

DSHS Administrative Policy 7.01

Statewide and Regional Action Plans for Services to American Indian Tribes and Communities

**Jane Beyer, Assistant Secretary
Behavioral Health and Service Integration Administration**

2013

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION

Statewide and Regional Action Plans for Services to American Indian Tribes and Communities

2013

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**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION**

**Statewide Action Plans for
Services to American Indian Tribes and Communities**

2013

EXECUTIVE SUMMARY

The mission of the Department of Social and Health Services (DSHS) is to improve the quality of life for individuals and families in need, and help people achieve safe, self-sufficient, healthy, and secure lives. The Behavioral Health and Service Integration Administration supports this mission by:

- Developing, maintaining and enhancing a statewide network of publicly funded mental health and chemical dependency treatment and prevention programs providing services to low-income and indigent people.
- Affording consumers with the skills, tools and resources to have safe and stable housing, meaningful daily activities such as employment or education and having relationships and social networks that provide support, friendship and hope.
- Supporting and helping individuals establish and maintain a lifestyle free of the negative consequences associated with chemical dependency and problem gambling.
- Improving the care experience and health outcomes of individuals with complex care needs, ensuring that they receive the right care, for the right person at the right time.
- Developing an integrated medical and behavioral health system to address the treatment needs of Medicaid eligible American Indians and Alaskan Natives in Washington.

This administration supports the Department's mission through its four divisions: the Division of Behavioral Health and Recovery Services (DBHR), the Office of Service Integration (OSI), the Division of State Hospitals (DSH), and the Management Services Division (MSD). DBHR manages the statewide public delivery system for mental health, chemical dependency, and problem gambling treatment and prevention services. The Office of Service Integration is responsible for implementing initiatives pertaining to health care reform and the Affordable Care Act. The Division of State Hospitals manages the three state institutions for long-term inpatient mental health treatment: Western State Hospital, Child Study and Treatment and Eastern State Hospital. The Management Services Division provides supportive services for the Behavioral Health and Service Integration Administration, the Developmental Disabilities Administration, and the Aging and Long Term Services Administration. These services include contracts development and information technology support. Together, these four divisions help to realize the administration's goal of integrating current services and future services.

Tribal Centric Behavioral Health

While not a formal division of this administration, the Tribal Centric Behavioral Health initiative works across the divisions within BHSIA. The DSHS Office of Indian Policy is one of its primary partners. The initiative's work actively involves representatives from the American Indian Health Commission, the Indian Policy Advisory Committee, and the North West Portland Area Indian Health Board. Additional partners include representatives from the Health Care Authority, the Regional Support Networks, and Indian Health Services.

The work group meets twice per month, with subgroups related to specific topics meeting on an as-needed basis. The workgroup was initially tasked to help shape and design a new mental health system for American Indians and Alaskan Natives. However, after the first two meetings, the workgroup determined that to be effective and truly meaningful, re-design efforts had to be expanded to include chemical dependency and problem gambling—and integrating with primary care into a holistic vision of both prevention and treatment activities. As the workgroup began to develop its long term plans and strategies for systemic change, short-term goals were also set to meet current and urgent goals relating to mental health crisis services, access to both voluntary and involuntary hospitalization.

Office of Service Integration

HealthPath Washington is one of the primary activities of the newly created Office of Service Integration. This project will integrate Medicare and Medicaid services through coordinating the delivery, financing, technology and human interactions experienced by dual eligible beneficiaries. Confusion and fragmentation experienced by beneficiaries will be diminished by aligning payment, outcome expectations and services. These efforts will improve the beneficiaries' experience with service delivery, health outcomes, decrease complexity and better control costs. HealthPath Washington is not only an integrated funding model, but it is also an integrated vision of care.

Health Homes, as identified in Section 2703 of the Affordable Care Act, are another component of HealthPath Washington. Health Homes will be a network of providers, including both behavioral health and primary care, which will be responsible for the integration and coordination of care for Medicaid eligibles and dual eligibles at serious risk for future health related problems such as hospitalizations and high utilization of emergency departments. Health Homes will focus on consumer choice and will provide comprehensive care management, care coordination and health promotion, comprehensive transitional care, patient and family support, and referrals to community and social supports.

Division of Behavioral Health and Recovery

Through the Regional Support Networks (RSNs) Washington provides community mental health services for adults with serious, persis-

tent, and chronic mental health needs and for children and youth with serious emotional disorders under the age of 19. Each RSN contracts with provider groups that include community mental health agencies and hospitals. Each RSN network serves all Medicaid eligibles within its geographical area—including American Indians and Alaskan Natives. RSN crisis services are available to all residents, without regard to funding or Medicaid eligibility.

DBHR's chemical dependency treatment programs provide strategies that support healthy lifestyles by treating the misuse of alcohol, tobacco, and other drugs, and supporting recovery from the disease of chemical dependency. The problem gambling programs work to mitigate the effects of problem gambling on the family and help families remain economically self-sufficient without requiring assistance from other state programs. The hope is for all consumers to achieve recovery and be able to live, work, learn, and participate fully in their communities.

Prevention programs cover all segments of the population who may be at potential risk for drug and alcohol misuse and abuse, with a special focus on youth who have not yet begun use or who are still experimenting. DBHR uses a risk-and-protective-factor framework as the cornerstone of all prevention program investment. It is based on a simple premise: by identifying those personal, family, or community characteristics that increase the likelihood of a problem developing, programs can intervene in ways that reduce risk.

Treatment services are designed to maintain a cost-effective, quality continuum of care for rehabilitating individuals recovering from alcoholism and other drug addiction. Contracts with counties and tribes support the delivery of outpatient services. DBHR contracts directly with inpatient treatment providers.

The Division of Behavioral Health and Recovery is committed to the establishment of strong intergovernmental relationships with the tribes of Washington State and to the development and delivery of beneficial services to Indian families and individuals in need. DBHR recognizes the importance of partnering with tribes and Urban Indian communities across the state to assure that Indian people have access to services that are culturally sensitive and appropriate.

This division has worked to develop a strong relationship with Washington's 29 federally recognized tribes, three non-federally recognized tribes, and seven recognized American Indian organizations to improve the behavioral health of Native American peoples and communities. Meetings held between DBHR staff and tribal governments provide a forum to discuss Government-to-Government protocol, policy impacts, contracting issues, and funding opportunities. These meetings also provide an opportunity to share information and discuss current issues.

BHSIA Relationship with Washington Tribes

State Tribal Agreements and/or Contracts

DBHR has continued to provide funding opportunities for tribes. Approximately \$16 million has been made available during this biennium to support chemical dependency prevention and treatment programs and \$168,000 has been provided to enhance mental health promotion services administered by our tribes.

The Center for Medicare/Medicaid Services has a policy of “One Facility, One Rate” therefore, tribes who are recognized by Center for Medicare and Medicaid Services (CMS) and Indian Health Services (IHS) as 638 programs are able to bill Medicaid and receive the IHS encounter rate for Indian and non-Indian adult clients. However, for those tribes who choose to be reimbursed for services provided to adult, non-Indian Medicaid clients, they will only be reimbursed for the federal portion of the encounter rate, which is 50% of the total encounter rate. The tribe submits the state-match portion through an Intergovernmental Transfer.

Medicaid - Federal Memorandum of Agreement (aka Encounter Rate)

In July 1997, a Memorandum of Agreement (MOA) process was initiated by the federal Center of Medicare/Medicaid Services and Indian Health Services through the Division of Behavioral Health and Recovery for Title XIX Medicaid-eligible American Indian clients. Under the terms of the federal MOA, tribally owned clinics authorized through the Indian Health Services are reimbursed at 100% of the encounter rate for outpatient chemical dependency and mental health services to eligible American Indian clients and half the encounter rate for outpatient services to non-native clients. In conjunction with the Health Care Authority (HCA) DBHR offers technical assistance, training and consultation to Tribal FQHCs and 638 Mental Health Programs on billing procedures and Medicaid regulations.

Mental Health

DBHR contracts with tribes, via DSHS Consolidated Contracts for mental health promotion services funded through the Federal Block Grants. However, DBHR does not directly contract with tribes for managed care mental health services—statute requires that all waived mental health funds are contracted through the RSN system. Tribes and RSNs may enter into government-to-government agreements for provision of services. These services would include provision of mental health services through licensed tribal community mental health centers, provision of Native American specialist consultations for RSN provider agencies, and block grant contracts.

Chemical Dependency

Chemical Dependency Services through a DSHS Consolidated Contract

Government-to-Government (G2G) is a program agreement for financial support for the 29 federally recognized tribes for substance abuse treatment and/or prevention services.

- Outpatient Treatment – Federally recognized tribes are certified to provide treatment and determine culturally appropriate treatment models. The target populations are individuals diagnosed using American Society of Addiction Medicine (ASAM) clinical criteria. Tribal programs may convene therapeutic groups to benefit the patient’s family and extended family in the recovery and after-care process.
- Prevention Services – Tribal prevention coordinators design prevention programs using the Risk-and-Protective Factor Focus Model. Work often incorporates a high level of tribal cultural skills building. Many projects are based on traditional uses of canoes and tribal gatherings at historic sites with an emphasis on community preparation and participation.

Adult Residential Treatment Contracts

Intensive Inpatient – provides a concentrated program, up to 30 days, of individual and group counseling, education, and activities for detoxified alcoholics and addicts and their families. This level of chemical dependency treatment provides services in accordance with ASAM Level III.5.

Alcoholism and Drug Addiction Treatment and Support Act (ADATSA)

ADATSA is a funding source to support low-income adult alcoholics and/or addicts, whose chemical dependency is severe enough to render them incapable of gainful employment for more than 60 days. Fourteen tribes provide services to ADATSA-eligible clients. ADATSA is anticipated to end December 31, 2013 with the implementation of the ACA—the bulk of the ADATSA target population will at that time become Medicaid eligible.

Recent Developments

Streamlining Billing Process

DBHR has continued to work closely with the HCA and the Office of Indian Policy to simplify and streamline billing processes while still ensuring federal reporting requirements are met. A major change in tribal billing was implemented by HCA on October 1, 2012, replicating the billing logic and billing processes used by Federally Qualified Health Clinics. Tribes now report on mental health and chemical dependency treatment services to Medicaid eligible clients by program and practitioner identification numbers and services are reported by specific CPT/HCPC codes.

HCA and DBHR provided face-to-face trainings and webinars in the months prior to the roll out of the new billing procedures. Nonetheless, there were problems in the system implementation. Some tribes were not able to bill for adult mental health services—all claims were denied. Other tribes had difficulty billing some chemical dependency treatment. HCA manually pushed through claims until the prob-

lem was jointly resolved by HCA and DBHR staff. Coordinating problem solving for the new billing system is an ongoing activity for DBHR and HCA.

Attestation

In conjunction with the American Indian Health Commission and the Office of Indian Policy, DBHR drafted a set of guidelines for an attestation process so that tribal mental health providers could attest to meeting the requirements for licensure as a Community Mental Health Agency. This attestation process will allow tribal mental health providers and the state to comport with the Medicaid State Plan for Rehabilitative Services and related CMS requirements. The attestation process and format were vetted through the Indian Policy Advisory Committee and subsequently signed by the Secretary in December 2011.

Gaps and Challenges

Preparing for the Affordable Care Act

Components of the Patient Protection and Affordable Care Act identify the intent of Congress to assure that the trust responsibility of the federal government to American Indian and Alaska Native people and Tribal governments is protected and advancements in health care can be realized. The Behavioral Health and Service Integration Administration is committed to working with the Tribes to prepare for the ACA implementation. Aspects of the ACA are a recurring theme at Tribal Centric Behavioral Health Workgroup meetings. Any planned change to the service delivery system has to take the ACA and its implications into consideration.

Staff from Services Integration have committed to visiting every Washington Tribe to present information and hold discussions regarding possible opportunities with the implementation of Health Homes under Section 2703 of the Affordable Care Act. This section of the ACA is one component of HealthPath Washington.

System of Care

The most critical gap in the state's behavioral health system, both for adults and for children, continues to be the need to adopt and implement a fully integrated system of care approach. This applies to services that originate at either the mental health or chemical dependency "door." The complexity of describing these systems illustrates the difficulty a family has in trying to navigate the system to receive the care they need.

American Indian Service Population

The *2010 Report on Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State* reports that over 13.4% of adults living below the 200% federal poverty level in Washington State are in need of substance abuse treatment services. According to the report, there are

10,109 (16.5%) Native Americans living, at or below, the 200% Federal Poverty Level who need these services. The treatment need for Washington State adolescents is estimated at 14.7%.

Alcohol is by far the most used substance in Washington State, and the one for which there is the highest rate of treatment need. The report indicates that 88% of adult American Indians have reported having lifetime use of alcohol and 44.2% have a lifetime use of illicit drug. Lifetime use means having had at least one drink of alcohol or illicit drug at least once in their life.

The report indicates that racial and ethnic minorities comprised 36% of adult admissions to DBHR-funded chemical dependency treatment services. Native Americans represent 8% of the total adult population who were admitted for adult treatment services and Native American youth were 6% of the youth admitted to youth treatment programs.

