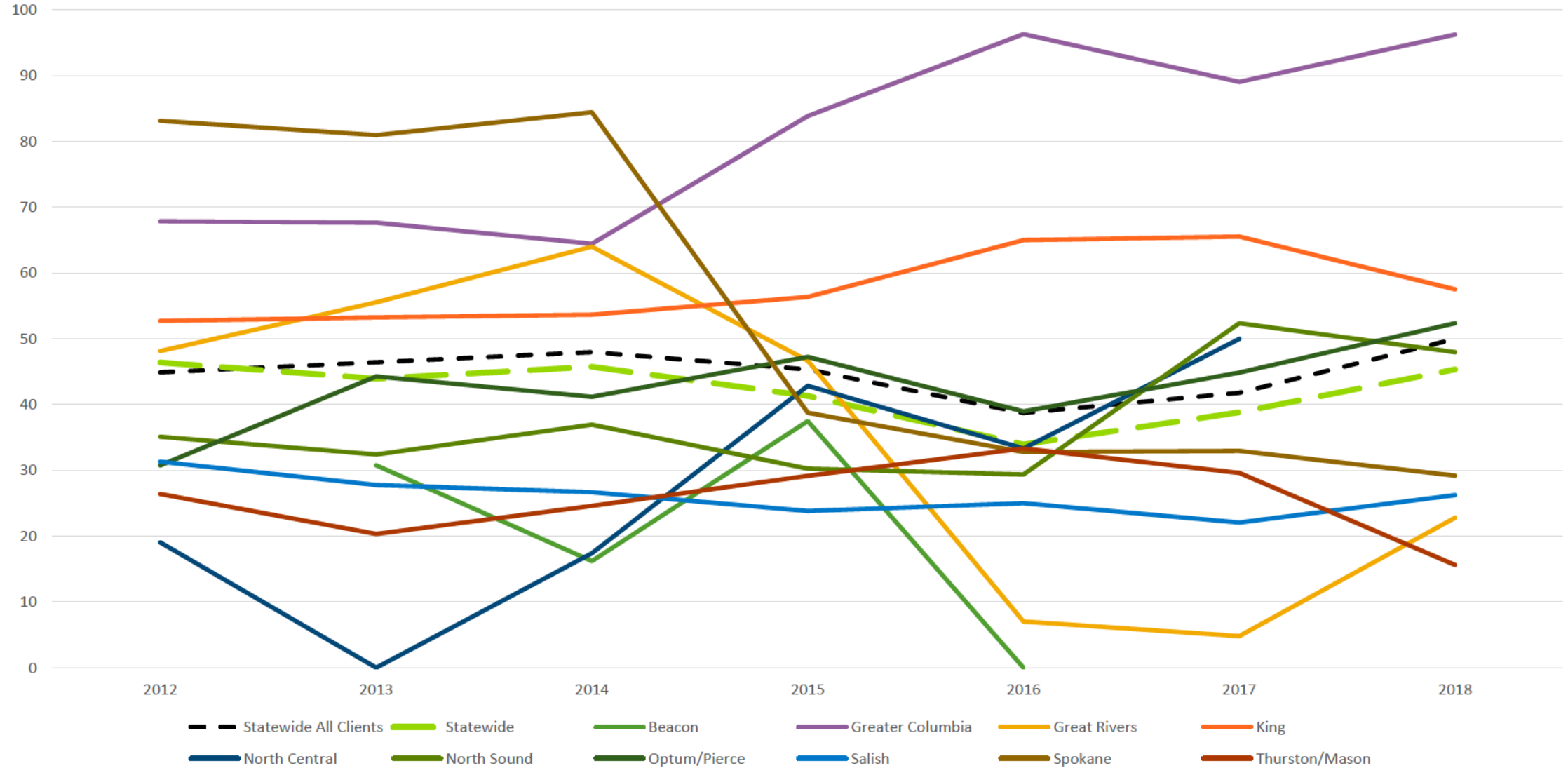
American Indian/Alaskan Native Crisis Services by BHO Region 2012 - 2018