The 2012 *Tribal Analysis for Washington State Health Benefit Exchange and Health Care Authority* written by the American Indian Health Commission reports that “Washington’s AI/AN population is younger, has lower income and less formal education than nearly every other ethnicity. They are more likely to live in poverty than any other racial or ethnic group in Washington. AI/AN people also experience a disproportionately higher mortality and morbidity burden compared to the general population.”

Method and Frequency of Communication

Information Sharing

Ongoing communication between DBHR staff and tribal governments, landless tribes, and off-reservation American Indian organizations becomes increasingly important as the division engages more frequently in contractual and technical assistance relationships. DBHR includes tribal governments, landless tribes, and off-reservation American Indian organizations in all informational mailings, including the division’s quarterly FOCUS Newsletter.

Additionally, the Behavioral Health and Services Integration Administration actively teams with the Office of Indian Policy. Administration representatives consistently participate in the Indian Policy Advisory Committee (IPAC) ADS subcommittee in conjunction with OIP staff members. Additionally, the administration manages with OIP, the Tribal Centric Behavioral Health workgroup, which meets twice monthly.

Tribal Centric Behavioral Health 7.01 Action Plan

Policy 7.01 Plan and Progress Report
Policy 7.01 Implementation Plan for Tribal Centric Behavioral Health
Department of Social and Health Services
Behavioral Health and Service Integration Administration

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
Develop Tribal Liaison function for DBHR and Establish Toll-Free phone line.	Identify toll-free number. Set-up phone tree. Distribute phone number. Answer phone.	Tribes and Tribal members will have toll-free access to DBHR to help resolve access issues for outpatient and inpatient RSN services.	February 1, 2013 David Reed	In place 3/1/2013.
Plan for provision of culturally appropriate services for a Tribal Centric Behavioral Health System.	Establish DSHS/Tribal workgroup comprised of Tribal program clinicians. Review existing Indian specific mental health treatment for AI/AN. Schedule and hold work sessions. Assess whether services can be provided under existing Rehab SPA.	Evidence based practices and promising practices for Tribal Mental Health will be identified, tested, and implemented.	9/1/13 David Reed	Workgroup established and meetings are ongoing.
There will be equitable access to timely crisis services for AI/AN in	Develop work group. Identify breath and scope of problem. Draft contract terms	AI/AN will receive medically necessary and appropriate crisis services in each	7/1/13 David Reed	Work group established and meetings are ongoing. Contract terms will be drafted by

every RSN.	for RSNs to ensure equitable access to crisis services.	RSN.		4/19/13.
There will be Tribal Designated Mental Health Professionals for implementation of the Involuntary Treatment Act.	Identify issues and strategies for implementing Tribal DMHPs. Explore option of RSNs providers hiring or contracting with Tribal DMHPs. Explore designating Tribal DMHPs. Identify steps for developing standing for ITA with Tribal Courts.	Tribal DMHPs will be established for detaining AI/AN on Tribal lands. Tribal Courts will have standing in ITA hearings for AI/AN members.	7/1/13 for contract changes for contracting with Tribal DMHPs. 12/31/13 for drafting legislation for Tribal Court standing. David Reed	Work group established and meeting. Contract terms will be drafted by 4/19/13.
Tribes and Tribal providers will be aware of inpatient psych hospitalization rights and the appeal process.	Workgroup will be established. Develop training and/or FAQ for Tribes and Tribal providers to be familiarized with rights and appeal process for inpatient hospitalizations. Distribute information to Tribes.	Tribal members will have equitable access to inpatient psychiatric treatment. Tribal Medicaid eligible will be afforded their rights as per CFR 42.	6/30/13 David Reed	Workgroup established and meeting.
Inpatient Discharge Planning will occur for psychiatric hospitalized Tribal Members.	Work group will be established. Develop procedure for discharge planning. Determine if amending RSN contracts would provide additional leverage. Explore possibility of meeting with hospital association.	Tribal members who have been hospitalized will have discharge planning coordinated with their Tribal providers.	8/1/13 David Reed	Workgroup established and meeting.

<p>The Department, HCA and Tribal Representatives will submit to the governor a report that establishes the Tribal-Centric Behavioral Health System.</p>	<p>Plan must assure that child, adult and older adult American Indians and Alaska Natives have increased access to culturally appropriate services.</p> <p>The plan must include implementation dates, major milestones and fiscal estimates.</p>	<p>Tribal members will have equitable access to crisis services, outpatient care, voluntary and involuntary hospitalization, and behavioral health care coordination.</p> <p>Statutory changes will be recommended as necessary.</p>	<p>Colleen Cawston, OIP David Reed, DBHR</p> <p>Report due November 30, 2013.</p>	<p>Tribal Centric Workgroup will address this task and task status at each Tribal Centric Workgroup meeting.</p> <p>[Every first and third Tuesday until task completed.]</p>
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Service Integration 7.01 Action Plan

Policy 7.01 Plan and Progress Report

Policy 7.01 Implementation Plan for Integrating Care for Medicare-Medicaid Eligible Individuals in Washington

**Department of Social and Health Services
Behavioral Health and Service Integration Administration**

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
Tribes, Tribal Representatives and Tribal Organizations will have adequate information to determine level of participation in Medicare/Medicaid Integration Demonstration Projects.	Attend and participate in 7.01 planning meetings for DBHR and LTSS	Increased communication between Tribes and state government.	<p>Marietta Bobba</p> <p><u>DBHR meetings/locations:</u></p> <p>5/1/13: Swinomish Tribes</p> <p>8/7/13: USIT</p> <p>11/6/13: Nooksack Tribe</p> <p>2/5/14: Lummi Nation</p> <p><u>HCS/DDD/RCS/AAA meetings/locations:</u></p> <p>5/2/13: NWRC</p> <p>8/1/13: ADSA/Everett</p> <p>11/7/13: USIT</p> <p>2/6/14: NWRC</p>	The Medicare/Medicaid Integration Demonstration Projects are in formative stages. 7.01 planning is an added element to project development beginning in 2/2013.

	<p>Meet with recognized tribes and AI/AN organizations to identify issues/ opportunities for project participation.</p> <ul style="list-style-type: none"> • Coordinate with local and regional services to support information access and decrease confusion/missteps. • Work to eliminate barriers to eligibility and identification access • Provide outreach, education, technical assistance and brainstorming opportunities to explore options for participation. 	<p>Decreased barriers to participation in the Integration Demonstration project.</p> <p>Tribal participation in Medicare/Medicaid Implementation Demonstration Projects.</p>	<p>Marietta Bobba</p> <p>Yolanda Lovato</p> <p>Karen Fitzharris</p> <p>On-going</p>	<p>Tribal outreach/information distribution began through IPAC and AIHC in 2010 and continues. Outreach has included video-conferencing, emails, webinars and face-to-face meetings. Tribal Leader letter has also been distributed (1/13) to provide opportunity for further discussion on upcoming State Plan Amendment submission.</p>
	<p>Develop contracts and/or shepherd contract relationships with lead entities.</p> <ul style="list-style-type: none"> • Assist with recruitment of AI/AN providers. • Coordinate with HCA, Tribes, Health Plans and other pertinent entities to promote smooth service delivery and program choice. • Provide technical assistance as needed to implement projects. • Participate in training to Tribes concerning contract requirements. 	<p>Decreased barriers to participation in the Integration Demonstration project.</p> <p>Tribal participation in Medicare/Medicaid Implementation Demonstration Projects.</p> <p>Improved access and cultural competence in service delivery.</p>	<p>Marietta Bobba</p> <p>Yolanda Lovato</p> <p>Karen Fitzharris</p> <p>On-going</p>	<p>Not applicable.</p>
	<p>Work with OIP to forge rela-</p>	<p>Improved collaborations</p>	<p>Marietta Bobba</p>	<p>OIP has worked with the Medicare/Medicaid Integration project</p>

	<p>tionships with tribes.</p> <ul style="list-style-type: none"> • Train OIP staff on elements of integration. • Coordinate meetings through/with OIP staff 	<p>with OIP.</p> <p>OIP staff will be able to share high-level information with tribes as needed.</p> <p>Efficient use of expertise to facilitate relationships with tribes, tribal representatives and tribal organizations.</p>	<p>Doug North (OIP)</p> <p>OIP staff</p> <p>OIP staff training: 4/10/13</p> <p>Coordination: on-gong</p>	<p>since January 2013 to coordinate meetings, provide information and educate project staff on protocols.</p>
	<p>Advocate for representation of tribes in workgroups, grants, advocacy efforts, coalitions and activities.</p>	<p>Decreased barriers to participation in the Integration Demonstration project.</p> <p>Tribal participation in Medicare/Medicaid Implementation Demonstration Projects.</p> <p>Increased awareness across systems of cultural norms and competence requirements.</p>	<p>Marietta Bobba</p> <p>Yolanda Lovato</p> <p>Karen Fitzharris</p> <p>On-going</p>	<p>The HealthPath Washington Advisory Team (HAT) was organized in April 2012. A voluntary membership representing the diverse participation in the project, including AI/AN participation provides input to the Implementation project.</p>
	<p>Work with CMS, IPAC, AIHC, tribes and tribal organizations to identify opportunities to develop tribal centric services.</p> <ul style="list-style-type: none"> • Inform/discuss/consult with IPAC and AIHC on integration elements 	<p>Decreased barriers to participation in the Integration Demonstration project.</p> <p>Better communication with tribal representa-</p>	<p>Marietta Bobba</p> <p>Yolanda Lovato</p> <p>On-going</p>	<p>Discussions with organizations have been on-going.</p>

	generically and specific to tribes.	tives. Enhanced planning and implementation. Improved access and cultural competence in service delivery		
	Develop conduits for research and data collection of tribal demonstration project. <ul style="list-style-type: none"> Partner with HCA and RDA. 	Meet federal and state demonstration project requirements.	Marietta Bobba Karen Fitzharris Yolanda Lovato On-going	Not applicable.
	Create tribal specific information for web posting. <ul style="list-style-type: none"> Link to OIP and HCA websites. 	Decreased barriers to participation in the Integration Demonstration project. Better communication with tribal representatives. Enhanced planning and implementation. Improved access and cultural competence in service delivery	Marietta Bobba Karen Fitzharris Yolanda Lovato On-going	Not applicable.

	Work with tribal organizations/tribes to develop training for contracted providers and project teams.	Decreased barriers to participation in the Integration Demonstration project. Increased awareness across systems of cultural norms and competence requirements.	Marietta Bobba Karen Fitzharris Yolanda Lovato On-going	Not applicable.
	Explore involvement with TTAG	Improved understanding of CMS rules/requirements and AI/AN perspectives on CMS programs. ¹	Marietta Bobba On-going	Not applicable.
Health Homes. Tribes, Tribal Representatives and Tribal Organizations will be provided with sufficient information to make informed decisions regarding involvement and participation in	Visit each Tribe and present information regarding Washington's Health Home implementation.	Tribal leaders and health care directors will have understanding of Health Home strategies. Participate in ADS Tribal Sub-Committee meetings. Update membership on significant developments in Health Home implementation. Visit each Tribe and dis-	Marietta Bobba Ongoing Marietta Bobba	Ongoing

¹ CMS established a Tribal Technical Advisory Group (TTAG) in 2004 to seek input and advice on policies and strategies to increase AI/AN access to CMS programs. TTAG adopted a 2010-2015 Strategic Plan that sets out three targets: (a) establishing and improving access to CMS funded long term care services; (b) implementing strategies to increase AI/AN enrollment in CMS programs; and (c) identifying current and future administrative, regulatory, and legislative policies that affect AI/AN beneficiaries and providers. The Center for Medicare and Medicaid Services (CMS) Tribal Affairs Group works closely with American Indian and Alaskan Native communities and leaders to enable access to culturally competent healthcare to eligible Medicare and Medicaid recipients in Indian Country. CMS collaborates with the Indian Health Service and other federal partners to facilitate access to high quality and timely healthcare. The TTAG serves as an advisory committee to the Centers for Medicare & Medicaid Services (CMS) on important health care matters associated with the Medicare, Medicaid, and State Children Health Insurance Programs. There is a Principal Member and an Alternate from each of the 12 IHS service areas. The CMS TTAG website is a great resource on Medicare and Medicaid policy and how they affect Indian Country. The Tribal Technical Advisory Group (TTAG) is composed of elected Tribal leaders, or an appointed representative from their area, who are nominated from the 12 areas of the Indian Health Service (IHS) delivery System.

<p>Health Homes as described under Section 2703 of the Affordable Care Act.</p>	<p>Work with CMS, IPAC, AIHC, Tribes and Tribal organizations to insure Tribal voice is present in Health Home implementation.</p>	<p>Discuss Health Home implementation. Gather feedback for presentation to ADS Subcommittee.</p>	<p>Marietta Bobba</p>	
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Chemical Dependency

7.01 Action Plans

Confederated Tribes of the Chehalis Reservation

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
To verify status of tribal billing and services being offered.	Work with tribe to provide on-site TA training.		DBHR Behavioral Health Administrator Cindy Gamble, Health Services Director	
To be able to provide prevention services.	Prevention program goals, objectives will be identified and put into system. Providing TA on how to report prevention services into the PBPS system.	Prevention activities will be reported monthly into the prevention system.	DBHR Behavioral Health Administrator Cindy Gamble, Health Services Director Ivon Urquilla, Prevention Manager	
Knowledge and understanding of what it takes to provide treatment to youth.	Provide the rules and requirements on youth treatment.	Able to provide youth treatment	DBHR Behavioral Health Administrator Cindy Gamble, Health Services Director	

Cowlitz Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Provide prevention activities.	Discuss and identify prevention opportunities for the tribe.	Cowlitz Tribe will not offer prevention activities with DBHR funds at this time.	DBHR Behavioral Health Administrator Ivon Urquilla Prevention Manager Debbie Norberg, Clinical Supervisor	
Work towards developing a residential facility and/or recovery house.	All the rules and requirements (WACs/RCWs) needed to start preliminary steps in this direction will be provided.	To provide residential treatment or recovery houses for clients.	DBHR Behavioral Health Administrator Jim Sherrill, Tribal Administrator Debbie Norberg, Clinical Supervisor	
Provide Day Treatment Model.	Discuss and identify day treatment opportunities.		DBHR Behavioral Health Administrator Ruth Leonard, Behavioral Health Program Manager Jim Sherrill, Tribal Administrator Debbie Norberg, Clinical Supervisor	

Duwamish Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Continue work to restore Federal Tribal Recognition.	Advocate for tribal status with federal government.	Able to receive Federal Tribal Recognition.	Cecile Hansen, Duwamish Tribe NA	
Examine the potential of providing prevention and treatment services.	Convene a meeting at least annually for consultation with DBHR and King County.	Able to provide prevention and treatment services.	Cecile Hansen, Duwamish Tribe Harvey Funai, DBHR King County MHCADSD staff	

Hoh River Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Be able to provide prevention.	Prevention program goals, objectives will be identified.	Funding will be available to support prevention activities.	DBHR Behavioral Health Administrator Alexis Barry Hoh Tribe Executive Director Kelly Rosales, Prevention Specialist	

Jamestown S’Klallam Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
To have a current Title XIX billing process.	Review and identify all potential billable occurrences.	All billing will be up to date.	DBHR Behavioral Health Administrator Jessica Payne, Jamestown S’Klallam Tribe Program Director	Participated in HCA training.
Continue to provide prevention.	Prevention program activities will be entered into the PBPS system.	Prevention program goals and objectives will be identified and entered into PBPS.	DBHR Behavioral Health Administrator Jamestown S’Klallam Tribe Program Director	
Have additional funding opportunities.		Additional funding to support tribe’s prevention activities.	DBHR Behavioral Health Administrator Jamestown S’Klallam Tribe Program Director	

Lower Elwha Klallam Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Continue to provide prevention services.	Prevention program goals and objectives will be identified.	Prevention activities will be billed timely and entered into the prevention PBPS system.	DBHR Behavioral Health Administrator Rena Barkley, Executive Officer 360-452-8471 ext.	
Expanding the funding amount for their ADATSA contract.		Able to serve more clients if the proper funding is available.	DBHR Behavioral Health Administrator Ruth Leonard, Behavioral Health Program Manager Loretta Trujillo, Health Director Kevin McCall, Treatment Manager	
Able to provide day treatment.	Provide TA regarding ASAM 2.5 level day treatment.	The tribe will be able to provide day treatment.	DBHR Behavioral Health Administrator Ruth Leonard, Behavioral Health Program Manager Loretta Trujillo, Health Director Kevin McCall, Treatment Manager	

**Lummi, Nooksack, Samish, Sauk-Suiattle
Stillaguamish, Swinomish, Tulalip, and Upper Skagit**

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Ensure communications with tribal governments for sharing joint planning and problem solving.	Assist non-certified tribes to become certified.	Certified Region 3 Tribes.	DBHR Certification Section Tribal Representatives	
Improve training and support	Offer relevant training opportunities, possibly: Prevention Certification, Prevention Strategies, Billing Procedures, CDP CEUs, TARGET and TA, Culturally Relevant Evaluation, ITA/Secure Detox; CBC information and report.	Have a training plan with meaningful training opportunities offered.	MeLinda Trujillo, DBHR Julie Bartlett, DBHR DBHR Certification Section Tribal Representatives	
Encourage governmental partnering activities between tribes, counties, and DBHR to establish and maintain a positive working relationship.	Continue annual meeting and discussions between tribes, counties, and DBHR	Improved working relationships between tribes, counties, and DBHR.	Tribal Representatives County Representatives Harvey Funai, DBHR December 2010	

**Lummi, Nooksack, Samish, Sauk-Suiattle
Stillaguamish, Swinomish, Tulalip, and Upper Skagit**

Implementation Plan				Progress Report
<p>Ensure communications with tribal governments for sharing joint planning and problem solving</p>	<p>Upon tribal request, DBHR local office will communicate with tribes to provide technical assistance.</p> <p>Utilize TARGET to track treatment outputs.</p> <p>Utilize PBPS to track prevention output.</p>	<p>Effective communication between tribes and DBHR staff.</p> <p>Better understanding of issues and opportunities to identify possible alternative services.</p> <p>Better understanding of issues and opportunities to identify possible alternative services.</p>	<p>Tribal Representatives</p> <p>DBHR Staff</p> <p>Helen Fenrich, Tulalip</p> <p>DBHR Tx/Px team</p>	

Muckleshoot Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Introduce Coastal Carving techniques. The class will increase program participant's understanding of Medicine Wheel, tribal culture, heritage, and traditions.	Coastal Carving class activities will teach tribal and community members carving techniques in coastal design. The Coastal Carving class will enhance skills by bringing the Medicine Wheel, tribal culture, heritage, and traditional concepts into the carving class process.	The Coastal Carving class will bring the Medicine Wheel concepts into the carving class process and increase carving skills.	Jesse Garcia, Muckleshoot Tribe	
To increase ADATSA services to tribal members.	Educate tribal members on available ADATSA services.	ADATSA service delivery will increase as reflected in TARGET reports and billings.	Dan Cable, Muckleshoot Tribe Harvey Funai, DBHR	
To increase treatment expansion admissions.	Collaborate in providing technical assistance that will result in increased treatment expansion admissions.	Increased knowledge of treatment expansion and increase treatment expansion admissions.	Dan Cable, Muckleshoot Tribe Harvey Funai, DBHR Bob Leonard, DBHR MHCADS staff	
To provide treatment and/or prevention services.	Meet to discuss opportunities for treatment and prevention programs paid for by the G2G contract.	Muckleshoot Tribe will plan to provide treatment and prevention services.	Truth Griffeth, Muckleshoot Tribe Harvey Funai, DBHR	

Muckleshoot Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
To obtain knowledge of Treatment Analyzer.	Receive training on Treatment Analyzer as needed.	Muckleshoot Tribal staff will be able to use standard reports and ad hoc reports within the DBHR-Treatment Analyzer for program development and improve quality of treatment.	Harvey Funai, DBHR Bob Leonard, DBHR	
Able to start a problem gambling program.	Get certifications and determine steps to obtain funding.	Muckleshoot Tribal staff will be able to provide problem gambling treatment to tribal members in the community.		

Makah Tribe

Goals/Objectives				Activities
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Ensure proper billing for prevention activities and Medicaid.	Follow up with ProviderOne staff.	Up-to-date billing for treatment services.	DBHR Behavioral Health Administrator Theresa Bubenzer, Social Services Director Larry King, Treatment Lead Ruth Leonard, DBHR Behavioral Health Program Manager	.

Nisqually Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Reassess need to become an ADATSA treatment provider.		Receive ADATSA funding.	DBHR Behavioral Health Administrator Ruth Leonard, DBHR Behavioral Health Program Manager	
Develop an inpatient youth facility.	Provide WAC/RCW requirements for inpatient facilities in Washington State. Partner with surrounding tribes on this project.	Able to provide youth treatment services.	DBHR Behavioral Health Administrator Ruth Leonard, DBHR Behavioral Health Program Manager	

Port Gamble S’Klallam Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Increase adult treatment resources.	Assess tribal needs. Review expenditures patterns for all tribal services and request funds as needed.	Have additional resources to provide additional adult treatment.	Tiffany Villines, DBHR Behavioral Health Administrator	
Ensure adequate data entry in the DBHR MIS systems.	Provide training on the PBPS and TARGET as requested.	Data will be entered in a timely manner into PBPS and TARGET.	Ivón Urquilla, DBHR Prevention Manager DBHR Behavioral Health Administrator	
Increase prevention resources.	Assess tribal needs.	Additional funding will be accessed to support a Prevention Specialist position.	Ivón Urquilla, DBHR Prevention Manager DBHR Behavioral Health Administrator Kelly Baze, PGST Prevention Coordinator	
Provide resources to fund recovery support services.	Develop support networks with other tribal entities. Explore additional funding sources and other resources.	Receive additional funding for recovery support services.		

Port Gamble S’Klallam Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Survey tools will be identified and utilized to evaluate prevention services.	Identify culturally appropriate survey tools. Implement pre- and post-testing. Evaluate the data gathered and utilize for further development of prevention services. Look into the possibility of applying for Drug Free Communities grant.	Progression towards evidence-based, culturally appropriate and traditional prevention programming.	Kelly Baze, PGST Prevention Coordinator Ivón Urquilla, DBHR Prevention Manager	
Improve the effectiveness of treatment services provided.	Monitor treatment trends from TARGET and the Treatment Analyzer for items such as treatment completion rates; wait times for services. Expand the use of the Treatment Analyzer program as a technical assistance tool.	Improved planning, development, and effectiveness of treatment services.	DBHR Behavioral Health Administrator	
Utilize community needs assessment data to design and update tribal programs.	Utilize data sources to assess the needs of the tribe. Develop resources and pursue funding sources based on the tribal needs assessment.	A comprehensive strategy to address the prevention and treatment needs of the tribe will be developed.	Kelly Baze, PGST Prevention Coordinator DBHR Behavioral Health Program Manager	

Port Gamble S’Klallam Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Address the costs of urinalysis testing.	Become more familiar with the current DBHR/DSHS contract with Sterling Reference Laboratories.	Additional funding and/or support will be available for urinalysis testing.	Tiffany Villines, DBHR Behavioral Health Administrator	
Interested in opening an OST program.	Provide resources and WAC requirements.		DBHR Behavioral Health Administrator	

Puyallup Tribe

No Meeting

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012

Quileute Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Continue to provide prevention services with Government-to-Government contract dollars.	Prevention program goals, objectives will be identified. Prevention programs activities will be entered in the PBPS system.	Prevention program goals, objectives will be identified. Prevention programs activities will be entered in the prevention MIS system.	DBHR Behavioral Health Administrator Betty Taaffe, Quileute Tribe Social Services Director	
Have TARGET training provided to staff.	Schedule training with DBHR staff.	Have tribal staff trained on the TARGET system.	DBHR Behavioral Health Administrator Betty Taaffe, Quileute Tribe Social Services Director	

Quinault Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Improve Government-to-Government, ADATSA, and Title XIX billing.	3/8/10 – Tribe has made improvements in timeliness of A-19 billing.	The Quinault Tribe is billing Government-to-Government, ADATSA and Title XIX via electronic procedures.	DBHR Behavioral Health Administrator Dave Hagan Quinault Tribe Program Manager	
Be able to contract for problem gambling.		Problem gambling services will be offered.	DBHR Behavioral Health Administrator Dave Hagen Quinault Tribe Program Manager	

Seattle Indian Health Board

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Deliver seamless wrap-around services to Native American patients under their umbrella agency.	Provide assessments, outpatient treatment, residential treatment, and medical services to Native American patients.		Al Sweeten, Seattle Indian Health Board Bob Leonard, DBHR Harvey Funai, DBHR	
Increase access to residential and outpatient treatment services for Native American “high utilizers.”	Participate in “high utilizers” bi-monthly workgroup meetings.	Increase in number of Native American “high utilizers” that enter chemical dependency treatment.	Al Sweeten, Seattle Indian Health Board Bob Leonard, DBHR Harvey Funai, DBHR	
Able to deliver seamless wrap-around services to Native American patients under their umbrella agency.	Provide coordinated assessments, outpatient treatment, residential treatment, and medical services to Native American patients.	Native American community will receive seamless services that meet their needs.	Al Sweeten, Seattle Indian Health Board Bob Leonard, DBHR Harvey Funai, DBHR	
Provide chemical dependency, prevention, and mentoring services to the youth.	Disseminate information about chemical dependency resources and provide mentors for indentified youth.	To decrease the use in Native American youth and increase knowledge of preventive resources.	Al Sweeten, Seattle Indian Health Board Bob Leonard, DBHR	

Shoalwater Bay Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
PREVENTION Bill for prevention services.	Work with prevention staff to find out if services are being provided.	Bill for services in a timely fashion.	DBHR Behavioral Health Administrator DBHR Prevention Manager Kevin Shipman, Prevention Program Director	
DATABASE Better information entered into DBHR data information system for prevention.	Provide technical assistance on the PBPS system.	Timely and accurate information regarding prevention services.	DBHR Behavioral Health Administrator Kevin Shipman, Prevention Program Director Carol Johnson, Tribal Administrator	
TREATMENT The tribe would like to be able to serve more ADATSA clients.	Develop better working relationship with the local CSO in Aberdeen.	Provide services to more ADATSA eligible clients.	DBHR Behavioral Health Administrator Ruth Leonard, DBHR Treatment Manager Coleen Chapin-Glasscock, CDP	