American Indian/Alaskan Native E&T Facility Stays by BHO Region 2012-2018



American Indian/Alaskan Native Detention Rates Versus State Rate 2012 - 2018



Medicaid Enrollees Readmitted within 30 Days of Discharge from Inpatient Psychiatric Treatment

	AI/AN			non-AI/AN		
Calendar Year	Percentage	Numerator	Denominator	Percentage	Numerator	Denominator
2015	10.1%	23	227	12.4%	561	4,513
2016	7.2%	16	223	11.7%	627	5,347
2017	10.4%	26	250	12.1%	652	5,381

*Performance measure does not include
children dual eligibles

Section 3: Funding Resources to Support Stand Up Costs



Recommendations – Stand Up Costs

- ▶ Subcommittee recommends that the advisory/consortium pursues the following options for funding resources to stand up facility.
 - ▶ Apply for funding set asides from the Department of Commerce for the development of either an E&T/Secure Detox facility.
 - ▶ HCA to request a set aside of Commerce funding through a legislative request for 2020 or 2021.
 - ▶ Consortium to request funding set aside through Washington Health Care Facilities Authority.
 - ▶ Complete project proposal for the Department of Enterprise Services to put forward project to counties once statewide land or facilities become available.
 - ▶ Identify multiple Tribes to contribute to the development of the facility.
- *Many of these activities will require a board/consortium/501(c)3.



Resources to support stand up costs:

- ▶ **Department of Commerce funds:** Tribes or consortium of tribes can apply for capital commerce funding. There is annual aside funding to develop E&T/Secure Detox facility.
- ▶ **Legislative request for set aside funds:** HCA to submit legislative request for funds in FY 2020.
- ▶ **USDA Rural Grants:** Community will need to be considered rural and there is an extensive application process, and guidance for how and with whom to contract for building or renovation.
- ▶ **Bank loan options:** Cascade financed its facility through a private bank at a good interest rate.



More resources to support stand up costs:

- ▶ **Reinvestment Account:** Use funding from the Reinvestment Account to the develop Tribal E&T. Funding for the Reinvestment Account has not been realized yet, but projections show great potential. Several steps must be taken for Reinvestment Account to be realized.
- ▶ **Opiate addiction specific funding** for medication assisted therapy (MAT) may be available, and there are already WAC codes for agencies to implement.
- ▶ **Department of Enterprise Services:** DES, a state agency, oversees state property, including land and buildings. Tribes or consortium of tribes can apply to purchase state properties for sale. Priority is given to Tribes as a governmental category. Tribes or consortium of tribes can submit an application for properties to counties through DES.



More resources to support stand up costs:

- ▶ **General Services Administration:** GSA is a federal agency that oversees federal properties, including land and buildings. Tribes or consortium of tribes can apply to purchase federal properties for sale for public health and/or education purposes. Priority is given to Tribes as a governmental category. Properties within the boundaries of a Tribal reservation can be given to the Tribe.
- ▶ **Single Tribe invests in facility:** The investment is very large; however if one tribe is willing to fund the project in its entirety, it can also apply for resources listed above. This scenario has been a barrier for one tribe to take on. A large proportion of operational costs could be covered by Medicaid services – no guarantee.
- ▶ **Multiple Tribes or statewide Tribal consortium invests in facility:** As in the Healing Lodge of the Seven Nations, multiple tribes invest in the E&T project. Priority for services may be prioritized for members of the founding Tribes of facility. This could be avoided through a statewide consortium. A large proportion of operational costs could be covered by Medicaid services – no guarantee.



Section 3: Operational Costs



Recommendations – Operational Costs

- ▶ Subcommittee recommends working on the enhancement of the following activities to support the operational costs of the Tribal E&T/Secure Detox.
 - ▶ Work to enhance the FFS program to increase access for E&T and Secure Detox facilities to enroll in FFS program. Create incentives, increase rates, etc.
 - ▶ Work with MCOs to increase access and formulate contracts for E&T and Secure Detox facilities in negotiations around payment for services.
 - ▶ Work on a State Plan Amendment to develop cost-based Medicaid rate for services for AI/AN.
 - ▶ Continue to work with the Indian Health Services to establish an encounter rate for E&T/Secure Withdraw Management services.
 - ▶ Access tele-behavioral health services through IHS.
 - ▶ Utilize the reinvestment account that is proposed to be managed by the Governor's Indian Health Council. Once established, this funding resource can be used to contribute to the operations of the facility.