Skokomish Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Exploring the possibility of opening a transitional housing unit on tribal land.	Explore opportunity as part of a long-term goal for the tribe and state. Provide information to the tribe on the current WAC/RCW requirements.	Begin process for a transitional house.	DBHR Behavioral Health Administrator Ruth Leonard, DBHR Behavioral Health Program Manager Cheryl Miller, Health and Human Services Director	

Snoqualmie Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Snoqualmie Tribe Canoe Family will provide cultural and heritage classes for tribal members and community.	Provide cultural and heritage classes to include crafts, drumming, language, storytelling, and carving.	To increase participants' knowledge of tribal culture, heritage, and traditional rituals through participation in various classes.	Joanne Dominick, Snoqualmie Tribe Jean Medina, Snoqualmie Tribe	
Snoqualmie Tribe Canoe Family will construct a traditional ocean-going canoe to increase tribal pride and community involvement.	Snoqualmie Tribe Canoe Family will carve a traditional ocean-going canoe and paddles for beginners with support from community volunteers.	To increase participants' knowledge of tribal culture, heritage, and traditional rituals through participation in carving class.	John Mullen, Snoqualmie Tribe	
Gain knowledge of Performance Based Prevention System (PBPS).	Receive technical assistance and training on PBPS.	Have knowledge and skills to enter PBPS data accurately and in a timely manner and generate PBPS reports as needed.	Jesse Lucus, Snoqualmie Tribe Cindy Ferguson, Snoqualmie Tribe Joanne Dominick, Snoqualmie Tribe	
Snoqualmie Tribe will have a sweat lodge available to the tribal members.	Explore feasibility and develop an implementation plan.	Support and implement a program using the sweat lodge.	John Mullen, Snoqualmie Tribe Diane Forgey, Snoqualmie Tribe	
Teach tribal traditions to the community.	Carve a shovel-nose river canoe and will incorporate storytelling.	Familiarity with tribal traditions and stories.	John Mullen, Snoqualmie Tribe	
Teach drug and alcohol prevention messages to the youth.	Invite a speaker to the youth meetings quarterly.	Increased awareness of ATOD among youth program participants.	Joanne Dominick, Snoqualmie Tribe	

Squaxin Island Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Have training on transitional housing.	Have training, obtain useful information, handouts, etc. on what is available for transitional housing in Washington State.		Behavioral Health Administrator	
To have current information on WAC and RCW changes as it relates to treatment and confidentiality on DOC clients.	Be added to all distribution lists for changes with DBHR policy about treatment and confidentiality.	Be current on all changes.	Behavioral Health Administrator Ruth Leonard, Behavioral Health Program Manager	

Suquamish Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Improve access to detoxification services.	Develop a resource list of detoxification services with an emphasis on those services that can be available for clients who are taking Oxycontin and Suboxone.	To ensure access to services for tribal members who are taking Oxycontin and Suboxone.	Leslie Wosnig, Suquamish Wellness Center Ruth Leonard, DBHR Behavioral Health Program Manager	
Maximize funding to more fully meet the needs of Suquamish Tribal members.	Review expenditures to determine if there is a need for additional funds.	Expanded services by transferring unused funds from other DBHR sources.	DBHR Behavioral Health Administrator Leslie Wosnig, Suquamish Wellness Center	
Improve transportation for individuals to access treatment at tribal locations.	Increase coordination with the Para Transit system.	An implemented strategy.	Leslie Wosnig,, Suquamish Tribe Wellness Center	
Improve American Indian Prevention Programming.	Explore prevention activities that are applicable to tribal communities.	Increase knowledge of staff core prevention competencies.	Ivón Urquilla, DBHR Prevention Manager Trisha Price, Suquamish Youth Services Program Manager	

Suquamish Tribe

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Advocate for sober housing options and Oxford Houses.	Assist treatment clients to access sober housing services. Develop a sober housing resource list as requested by Dr. Bruce.	Improve access to sober housing for tribal members. Ensure Suquamish Tribe members know of the Oxford Houses in Washington State.	Leslie Wosnig, Suquamish Wellness Center Ruth Leonard, DBHR Behavioral Health Program Manager	

United Indians of All Tribes

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
Provide outpatient treatment services.	Complete and submit an application for certification to DBHR.	Become a DBHR certified treatment agency and begin providing outpatient treatment.	Janeen Comenote, United Indians of All Tribes Foundation Brian Barr, DBHR Certification Section	
Be able to provide prevention services.	Identify one staff and ensure they complete SAPST training.	Gain new knowledge and skills related to alcohol, tobacco, and other drug prevention and be able to apply principles within their community.	Stephanie Rainwater, United Indians of All Tribes Foundation	
Re-establish working relationship with King County.	Meet with the King County MHCADSD.	Have a collaborative relationship with King County to support treatment and prevention services.	Janeen Comenote, United Indians of All Tribes Foundation King County MHCADSD staff	
Increase their knowledge and skills related to Confidentiality/HIPPA training.	Work collaboratively with DBHR Certification staff to implement confidentiality training.	Adherence to all Confidentiality/HIPPA regulations.	Marty Bluewater, United Indians of All Tribes Foundation Dennis Tagers, United Indians of All Tribes Foundation	
Increase their knowledge and skills related to sexual assault and chemical abuse and dependency.	Have two staff complete Sexual Assault and Chemical Dependency training.	To understand the relationship between sexual assault and chemical abuse and dependency.	Marty Bluewater, United Indians of All Tribes Foundation	

Regional Support Networks

7.01 Action Plans

**Southwest Behavioral Health / Cowlitz Indian Tribe
7.01 Action Plan**

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
I. Have you scheduled regular meetings with the Tribes to discuss the Collaboration Plan and/or Progress Report? When and how often do you meet?	SWBH will meet with Tribal Representatives quarterly to discuss a 7.01 plan and plans to meet as needed to maintain meaningful collaboration in 2013 to discuss the 7.01 plan and the Tribal Collaboration Plan.	To develop efficient and effective service protocols that benefit members our local Tribe and other individuals who identify as Native American. Continue meaningful collaboration between Cowlitz tribe and SWBH including development of a RHA.	SWBH CEO – Connie Mom-Chhing Tribal Rep- Jim Sherrill, Steve Kutz Quarterly meetings through 2013	December 14, 2012, SWBH CEO, Provider Manager and Quality Manager met with Cowlitz Indian Tribe and decided to meet quarterly to discuss operations.

Southwest Behavioral Health / Cowlitz Indian Tribe 7.01 Action Plan

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
<p>2. Have your RSN administration staff, Contractors, i.e. CMHA administrators, supervisors, or their program staff met with the Tribes in your area and identified issues that need to be addressed? What were the topics of the issues? What were the agreeable solutions? Has your RSN identified for the Tribes one or two contact people with the RSN?</p>	<p>On December 14, 2012 Cowlitz Indian Tribe and SWBH met and discussed how to best serve the population served by Cowlitz Indian Tribe by having Cowlitz Indian Tribe meet with the SWBH Clark and Cowlitz Providers. Discussed having Cowlitz Indian Tribe have a preliminary meeting with providers to brainstorm how to serve mutual clients. Cowlitz Indian Tribe would like access to psychological and psychiatric assessments with the RSN.</p> <p>Topics included: coordination of care between SWBH Providers and Cowlitz Indian Tribe Providers, need for Cultural Competency Training focusing on Native Cultures, Government to</p>	<p>Increased communication, continued collaboration, efficient and culturally competent services for individuals utilizing services in the SWBH service area. Reduction of duplication of services provided by both entities.</p> <ul style="list-style-type: none"> ▫ Quarterly meetings with Cowlitz Tribe and SWBH to ensure open lines of communication exist regarding clients and services. 	<p>SWBH CEO – Connie Mom-Chhing</p> <p>Tribal Rep- Jim Sherrill, Steve Kutz</p> <p>Quarterly meetings through 2013 to address issues that arise</p>	<p>At the December 14, 2012 Cowlitz Indian Tribe and SWBH met and discussed how to best serve the population served by Cowlitz Indian Tribe by having Cowlitz Indian Tribe meet with the SWBH Clark and Cowlitz Providers. Discussed having Cowlitz Indian Tribe have a preliminary meeting with providers to brainstorm how to serve mutual clients. Cowlitz Indian Tribe would like access to psychological and psychiatric assessments with the RSN.</p> <p>Discussed coordination of care between SWBH Providers and Cowlitz Indian Tribe Providers work together to serve Tribal members enrolled in Tribal Services. Discussed coordination with prescribers in particular and Cowlitz Indian Tribe Behavioral Health and serving individuals in SWBH prescribers.</p> <p>Discussed SWBH need for Cultural Competency training focusing on Native Cultures.</p> <p>Connie Mom-Chhing discussed the current SWBH Crisis Redesign project. Steve Kutz stated that Cowlitz Indian Tribe has not had “any issues” with Crisis Services in Cowlitz County and he had not heard if there were issues with the Crisis Services in Clark County. Discussed upcoming focus group for Crisis Redesign in January 2013. Jim Sherrill offered to host the focus group.</p> <p>Discussed monthly Cultural Competency Committee meetings that will begin in January 2013.</p>

Southwest Behavioral Health / Cowlitz Indian Tribe

7.01 Action Plan

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
	Government Training, Coordination with Health Plans, and the SWBH Crisis Redesign project.			Discussed that the Committee wishes to have a training in March. SWBH Advisory Board total of 14 members, with requirement of 51% of the consumers/family. The composition will include: 7 for Clark 4 of them must be consumers/families, 4 for Cowlitz, 2 for Skamania, 1 for Cowlitz Indian Tribe. Connie Mom-Chhing will provide a matrix to Cowlitz Indian Tribe once completed. Discussed having Cassie Sellards-Reck and Steve Kutz serving on the SWBH Advisory Committee. Cowlitz Indian Tribe stated that they could have a consumer serve on the board as well.
3. Have your RSN administration and contracted providers included Tribal contacts in your information sharing, problem-solving and planning activities? Who are your contacts at the Tribe for consultation? For service delivery?	SWBH and Cowlitz Indian Tribe will meet quarterly in 2013 and identify and address any issues and operations. SWBH Providers will meet with Cowlitz Indian Tribe in 2013 to develop lines of communication to share information regarding mutual consumers and services.	Increase communication and improved service delivery to consumers as evidenced by representation of the tribe in planning and consultation meetings, clinical documentation and continuation of the current working agreement. SWBH Providers will continue to collaborate and coordinate with	SWBH Administrator: Connie Mom-Chhing Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/13	At a 7.01 planning meeting December 14, 2012, SWBH and Cowlitz Tribe discussed how to coordinate with the local hospitals to ensure coordinate of care and discharge planning includes Cowlitz Indian Tribe for all individuals who receive Tribal services. Discussed potential for SWBH to add questions to current hospital paperwork. Potential questions could include; Are they Native and are they engaged in the Cowlitz Indian Tribal Clinic with any services. Individuals? Cassandra Sellards-Reck discussed the need for CD inpatient beds. Jim Sherrill stated that the day treatment manager is interested in providing co-occurring treatment. Connie Mom-Chhing stated that SWBH does have 2 co-occurring beds at Lifeline Connections

Southwest Behavioral Health / Cowlitz Indian Tribe

7.01 Action Plan

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
		Cowlitz Indian Tribe throughout 2013. □		and that Cowlitz Indian Tribal Members can access the beds if they meet the requirements for admission at Lifeline.
4. Have you notified Tribes of funding opportunities, available grants, or training opportunities, including from the RSN and/or your contracted providers? What were they?	SWBH will continue to notify the tribe of funding opportunities that arise.	Representation of Tribal representatives at RSN trainings, Applications for funding by the Tribe	SWBH Contact: Connie Mom-Chhing - CEO Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/13	At the December 14, 2012 meeting Connie Mom-Chhing mentioned that all grants and contracts from SWBH go through procurement process. Steve Maynard inquired about the Cowlitz Indian Tribe's interest in contracts, grants regarding employment opportunities. Steve Kutz stated that Cowlitz Indian Tribe would be interested in Best Practices, Treatment and Evaluation topic trainings. SWBH agreed to keep Cowlitz Indian Tribe apprised of any upcoming funding, grants and training opportunities.
5. Do you have any special/pilot projects that include tribal participation or need to have tribal participation? What are they?	SWBH is open to working with the tribes on special projects.		SWBH Administrator: Connie Mom-Chhing Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/13	
6. Are your employees, RSN administration and contracted providers, trained to address culturally sensitive issues, have access to culturally relevant resources, or tribal contacts?	Goal of Joint Trainings with SBBH and Cowlitz Tribe which include; Tribal history, cultural considerations, cultural awareness, historical trauma, and government to government rela-	Clinical records reflect activities that are culturally and age appropriate, and reflect consultations with appropriate specialists as required. Increased cultural	SWBH Administrator: Connie Mom-Chhing Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/13	On December 14, 2012, discussed if Cowlitz Indian Tribe had capacity for Native American MH Specialists and/or training for RSN staff regarding culturally competency training. Discussed sharing cost and coordination for training. Connie Mom-Chhing discussed resource sharing with Cowlitz Tribe which may include having annual Cultural Competency/Diversity Trainings focusing on Native Americans. Cowlitz

**Southwest Behavioral Health / Cowlitz Indian Tribe
7.01 Action Plan**

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
	<p>tions. Goal of having Inpatient and private providers attend Cultural Competency trainings.</p>	<p>awareness and competency for Native American Populations seeking Mental Health and Substance Abuse Services</p>		<p>Indian Tribe discussed Debbie Medieros, Terry Cross, Dr. Robert Ryan as possible trainers. Discussed issues of history and development of tribes, cultural considerations, cultural awareness, historical trauma and impact on tribal members as training considerations. Discussed SWBH contracting with a Cowlitz Indian Tribal Member. Jim Sherrill stated that Cowlitz Indian Tribe currently do not have capacity for Native Mental Health Specialists. Steve Kutz discussed that Cowlitz Indian Tribe refers individuals to Tribal members for learning about the culture.</p> <p>Goal of having Inpatient and private providers attend Cultural Competency trainings. At December 14, 2012 meeting, Steve Kutz stated that Cowlitz Indian Tribe wants to ensure that all of the systems of care are closely coordinated to ensure that substance abuse and behavioral health are closely aligned with the Health Plans. Connie Mom-Chhing stated that SWBH has MOUs with 4 Health Plans, United Health, Molina, CHPW, Care Coordination/Centine/Simpatico and there is data exchanged between systems to provide care coordination. Steve Kutz stated that Native Americans can change plans any time they wish, Non Indians cannot. Tribes can sponsor enrollment in plans. Discussed that the SWBH rate is better than the rate of the Health Plans. Connie Mom-Chhing stated she attends the an-</p>

**Southwest Behavioral Health / Cowlitz Indian Tribe
7.01 Action Plan**

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
				nual North Sound sponsored Tribal training.
7. Is your RSN able to respond to current needs of the tribes? How? If not, have services gaps been identified and discussed?	<p>Since 2009, the Counties that make up SWBH has developed and implemented an ongoing strategy with Cowlitz Tribe to reach our shared goals of increased communication, access, coordination and collaboration for efficient and culturally competent services.</p> <p>SWBH and SWBH Providers continue with Cowlitz Tribe to build communication and continuity of care for shared consumers.</p>	<p>Increased, ongoing communication for mutual consumers and collaboration with cultural consultations.</p> <p>Access for Tribal members meeting SWBH Access to Care Standards</p> <p>Ongoing shared collaboration, coordination and education between SWBH and Cowlitz tribe.</p>	<p>SWBH CEO: Connie Mom-Chhing</p> <p>Tribal Rep- Jim Sherrill, Steve Kutz</p> <p>Target date for outcomes report: 06/13</p>	At the December 14, 2012 meeting, SWBH addressed issues related to inpatient care coordination, Crisis Redesign. Issues will be addressed as needed or at the quarterly SWBH/Cowlitz Tribe meeting.

Southwest Behavioral Health / Cowlitz Indian Tribe

7.01 Action Plan

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
8. Did your RSN and contracted providers participate in 7.01/Indian law/tribal relations training? What staff? What kind of training was provided?	SWBH CEO, Connie Mom-Chhing, attends the annual North Sound sponsored Tribal training. SWBH will look into and participate in Government to Government training.	When trainings are available, SWBH staff will attend training with intention to increase knowledge on Tribal issues.	SWBH CEO :Connie Mom-Chhing Target date for outcomes report: 06/13	Jim Sherrill asked that Connie Mom-Chhing attend the training from the Governor's Office of Indian Affairs, Government to Government training. Cowlitz Indian Tribe would like to bring the training to Cowlitz and have the training offered to SWBH Staff and Providers. SWBH/Cowlitz Indian Tribe will look into the Government to Government training
9. Did your RSN or contracted providers provide training to the Tribes? What tribes? What kind of training was provided?	SWBH will continue invite the tribe to all SWBH sponsored trainings, including trainings that offer CEUs.	SWBH will invite Cowlitz Indian Tribe to future SWBH trainings	SWBH Administrator: Connie Mom-Chhing Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/13	Cowlitz Indian Tribe requested that community resources be shared between SWBH and Cowlitz Indian Tribe. Cowlitz Indian Tribe offered training to RSN on general history of Cowlitz Indian Tribe.
10. Do you have current working agreements with the Tribes? What are they? Are they current?	SWBH will have a working agreement with Cowlitz Indian Tribe for the Governing Board and the Advisory Board. An inter-local agreement will be maintained.		SWBH CEO: Connie Mom-Chhing Tribal Rep – Jim Sherrill, Steve Kutz Target date for outcomes report: 06/13	Discussed having a MOU to have SWBH providers refer individuals to the Cowlitz Indian Tribe. SWBH will ensure that Providers ensure Cowlitz Indian Tribal members offer Cowlitz Indian Tribal contact information and referral. SWBH will set a meeting with Cowlitz Tribe to discuss the inter-local agreement prior to the next Connie Mom-Chhing will ask Stoel Reeves to send a copy of the inter-local agreement to Jim Sherrill. Connie will email the date of the next SWBH Governing Board to Jim Sherrill.

Southwest Behavioral Health / Cowlitz Indian Tribe 7.01 Action Plan

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
11. Do you contract directly with the Tribes? What are these contracts? Include amounts, brief description, and contract dates.	SWBH is open to the prospect.		SWBH CEO: Connie Mom-Chhing Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/13	
12. Do you have a plan for recruiting Native American providers, contractors, or employees?	SWBH is an equal opportunity employer as are our providers. SWBH will consider recruiting Native American Providers if the need is apparent in our Quality and Utilization Management activities or the tribe identifies a service gap that needs to be addressed.	Increase in services to individuals who identify themselves as Native American.	SWBH CEO: Connie Mom-Chhing Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/13	
13. Did you inform and seek input from MHD when developing policies and procedures that will have a unique effect on Tribes?	SWBH has not implemented new policies or procedures that would have a unique effect on the Tribes in the last fiscal year. If new policies or procedures are implemented in the next fiscal year that would have a unique	Ensure that new Policies and Procedures that have a unique effect on the Tribe are reviewed and approved by DBHR and the Tribe as evidenced by written approval by all involved parties.	SWBH CEO: Connie Mom-Chhing Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/13	

**Southwest Behavioral Health / Cowlitz Indian Tribe
7.01 Action Plan**

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff & Target Date	Status Update for the Fiscal Year beginning July 2012
	effect on the tribes, SWBH will bring any policies to the Governing Board which include the Cowlitz Indian Tribe. SWRSN will seek feedback from Cowlitz Indian Tribe on the SWBH Cultural Competency Plan.			
14. Do you have issues or concerns that require assistance from the Mental Health Division's Tribal Liaison or staff? Have you discussed these issues with MHD staff?	SWBH has questions around coordination with the Health Plans/Cowlitz Indian Tribe with DBHR.	SWBH will contact liaison if needed to ensure appropriate consultation of issues that may arise.	SWBH CEO: Connie Mom-Chhing Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/13	
15. Has any tribe asked to be a member on your Governing Board? Advisory Board? Is any tribe currently serving on your Governing Board? Advisory Board?	Cowlitz Indian Tribe has members sitting on both the SWBH Governing Board and the SWBH Advisory Board.	Cowlitz Tribe has a voice in the SWBH Governing Board and SWBH Advisory Board	SWBH CEO: Connie Mom-Chhing Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/13	

King County Regional Support Network / Muckleshoot Tribe 7.01 Action Plan

- King County's (KC) contact at the Muckleshoot Nation is Mick Clarke for service planning.
- The contact for contracting issues for the Muckleshoot is Steve Maurer.
- The lead staff person assigned as the KC contact is Chris Verschuyt.

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff & Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
Improve and promote mental health services for the children, adults, and older adults of the Muckleshoot Indian Tribe (MIT) that are determined to be clinically necessary, culturally appropriate, and improve an individual's ability to function.	8/29/11 Visit with Mick Clarke, Dan Cable, Lisa James, and Dave Cornell, Mental Health Supervisor	Informal introductory visit.	Chris Verschuyt, Mental Health Contract Monitor, and Cindy Bergh	Discussed chemical dependency site visit report, met staff, and toured facility,
	8/29/11, 9/9/11, 9/12/11 Emails with Mick Clarke	Discussed 2012 contract.	Chris Verschuyt	MIT agreed no changes were needed,
	10/26/11, 10/31/11 Emails with Mick Clarke	Behavioral health legislative forum invitation and confirmation.	Chris Verschuyt	Mick Clarke attended forum,
	11/1/11, 11/3/11, 11/9/11, 11/15/11, 11/22/11, 12/6/11 Emails and phone call with Mick Clarke and Lisa James	Credentialing package questions, extension request.	Chris Verschuyt, Karen Spoelman, Contracts and Cross System Coordinator	Questions resolved, extension granted, package completed,

**King County Regional Support Network / Muckleshoot Tribe
7.01 Action Plan**

	11/9/11 Emails with Mick Clarke	Revisions to quarterly mental health block grant report.	Chris Verschuyf	Revised form implemented to meet mental health block grant requirements.
	12/22/11, 1/3/12, 1/23/12 Emails with Mick Clarke and Philip Brooke	Expiring insurance.	Chris Verschuyf	Insurance documents obtained.
	1/31/12, 2/15/12, 2/16/22, 2/22/12, 2/23/12 Emails and phone call with Mick Clarke	Discussed opportunity for a small amount of new funding.	Chris Verschuyf	Explored nature of funding and timeframe for expenditures; MIT discussed internally and then declined funding.

King County RSN / Snoqualmie Tribe 7.01 Action Plan

- King County's (KC) contact at the Snoqualmie nation is Mary Jo Miller for service planning and contracting, Invoices and billing issues. She connects with all appropriate people for contracting, credentialing and services. Mary Jo does the invoicing.
- Dan Brewer is the supervisor of mental health services for Snoqualmie.
- The lead staff person assigned as the KC contact is Chris Verschuyt.

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff & Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
Work collaboratively to ensure mental health needs of the tribal community are identified and resources applied to assist the tribe to find solutions to meet those needs.	May or June 2011 Voice mail exchange with Dan Brewer	Requested missing report.	Deborah Stake, Mental Health Contract Monitor	Obtained missing report.
	9/29/11 Introductory meeting with Dan Brewer	Introductory meeting.	Chris Verschuyt, Mental Health Contract Monitor and Cindy Bergh	Discussed program and training ideas.
	10/27/11, 11/9/11, 12/16/11 Emails with Dan Brewer	Address credentialing package questions.	Chris Verschuyt and Cindy Bergh	Credentialing package accepted.
	11/3/11, 11/9/11, 11/18/11, 11/21/11 Emails with Dan Brewer	Requested updated insurance documentation.	Chris Verschuyt	Updated insurance documentation obtained.
	11/4/11, 11/8/11 Emails to Dan Brewer	Invited Snoqualmie staff and clients to legislative forum.	Chris Verschuyt	Dan Brewer and Diane Forgey, Chemical Dependency Supervisor, attended.
	1/31/12, 2/1/12, 2/29/12(scheduled) Email and phone calls with Dan Brewer	Discuss funding opportunity for youth suicide prevention.	Chris Verschuyt	Dan planned to discuss the opportunity with his staff on 2/27. On 2/29, Dan will share Snoqualmie's decision about whether it wants to pursue the funding.

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
				An agenda item to discuss whose name could be forwarded for the 3 new NSMHA Advisory Board Tribal seats will be placed on the March 12 RTCC agenda.
	<p>1.2 Follow Centennial Accord Communication and Consultation Protocol.</p>	<p>Collaborate with Tribes on the interpretation and implementation of the Centennial Accord Communication Protocol.</p> <p>Implement Centennial Accord Communication and Consultation Protocol.</p> <p>Work with the Tribes to educate and train all NSMHA funded subcontractors and providers on the</p>	<p>NSMHA Executive Director / Tribes</p> <p>Target Date: ongoing</p> <p>DSHS Office of Indian policy – Region 2 Manager/ NSMHA Executive Director</p>	<p>The Tribes and NSMHA conducted another very successful Tribal Conference on May 11 and 12, 2011.</p> <p>2009 Meetings: Jul 13th Sep 22nd, Oct 19th & Nov. 16th</p> <p>2010 Meetings: Jan. 25th, Feb. 22nd, Mar. 8th, May 10th, June 3rd, Sept 13th, Nov 8th .</p> <p>2011 Meetings: Jan 10th, Mar 14th, Oct 10th, The NSMHA/Tribal Committee met at the dates above to plan and conduct a very successful 2011 Tribal Conference on May 13, 2010. The theme was “Wraparound in Indian Country.”</p> <p>2012 Meetings: Jan 9th, Feb 13th, Mar 12th, May 14th, July 9th, Sept 10th, Nov – TBD</p> <p>2012 Conference: May 23rd, Tribal Needs & Healthcare Reform.</p> <p>SEE ATTACHMENT I: Tribal Conference Brochure. SEE ATTACHMENT II: Tribal Conference Evaluation.</p>