Operational Costs/Reimbursement

- ▶ **MCO for Voluntary/Involuntary:** Work with MCOs to increase AI/AN access to voluntary crisis services.
- ▶ **Fee for Service (AI/AN Population):** Work on expanding number of E&T and secure detox providers covering AI/ANs on Medicaid FFS program.
- ▶ **BHO and BH-ASO:** Work with BHO to increase access for AI/AN individuals for involuntary and voluntary crisis services.
- ▶ **Indian Health Services Encounter Rate (Response from IHS):** IHS encounter rate would require federal appropriation for inpatient services. Tribes would individually request this.
- ▶ **SAMHSA Grants:** Support crisis services for voluntary and involuntary commitments to E&T or secure detox facilities.
- ▶ **Cost-Based Medicaid Rates (SPA):** Request a special State Plan Amendment to increase the FFS rate for AI/ANs for E&T and secure detox stays.



Top 3 Funding structures to pursue

- ▶ MCO for Voluntary/Involuntary
- ▶ **Fee for Service (AI/AN Population)**
- ▶ BHO & BH-ASO for ITA
- ▶ **Indian Health Services Encounter Rate (Response from IHS)**
- ▶ SAMHSA Grants
- ▶ **Cost-Based Medicaid Rates (SPA)**



Recommendations – Legislation

- ▶ Full Faith and Credit for Tribal court orders - pursuant to Washington State Supreme Court Civil Rule 82.5
- ▶ Formalize Tribal Designated Crisis Responder (DCR), appointed and funded through Tribal governments.
- ▶ Funding for crisis care for AI/ANs set aside from BHO/ASOs to fund Tribal DCRs employed by Tribal governments, other non-Medicaid services, and a hub for managed AI/AN crisis care across the State.
- ▶ Tribal government notification about AI/AN ITA proceedings.



Recommendations - Legislation

- ▶ Ensure access to voluntary beds for AI/AN enrolled in Fee for Service Program.
- ▶ Managed Care Entities honor Indian Health Care Provider assessments.
- ▶ Institutionalize government and cultural training for non-Tribal DCRs.



Section 5: Clinical and Cultural Programming of the Facility



Recommendations - Clinical/Cultural Model

- ▶ Ensure design of facility is culturally relevant and trauma-informed.
- ▶ Implement the Sanctuary Model for all staff that work within the facility.

Highlights of the Sanctuary Model include: (Dr. Sandra Bloom, Sanctuary Institute director Sarah Yanosy)

- ▶ Treating patients as a member of circle, greater hospitality (Nuka model shareholders/customers)
- ▶ Using trauma-informed practices
- ▶ Sharing community meals to include staff and patients
- ▶ Debriefing all patients and staff following seclusion or restraint
- ▶ Development of Tribal Designated Crisis Responders to ensure culturally appropriate ITA evaluations and increase rapport with AI/AN patients.
 - ▶ Support DCR Training for tribal mental health professionals
 - ▶ Develop continuing education or required training elements for future non-tribal DCRs in working with AI/AN, Tribes, and Indian health care providers, Tribal/UIHP BH staff, etc.



Recommendations – Clinical/Cultural Model

- ▶ Development of a crisis care coordination hub to respond and support to Tribes, IHCPs, Tribal and Urban Indian health program BH staff.
- ▶ Ensure appropriate staffing to support Sanctuary Model and hire cultural specialists and traditional healers.
- ▶ Incorporate cultural practices and traditional healing practices into day to day therapeutic environment.



Practices and Feedback To Date

- ▶ Sweat lodges
- ▶ Smudging/purification
- ▶ Talking circles
- ▶ Songs and drumming
- ▶ Red Road teachings
- ▶ Native crafts
- ▶ Storytelling
- ▶ Cultural presentations
- ▶ Drum making
- ▶ Carving
- ▶ Berry picking (traditional food gathering)
- ▶ Beading
- ▶ Drum circles
- ▶ Cedar is important. Baskets, hats and collecting cedar, weaving



Contact Information

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