North Sound Mental Health Authority 7.01 Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
<p>2. Optimum access to and inclusion in NSMHA contracted programs and/or culturally appropriate services for which Tribal members are eligible.</p>	<p>2.1 Collect, record, and provide access data: Identify census of Tribal communities and individuals receiving mental health services by NSMHA PHP contractors.</p> <ul style="list-style-type: none"> • Collect data to support Tribal statements of need. • Seek a grant to pay for a plan to identify issues and gaps in services. Submit to Tribes. • Provide information to Tribes 	<ul style="list-style-type: none"> • Number of PHP Provider Encounters • Primary/secondary diagnoses • Referring Tribes – Non- Indians • Data Dictionary to Tribes • Provide suitable reports of access data to Tribes for program planning and evaluation • NSMHA UR reviews will report on culturally appropriate services NSMHA can limit this to American Indian numbers. This should be an aggregate number. • Elements of plan incorporated into NSMHA planning, to include Strategic Planning. • Comprehensive Final Plan to address outstanding issues and gaps that is funded, supported by data endorsed by Tribal Councils and 	<p>NSMHA Data Analyst</p> <p>Target Dates: 5-1-2012 8-1-2012 12-1-2012</p> <p>NSMHA Executive Director & Tribes,</p> <p>Target Date: 12-31-12</p>	<p>I. Data reports include:</p> <ul style="list-style-type: none"> • Provider agency. • Age Groups <ul style="list-style-type: none"> ○ 0-17 ○ 18-59 ○ 60+ • Number people served. • Number of Service Hours. • Number of Services Provided. • List of Services provided. <p>Report presented at 7.01 meeting May 1, 2012</p> <p>Data reviewed at September 10, 2012 Tribal/NSMHA Meeting.</p> <p>SEE ATTACHMENT III: Report on Services.</p> <p>Updated data reviewed at the November 7, 2012 7.01 Meeting.</p> <p>Updated data from NSMHA reviewed at the February 6, 2013 meeting. Discussion took place regarding whether this data could be combined with data on the number of persons being served in Tribal Behavioral Health programs. Tim will research to see what data might be available from DSHS.</p> <p>Joe provided update on NSMHA Strategic Plan goal focusing on increasing access to services in geographically isolated areas. Suggestions for strategies that would include increasing access to services to Tribal member in geographically isolated areas were encouraged.</p>

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
	<p>2.2 Initiate process to enhance traditional healing through Federal Block Grant Funds</p> <p>Tulip Tribes use FBG funds for youth engagement and tribal traditions</p>	<p>Tribal proposals which go to NSMHA Board of Directors for use of Federal Block Grant Funds</p>	<p>Tribes and NSMHA</p> <p>Completed Ongoing</p>	<p>NSMHA currently has a traditional healing contract with the Tulalip Tribe utilizing Federal Block Grant Funds.</p> <p>An RFP for FBG funding is released each year. Current providers must reapply every two years.</p> <p>NSMHA Timetable for 2013-2014 Federal Mental Health Block Grant handed out at February 6, 2013 meeting. Some money will be set aside for a tribal specific FMHBG RFP. Suggestions were provided for some of the elements to include as possible outcomes. These included: increasing engagement by Native Americans in services; continuing to support tribal programs that use traditional cultural activities to engage and teach life skills to youth; increasing access to activities by tribal youth in more remote geographic areas such as Sauk-Suiattle; helping tribal member process grief and loss especially with deaths involving young people; supporting after-care programs for youth being discharged from residential treatment programs.</p> <p>Lead Staff and Target Date: NSMHA Director: March 4, 2013</p>

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
	<p>2.3 Tribal Mental Health Depts. have the capacity to initiate certification for voluntary admissions to inpatient services.</p> <ul style="list-style-type: none"> • The initiation of certification for and admission to inpatient services will be provided to those Tribal community members receiving services at a Tribal mental health facility through the Tribe. • Establish agreed-upon definitions of terms. • Update agreed-upon protocols. 	<p>Tribes will provide aggregate reports of inpatient initiation. This will include:</p> <ul style="list-style-type: none"> • Admission criteria consistent with Tribal evaluation criteria • The number of initiated referrals. • Response times to initiation. • Outcome of certification. • Current status Inpatient outcome sheet on voluntary admissions will be developed. • Consensus on this new protocol • Review at Tribal Mental Health Provider meetings 	<p>NSMHA Executive Director in collaboration and partnership with the Tribes.</p> <p>Target Date: 12-31-2012, reviewed at 6 month intervals for workable solutions</p>	<p>Tribal Mental Health Departments have the capacity to initiate certifications for voluntary hospitalizations. This process has been working with no major problems</p> <p>Need to look at differences in adult and child admissions, such as diversion programs for children.</p> <p>Discussed at September 10, 2012 Tribal/NSMHA Meeting. Tribal representatives will check with Tribal Program Staff.</p> <p>Reviewed again at October 22, 2012 Tribal NSMHA meeting; no additional issues identified.</p> <p>The need to improve coordination of discharge planning to tribal members being discharged from psychiatric hospitalization was discussed at the February 6, 2013 meeting. This issue will be referred to the Tribal MH provider group for discussion at future meetings.</p> <p>Lead Staff and Target Dates: NSMHA Director: July 2013</p>

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
<p>3. Provide culturally appropriate treatment for all Tribal consumers, and collaborative relationships between Tribes and PHP's in the treatment of Tribal individuals.</p> <p style="text-align: center;">(2003)</p>	<p>3.1 Support and encourage NSMHA providers to incorporate Tribal resources when treating Tribal individuals. Review appropriate NSMHA policies. Support and encourage NSMHA providers</p>	<ul style="list-style-type: none"> Revise Tribal MH brochure, list contacts by Tribal position and contact number and review brochure yearly. 	<p>NSMHA Executive Director</p> <p>Target Date: 12-31-12</p>	<p>Related NSMHA Policies: 1521 – Cultural & Linguistic Competency 1530 – Cross System Coordination 1545—Vol. Hosp. Cert-Tribal members 1558 – Mental Health Specialist 6001 – 7.0I Plan</p> <p>Related NSMHA Training Modules: NSMHA 7.0I Administrative Policy/American Indian Training Module NSMHA Cultural Competence Training Module</p> <p>September 2012 update Tribal representatives will review the draft brochure for needed updates; the updated brochure will be distributed and posted on the NSMHA website. Current brochure handed out at the November 7, 2012 7.0I Meeting. Send any corrections to the NSMHA Executive Director.</p> <p>Brochure reviewed again at February 6, 2013 meeting. No additional corrections were noted. NSMHA will re-distribute brochures to provider agencies with a reminder to hand it out to self-identified Native Americans who are served by RSN contracted providers.</p>
	<p>3.2 Encourage providers to offer Tribal consumer's traditional cultural treatment options as part of the intake process.</p> <p>Encourage Tribal consumers to seek</p>	<ul style="list-style-type: none"> All NSMHA providers routinely offer Tribal clients referrals to Tribal traditional cultural treatment, using contacts listed in the Tribal Mental Health Bro- 	<p>NSMHA Executive Director</p> <p>Audit of Tribal files yearly</p> <p>Completed: ongoing</p>	<p>Providers are audited for compliance during NSMHA Administrative audits.</p> <p>2012 Audits scheduled: Bridgeways August 8-9, CCSNW April 11-12, Compass Health June 25-29, Interfaith June 4, Lake Whatcom Center May 21-22, Pioneer Human Services March 19-20, Sea Mar May 10-11, Snohomish County September 24-25, Sunrise Services July 16-17, Whatcom Counseling & Psychiatric Clinic April 16-20, Volunteers of</p>

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
	cultural options as part of the intake process.	chure.		America, August 28-29, CVAB July 30, Opportunity Council May 4, Sun House July 2, Skagit County May 17, Snohomish County Senior Services May 4, Tulalip Tribes March 5, To be scheduled: San Juan County and Whatcom County

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
	<p>3.3 Develop and implement a plan with contracted NSMHA providers for incorporating traditional/cultural Tribal mental health services when treating Tribal consumers.</p> <p>Develop educational programs for provider staff on working with Tribal healing resource programs and people that identifies outstanding issues and/or gaps in services identified by Tribes.</p> <p>Track number of providers that attend annual Tribal conference both Tribal and non-Tribal providers.</p>	<ul style="list-style-type: none"> Provider staff will notify Tribal mental health when a self-identified Tribal consumer presents for treatment and will routinely collaborate with Tribal Mental Health providers when treating a member of that Tribe. An Ad Hoc committee comprised of Tribal Members will be formed to review best practices for Tribal individuals. 	<p>NSMHA Executive Director</p> <p>Completed: ongoing</p>	<p><i>NSMHA and Regional Tribes:</i></p> <p>9th Annual Tribal Mental Health Conference was held June 10-11, 2009 with the theme “Preserving Native Wisdom”.</p> <p>10th Tribal Conference was held May 13, 2010 with the theme “Every person has a story”.</p> <p>11th Annual Tribal Mental Health Conference was held on May 11th and 12th with the theme “Wraparound in Indian Country”</p> <p>12th Annual Tribal Mental Health Conference scheduled for May 23rd, Theme: Tribal Needs in Turbulent Times</p> <p>2009 Meetings: Jul 13th Sep 22nd, Oct 19th & Nov. 16th</p> <p>2010 Meetings: Jan. 25th, Feb. 22nd, Mar. 8th.</p> <p>2011 Meetings: Jan 10th, March 14th, Oct 10th, Nov 21st</p> <p>2012 Meetings: Jan 9th, Feb 13th, Mar 12th, May 14th, July 9th, Sept 10th, Nov – TBD</p> <p>September 2012 update: To be addressed as part of the planning for the 2013 Tribal Mental Health Conference.</p> <p>February 6, 2013 update: NSMHA will strengthen the requirement in future contracts with provider agencies to make Native American consumers aware of services available through Tribal Behavioral Health providers.</p>

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
	<p>3.4 Foster collaborations between Tribes and NSMHA providers, County Mental Health, DMHPs, staff & case managers of Tribal consumers, and other components of mental health that result in culturally appropriate treatment.</p> <p>Encourage linkages among Tribes, DSHS agencies and County Health Pro-</p>	<ul style="list-style-type: none"> • Tribes have met with DCR's & NSMHA providers to arrange for: • A working procedure is in place to notify Tribes when a self-identified service population member presents for services. • Tribal Mental Health Specialist is called in for consultation/therapy within 30 days of access appointment. • Revise protocol at Tribal Mental Health Provider Meetings. 	<p>NSMHA Executive Director</p> <p>Target Date: 12-31-12</p>	<p>Related NSMHA Policies: 1521 – Cultural & Linguistic Competency 1530 – Cross System Coordination 1558 – Mental Health Specialist 1545—Vol. Hosp. Cert-Tribal members 6001 – 7.0I Plan</p> <p>Related NSMHA Training Modules: NSMHA 7.0I Administrative Policy/American Indian Training Module NSMHA Cultural Competence Training Module</p> <p>September 2012 update: Tribal representatives will check with Tribal program staff on how well this protocol is being followed.</p> <p>February 2013 update: NSMHA staff will continue to review whether its providers are consulting with Tribal Mental Health Specialists as part of their utilization reviews of provider agencies.</p>

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
<p>4. All Stakeholder Training (2003)</p>	<p>4.1 Provide training opportunities that address cultural sensitivity to Tribal Mental Health Workers and the public.</p>	<ul style="list-style-type: none"> Workshops, trainings seminars, and conferences held each year. 	<p>NSMHA Executive Director Target Date: 12-31-12</p>	<p>10th Annual Tribal Mental Health Conference was held May 13, 2010 with the theme “Every person has a story”. 11th Annual Tribal Mental Health Conference was held May 11 & 12, 2011 with the theme “Wraparound in Indian Country” 12th Annual Conference scheduled for: May 23rd, theme: Tribal Needs & Healthcare Reform.</p> <p>September 2012 update: The feedback from the May 2012 Tribal Conference was reviewed at the September 10, 2012 Tribal/NSMHA meeting. A tentative list of themes for the 2013 conference was developed. Tribal representatives will review and solicit suggestions from tribal members for themes and speakers.</p>

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
	<p>4.2 Workshop, training, seminar and conference need and subject matter are directed by Tribes who attend the NSMHA/Tribal meetings.</p>	<ul style="list-style-type: none"> • Joint NSMHA/Tribal workshops, trainings, seminars and conferences to address specific Tribal mental health issues. • Tribes direct Tribal-specific design and presentation of workshops, trainings, seminars and/or conferences. • Provide two workshops/trainings annually. 	<p>NSMHA Executive Director & Tribes</p> <p>Target Date: 12/31/12</p>	<p><i>NSMHA and Regional Tribes sponsored its yearly Tribal Conference in June of 2009 and May 2010.</i></p> <p>Suggestions: VA training for Native Vets returning from Iraq. Presentation on Indian identity.</p> <p>These trainings will be targeted for February and October 2009</p> <p>CEUs and possibly invite providers for this cultural training.</p> <p>September 2012 update: The feedback from the May 2012 Tribal Conference was reviewed at the September 10, 2012 Tribal/NSMHA meeting. A tentative list of themes for the 2013 conference was developed. Tribal representatives will review and solicit suggestions from tribal members for themes and speakers.</p> <p>February 2013 Update: draft agenda for topics and speakers shared and additional input for speakers was obtained.</p>

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
	<p>4.3 Continue to hold bi-monthly joint Tribal/NSMHA meetings to identify common issues and goals and to collaborate on addressing them.</p>	<p>Continued collaboration on mental health issues of concern between Tribes and NSMHA.</p>	<p>NSMHA Executive Director & Tribes Target Date: 12-31-12</p>	<p>NSMHA has conducted monthly Tribal/NSMHA Meetings and our intention is to continue these meetings.</p> <p>2009 Meetings: Feb.9th, Mar. 31st, May 18th, Jul 13th Sep 22nd, Oct 19th & Nov. 16th</p> <p>2010 Meetings: Jan. 25th, Feb. 22nd, Mar. 8th, Jun. 3rd, Sep. 13th, Nov. 8th</p> <p>2011 Meetings: Jan 10, March 14, Oct 10, Nov 21</p> <p>2012 Meetings: Jan 9, Feb 13, Mar 12, May 14, July 9, Sept 10, Nov: TBD</p> <p>November 2012 update: monthly meetings have resumed. Meetings were held in August, September and October.</p> <p>February 2013 update: Schedule for 2013 shared. Meetings will continue on the 2nd Monday of every other month, with monthly meetings up to the May conference.</p>

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
<p>5. Increase in census of enrolled Tribal members employed by NSMHA-contracted PHP providers by county.</p>	<p>5.1 NSMHA providers include Tribal employment on mailing lists/publicity for job announcements.</p> <p>NSMHA will examine provider hiring process to make sure the American Indian communities as well as non-Native Tribal mental health specialists are involved.</p>	<ul style="list-style-type: none"> • Tribal employment offices routinely receive job announcements from providers. • Tribes are included in PHP provider recruitment; i.e., employment opportunity announcements. • NSMHA will evaluate the use of tribal interns • Tribes are included in recruitment for training opportunities and internships • Tribes provide mailing lists of individuals from their Tribes be notified when training and internships are available. • Increase in the amount of American Indians employed by 	<p>NSMHA Executive Director & Tribes</p> <p>DSHS Office of Indian Policy – Region 2 Manager</p> <p>Ongoing Activity</p>	<p><i>Tribes are notified of all NSMHA Advertised Staff Openings via email/direction to posting on NSMHA website.</i></p> <p>No open positions at NSMHA in 2009. 2010 Advertised and hired Operations Manager</p> <p>2011 2 positions (1.5 FTE) for Western State Hospital Liaison</p> <p>2011 Notified of 1 FTE Executive Director for NSMHA</p> <p>2012 Notified of one FTE Quality Specialist position.</p>

North Sound Mental Health Authority 7.01 Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
<p>6. Broad knowledge and understanding of the concepts in the Centennial Accord and of 7.01 planning throughout Region III, especially among all NSMHA stakeholders, including NSMHA staff, contractors, Governing Board, and Advisory Board members.</p> <p style="text-align: center;">(2000)</p>	<p>6.1 Incorporate awareness and oversight of special needs of AI/AN consumers into the NSMHA process of governance, to include Board of Directors, the Quality Management Oversight Committee and</p>	<ul style="list-style-type: none"> • Outstanding issues and/or gaps in services identified by Tribes appear on Board and Committee agendas and are addressed routinely. • Tribes are appropriately represented on NSMHA Boards and Committees. 	<p>NSMHA Executive Director & Tribes</p> <p>Target Date: Ongoing activities</p>	<p>Three Tribal representatives on NSMHA Board of Directors, June LaMarr of Tulalip and Rebecca Peck of Samish with one vacancy 6/2009 One Tribal Representative on the Quality Management Oversight Committee (QMOC), vacant-6/2009 In addition, the Children's Policy Executive Team (CPET) charter shows one spot for a Tribal Liaison- June LaMarr.</p>
	<p>6.2 Incorporate North Sound Region 7.01 Plan in all NSMHA contracts.</p> <p>Incorporate provisions of 7.01 Plan in NSMHA and Provider Policy & Procedure Manuals, and all other planning</p>	<ul style="list-style-type: none"> • Execute contract revisions that include 7.01 Plan. • Review NSMHA and contractor Policy & Procedure Manuals along with all planning and procedure documents. 	<p>Contracts/Fiscal Manager</p> <p>Target Date: Ongoing</p> <p>NSMHA Executive Director & Tribes</p> <p>Target Date: Ongoing activities</p>	<p>7.01 Plan is incorporated in State and Medicaid funded contracts.</p> <p>Charissa Westergard, NSMHA Quality Specialist, will implement.</p>

North Sound Mental Health Authority 7.01 Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
	<p>6.3 NSMHA should conduct case reviews to determine whether contracted agencies are consulting with Tribal Mental Health Specialists when serving Native American Consumers.</p>	<ul style="list-style-type: none"> • Audits reveal that provider Policy & Procedure Manuals contain these procedures and clinical records show compliance. • Review at Tribal Mental Provider meetings 	<p>Contracts/ Fiscal Manager</p> <p>Target Date: ongoing activities</p>	<p>To add to the Utilization Review Tool: If a consumer is identified as American Indian was a consult performed?</p> <p>Audits of Special Population Consults to be completed in 2010 during select Admin. Audits.</p> <p>November 2012 Update: NSMHA Director will clarify what activity #6.3 is referring to and report back at the next 7.01 meeting.</p> <p>The intent of activity 6.3 was clarified and new language inserted under column 2 activities.</p>
<p>7. Mental Health Community awareness and understanding of outstanding issues and/or gaps in services identified by Tribes.</p>	<p>7.1 NSMHA will jointly develop satisfaction surveys with all Tribes.</p>	<ul style="list-style-type: none"> • Elements of plan incorporated into NSMHA planning, to include Strategic Planning. • Comprehensive Final Plan that is funded, supported by data, endorsed by Tribal Councils and NSMHA Board of Directors, for addressing outstanding issues and gaps published and distributed 	<p>NSMHA Executive Director & Tribes</p> <p>Target Date: 12-31-12</p>	<p>MHD Adult Consumer Survey & Child Consumer Survey in 7.01 Plan folder.</p> <p>Subcommittee to develop survey formed at July 09 meeting.</p> <p>Survey Tool Never Completed</p> <p>September 2012 update: NSMHA is currently developing a new consumer survey. A copy was shared at the September 10, 2012 Tribal/NSMHA meeting. Tribal representatives will review and send suggestions for changes to create a more tribal specific survey.</p>

North Sound Mental Health Authority 7.0I Planning

(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	Lead Staff and Target Date	Status Update
		<p>to all Tribal Councils, MH Departments, Providers, and NSMHA Board of Directors.</p> <ul style="list-style-type: none"> • Review at Tribal Mental Health Provider Meetings 		<p>November 2012 Update: NSMHA Director will send the NSMHA Consumer Survey to Region 2 OLP Manager for forwarding to 7.0I Members for their information.</p> <p>February 2013 update: results of the 2012 consumer survey will be shared and discussed at the next 7.0I meeting.</p>

OptumHealth Pierce RSN/Puyallup Tribal Health Authority - Kwawachee Counseling Center 7.01 Action Plan

Implementation Plan (1) through (4)				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal year Starting Last July 1
Increase awareness of mental health services to members of the Puyallup Tribe of Indians and all persons served by the Tribal Health Authority (PTHA) / Kwawachee Counseling Center (KCC).	OHPRSN to invite PTHA / KCC to OptumHealth Pierce Regional Support Network (OHPRSN) provider and stakeholder activities and events as applicable to PHTA / KCC.	PTHA / KCC attends events as appropriate to their needs and as their resources permit.	PTHA / KCC: Danelle L. Reed OptumHealth PRSN: Todd Erik Henry Ingrid Jean-Baptiste (MHBG, Cultural Competence Subcommittee, Youth Conference) Todd Henry (PORCH)	Second Annual OHPRSN Youth Conference (held in September 15, 2011) – Invited PTHA / KCC. OHPRSN-sponsored “Community Conversation” (August 11, 2011) – Dr. Reed of PTHA attended. OHPRSN Quarterly Cultural Competence Subcommittee (November 29, 2011) – PTHA / KCC to be invited. Cultural Competence Subcommittee (Quarterly meetings in CY 2012 and CY 2013) – PTHA / KCC to be invited. OHPRSN sent information about Permanent Options for Recovery-Centered Housing (PORCH) sent to PTHA / KCC in 2011 and 2012. Will provide updates in CY 2013 as appropriate.
				On 1/9/12, Mental Health Block Grant (MHBG) Program Manager (Ingrid Jean-Baptiste) met with Dr. Danelle Reed of PTHA / KCC. Purpose of meeting is to 1) provide updates about each organization’s activities; 2) OHPRSN to describe requirements of OHPRSN’s upcoming MHBG Application Process (for FFY 2013). PTHA / KCC also asked for information about re-

OptumHealth Pierce RSN/Puyallup Tribal Health Authority - Kwawachee Counseling Center 7.01 Action Plan

Implementation Plan (1) through (4)				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal year Starting Last July 1
				<p>quirements to become OHPRSN network provider.</p> <p>OPHRSN amended existing MHBG contracts to be extended from October 1 2012 through June 30, 2013. PTHA/KCCC was not among the current FBG providers and therefore did not receive a contract extension.</p>
<p>PTHA / KCC participates in the federal Mental Health Block Grant (MHBG) in Pierce County 10/1/13 through 9/30/14.</p>	<p>OHRPSN keeping PTHA / KCC aware of Mental Health Block Grant application process and application timelines for FFY 2013.</p>	<p>PTHA / KCC to decide in early 2012 whether or not to apply for a MHBG for FFY 2013</p>	<p>PTHA / KCC: Danelle L. Reed</p> <p>OptumHealth PRSN: Todd Erik Henry</p> <p>Ingrid Jean-Baptiste (MHBG Program Manager)</p>	<p>OHRPSN provides PTHA / KCC with on-going updates about FFY 2012 MHBG activities so PTHA / KCC will know of MHBG contract trends and expectations for FFY 2013 application cycle.</p> <p>At 1/9/12 meeting mentioned above, OHRPSN updates PTHA / KCC about OHRPSN's upcoming MHBG application process (for FFY 2013).</p> <p>At 1/21/12 meeting between PTHA / KCC's Dr. Reed and OHRPSN's Ingrid Jean-Baptiste and Jerry Dolezal, there was continued discussion about upcoming MHBG application process for FFY 2013.</p>
<p>C. PTHA / KCC provides input to OptumHealth PRSN on an on-going basis regarding RSN services in Pierce County.</p>	<p>PTHA / KCC provide input through participation on RSN advisory committees, and other forums.</p>	<p>Tribal participation at various OptumHealth RSN advisory committee meetings or other forums as tribe deems applicable to their needs / as resources permit.</p>	<p>PTHA / KCC: Danelle L. Reed</p> <p>OptumHealth PRSN: Todd Erik Henry Ingrid Jean-Baptiste</p>	<p>Second Annual OHRPSN Youth Conference (held in September 15, 2011) – Invited.</p> <p>OHRPSN-sponsored “Community Conversation” (August 11, 2011) – Dr. Reed of PTHA / KCC attended.</p> <p>OHRPSN Quarterly Cultural Competence Subcommittee (November 29, 2011) – PTHA / KCC to be invited.</p> <p>PTHA/KCC will be invited to meetings in CY 2013.</p>

OptumHealth Pierce RSN/Puyallup Tribal Health Authority - Kwawachee Counseling Center 7.01 Action Plan

Implementation Plan (1) through (4)				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal year Starting Last July 1
D. Maximize access to and inclusion of Native American consumers in RSN contracted programs and/or culturally appropriate services for which tribal members are eligible.	PTHA / KCC provide input through participation on RSN advisory committees, and other forums.	Tribal participation at various OptumHealth RSN advisory committee meetings or other forums as tribe deems applicable to their needs / as resources permit.	PTHA / KCC: Danelle L. Reed OptumHealth PRSN: Todd Erik Henry Ingrid Jean-Baptiste	OHPRSN provides PTHA / KCC with OHPRSN Consumer Handbooks as needed. See 1/9/12 meeting notes above. On May 7, 2012 Puyallup Tribe Police Department and Puyallup Tribal Detention Facility extended its term of MOU with OPHRSN through December 31, 2013.
E. Collect data that shows specific tribal patterns of service use and access (DSHS Admin. Policy No. 7.01, POLICY A6).	PTHA/KCC will share aggregate tribal specific data as appropriate thru use of PTHA/KCC EHR.	PTHA/KCC and OptumHealth PRSN will look at what patterns to include and how often to report.	PTHA / KCC: Danelle L. Reed OptumHealth PRSN: Todd Erik Henry Ingrid Jean-Baptiste	OHPRSN collects SERI demographic data from community mental health agencies (CMHAs) as required by DSHS ADSA DBHR.
F. Promote communications between PTHA / KCC and other Puyallup Tribe of Indians resources with OptumHealth PRSN to help meet the mental health needs of members of the Puyallup Tribe of Indians, and other persons	PTHA/KCC will assist / share information related to social services programs of the Puyallup Tribe. PTHA-KCC will nominate an Optum Health PRSN delegate to the Puyallup Tribe's		PTHA / KCC: Danelle L. Reed OptumHealth PRSN: Todd Erik Henry Ingrid Jean-Baptiste	PTHA / KCC has been invited to attend quarterly OHPRSN Cultural Competence Subcommittee, Quarterly OHPRSN Quality Assurance / Performance Improvement Committee meetings, and Quarterly Prescriber meetings. PTHA-KCC has sent a representative to some of these meetings. During 2011, OPHRSN provided hardcopies of Consumer Handbook to PTHA / KCC. During 2011, OHPRSN provided a web link to this handbook on the OHPRSN website.

OptumHealth Pierce RSN/Puyallup Tribal Health Authority - Kwawachee Counseling Center 7.01 Action Plan

Implementation Plan (1) through (4)				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal year Starting Last July 1
living served by PTHA / KCC.	Community Alliance Team (CAT).			<p>In 2011, basic information about Permanent Supported Housing (PSH) program called PORCH shared with PTHA / KCC and Puyallup Tribal Housing Authority.</p> <p>At 2/21/12 meeting mentioned above, PTHA – KCC, there was discussion about what a contract between PTHA – KCC and OHPRSN would look like, and what RSN funds are currently available at this time. OHPRSN could make Medicaid funds available.</p>
G. Increase awareness of culturally relevant resources for Native Americans and Alaska Natives in Pierce County among community stakeholders.	PTHA/KCC and OptumHealth PRSN will explore ideas for this.		<p>PTHA / KCC: To be determined</p> <p>OptumHealth PRSN: To be determined</p>	

Note: Progress Updates through 3/1/13 are included in the above matrix.

Lower Elwha & Peninsula Regional Support Network 7.01 Mental Health Plan

Progress Report Submission Date: **March 12, 2013**

Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Out-comes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
<p>1. Access to Crisis Response & Inpatient Services Provide better communication between PBH crisis response services and Tribal mental health staff.</p>	<p>1. A. Tribe, PRSN, and PBH openly discuss successes and target barriers in providing crisis response and inpatient evaluation services.</p> <ul style="list-style-type: none"> • PBH staff will provide an overview of services they provide to Tribal program staff. <p>B. PBH Crisis staff will contact Tribal MH staff immediately following a crisis service/ evaluation regarding a tribal member.</p> <p>C. Tribal MH program is under development:</p> <ul style="list-style-type: none"> • will develop a single point phone number to receive PBH notifications • recruiting for full-time MHP 	<p>1. A. Improved communication regarding crisis response and inpatient evaluation services for Tribal people. B. Improved coordination of care between Tribal MH program and PBH for Tribal members. C. PBH staff will meet with Tribal staff outside of PRSN meeting.</p>	<p>1. PRSN- Stacey Smith & Richard VanCleave PBH- Julie Calabria Lower Elwha- Mervyn Chambers Target date: on-going</p>	<p>1. December 4, 2012: Participated in 7.01 Planning meeting with Tribal Council members, Tribal Administration, PRSN and PBH staff.</p>
(1) Goals/ Objectives	(2) Activities	(3) Expected Out-comes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
<p>2. Continue Interlocal Agree-</p>	<p>2.</p>	<p>2.</p>	<p>2.</p>	<p>2.</p>

<p>ment funding of \$10,700 per year to the Tribe</p>	<p>A. Identify Interlocal Agreement contracting terms that honor G2G relationship</p> <p>B. Request DBHR to increase direct funding to Tribes (such as through established mini grants or fee for services structure)</p>	<p>A. Continue with funding to Tribe</p> <p>B. Participate in discussions between DSHS and Tribes to increase direct funding to Tribes</p>	<p>PRSN- Anders Edgerton</p> <p>Lower Elwha- Mervyn Chambers</p> <p>DBHR – vacant</p> <p>IPS- Garnet Charles</p> <p>Target date: on-going</p>	<p>2012-2013 Interlocal Agreement, in progress</p>
<p>3. Strengthen communication between the Tribe and the Tribal representative on PRSN Executive Board, Liz Mueller</p>	<p>3.</p> <p>A. Lower Elwha (Russell) will check-in with PRSN Tribal Representative (Liz).</p>	<p>3.</p> <p>A. Establish a communication loop for Tribal input into PRSN Executive Board topics of interest.</p>	<p>3.</p> <p>PRSN Executive Board</p> <p>PRSN- Anders Edgerton</p> <p>Lower Elwha- Russell Hepfer (Tribal Vice Chair)</p> <p>Target date: on-going</p>	<p>3.</p> <p>Liz Mueller formally appointed to PRSN Executive Board in 2011.</p>

(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
<p>5. State & Regional Tribal Updates Provide an on-going forum to share information and impacts of policy changes related to the systems relationship and local service coordination.</p>	<p>5. A. At the quarterly meetings, PRSN will provide an overview of PRSN local system and policy changes B. PRSN share information related to the statewide reforms/ policies, such as the System Transformation grant and DBHR Transformation Initiative</p>	<p>5. A. Local systems will keep one another informed of systems changes and local impacts.</p>	<p>5. PRSN- Anders Edgerton & Stacey Smith Lower Elwha- Mervyn Chambers PBH- Julie Calabria IPS- Garnet Charles Target date: on-going</p>	<p>5.</p>
<p>6. Participate in cultural competency trainings for PRSN governing boards, staff, and network contractors Interest expressed in providing a local Trauma- focused cultural competency training.</p>	<p>6. A. At the quarterly meetings, PRSN inquire which other Tribes may want to participate in the planning of a local training. <ul style="list-style-type: none"> • Finalize a planning committee, topic, dates, location and possible speakers. B. PRSN will facilitate training committee activities.</p>	<p>6. A. Increase understanding of G2G Agreements and service coordination. B. Increase understanding of sovereignty and treaty rights as it relates to health care, education, and human services. C. Well attended 7.01 training.</p>	<p>6. PRSN- Stacey Smith Lower Elwha- Jean Cougar PBH- Julie Calabria IPS- Garnet Charles Target date: Planning to begin March 2013</p>	<p>6. New goal targeted: December 2012</p>

Jamestown & Peninsula Regional Support Network 7.01 Mental Health Plan

Progress Report Submission Date: **March 12, 2013**

Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
<p>1. Promote coordination of mental health services.</p>	<p>1. A. Establish local MOU with network provider (JMHS) and Tribe. MOU will identify roles and responsibilities of each system/party when services are provided and/or barriers arise. Tribe's role in discharge planning for Tribal members is clearly understood/ outlined. Protocols for resolution will be incorporated. B. Share continuum of services available through PRSN and Tribal resources. C. Schedule annual 7.01 and cultural sensitivity training at Jamestown for PRSN network</p>	<p>1. A. Execute local MOU between Jamestown and JMHS. B. Improve working relationships and coordination efforts for individuals served by both systems. C. Quarterly meetings between Tribe and public mental health include: <ul style="list-style-type: none"> • PCMHC staff & admin. meetings • PRSN Inter-Tribal meetings • Schedule meeting with JMHS, Tribe, and PRSN D. Ability to track system/ service barriers and trends; discussions of complex cases.</p>	<p>1. PRSN- Anders Edgerton & Stacey Smith Jamestown – Liz Mueller, Jessica Payne, Vicki Lowe, Rob Welch PCMHC- Julie Calabria JMHS- Sam Markow Target date: On-going</p>	<p>1. Local meetings occurred between Tribe, PRSN and PCMHC & JMHS. Executed MOU between Jamestown and PCMHC in 2009. Executed MOU with JMHS. Executed Interlocal Agreements for \$10,700.00 for CY 2011-2012.</p>

(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
<p>2. Continue Interlocal Agreement funding of \$10,700 (minimum) per year to the Tribe</p>	<p>2.</p> <p>A. Identify Interlocal Agreement contracting terms that honor G2G relationship</p> <p>B. Request DBHR to increase direct funding to Tribes (such as through established mini grants)</p> <p>C. Review sovereign language for future Interlocal Agreements.</p>	<p>2.</p> <p>A. Continue with funding to Tribe</p> <p>B. Participate in discussions between DBHR and Tribes to increase direct funding to Tribes</p> <p>C. Review other Agreements and Kitsap Public Health contract for alternative acceptable language.</p>	<p>2.</p> <p>PRSN- Anders Edgerton & Stacey Smith</p> <p>Jamestown – Liz Mueller, Jessica Payne, Vicki Lowe Rob Welch</p> <p>PCMHC- Julie Calabria</p> <p>JMHS- Sam Markow</p> <p>IPS: Garnet Charles</p> <p>Target date: On-going</p>	<p>2.</p> <p>Executed Interlocal Agreements for \$10,700.00 for CY 2011-2012.</p>
<p>3. Improve access to mental health services.</p>	<p>3.</p> <p>A. Identify one contact for access to services liaison at each network provider to assist Tribe with access concerns/ issues.</p>	<p>3.</p> <p>A. Improve working relationship and access to available resources.</p> <p>B. PRSN will facilitate a meeting between Jamestown, JMHS, and PRSN.</p>	<p>3.</p> <p>PRSN- Stacey Smith</p> <p>Jamestown – Liz Mueller, Jessica Payne, Vicki Lowe, Rob Welch</p> <p>PCMHC- Julie Calabria</p> <p>JMHS- Sam Markow</p> <p>IPS- Garnet Charles</p> <p>Target date: On-going</p>	<p>3.</p> <p>Established agency/Tribal contacts and healthy working relationships between Tribal services and public mental health services.</p>

(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
<p>4. DSHS 7.01 Administrative Policy training for PRSN governing boards, staff, and network contractors</p>	<p>4.</p> <p>A. Schedule 7.01 training for PRSN network in Fall 2010 at Jamestown. Invite WEOS, PCMHC, JMHS, PRSN staff and Board members to attend.</p> <p>B. Prepare 7.01 training materials, registration, and related training activities.</p>	<p>4.</p> <p>A. Increase understanding of G2G Agreements and service coordination.</p> <p>B. Increase understanding of sovereignty and treaty rights as it relates to health care, education, and human services.</p>	<p>4.</p> <p>PRSN- Stacey Smith</p> <p>Jamestown – Liz Mueller</p> <p>IPS- Garnet Charles</p> <p>Target date: completed Fall 2010</p>	<p>4.</p> <p>Jamestown co-chair provided 7.01 Training to PRSN and network agency staff.</p>
<p>5. Increase cultural sensitivity at the local public mental health agencies</p>	<p>5.</p> <p>A. Display donated art by Jamestown at local agency (ies).</p> <p>B. Use Tribal training information in the orientation of new staff at the local agency (ies).</p> <p>C. Local agency (ies) staff participate in traditional tribal events, such as canoe journey and Lake Crescent activities.</p> <p>D. Jamestown will provide a cultural sensitivity training for PCMHC and JMHS staff.</p>	<p>5.</p> <p>A. Jamestown art will be displayed at local mental health agency</p> <p>B. Local agency (ies) will utilize tribal information in the orientation of new staff.</p> <p>C. Local agency (ies) staff will attend local Tribal events.</p> <p>D. Local agency (ies) staff will attend Jamestown cultural sensitivity training.</p>	<p>5.</p> <p>Jamestown – Liz Mueller, Jessica Payne, Vicki Lowe, Rob Welch</p> <p>PCMHC- Julie Calabria</p> <p>JMHS- Sam Markow</p> <p>Target date: On-going</p>	<p>5.</p> <p>Jamestown art is displayed at PCMHC and JMHS.</p> <p>Network agency staff have been invited and attended various Canoe journey activities.</p> <p>Tribal information has been added to new staff orientation material.</p>

(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
6. Tribal representation on PRSN Governing Board (executive Board)	6. A. Kitsap County will explore and secure independent re-insurance coverage B. The PRSN Interlocal will be revised to include Tribal participation/ representation	6. A. Kitsap County will explore re-insurance. B. Tribal representative will be appointed to PRSN Governing Board C. PRSN Interlocal will be revised.	6. PRSN- Governing Board members & Anders Edgerton Jamestown- Ron Allen & Liz Mueller Target date: 2010	6. PRSN Interlocal Agreement was revised to include a Tribal representative. Completed- Liz Mueller formally appointed to PRSN Executive Board in 2011.

Hoh & Peninsula Regional Support Network 7.01 Mental Health Plan

Progress Report Submission Date: March 12, 2013

Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
1. Continue Interlocal Agreement funding of \$10,700.00 per Tribe/year.	1. A. Identify on-going PRSN funding streams B. Request DSHS to increase direct funding to Tribes	1. A. PRSN continue funding to Tribe B. Increase number of Tribal direct service (developing a variety of providers).	1. PRSN- Anders Edgerton Hoh- Annette Penn DSHS- vacant IPS- Garnet Charles	1. PRSN requested Project Plan for 2012-2013 Interlocal Agreement, in progress
2. Maintain a strong working relationship with the network provider, WEOS.	2. A. Continue formal and information meetings to discuss system issues and direct services to Tribal people and community. B. WEOS staff will provide groups, as designated by Tribe, to assist with decreasing stress amongst Tribal members/ program staff. • WEOS needs to design-	2. A. Continue to promote activities and strengthen communication channels between Tribe, WEOS, and PRSN. B. Increase consistency of face to face meeting between PRSN and Tribal staff.	2. PRSN- Anders Edgerton & Stacey Smith Hoh- Annette Penn WEOS- IPS- Garnet Charles Target date: on-going	2. Status: November 2012 WEOS long-standing Tribal staff member died, unexpectedly. WEOS needs to fill staff vacancy and designate new staff for Tribal outreach services. PRSN staff met with

	<p>nate new staff to Tribal services.</p> <p>C. PRSN staff meet with Hoh social services staff at least once a year.</p>			Tribal representatives at 7.01 Planning meeting in Port Angeles, December 2012.
<p>3. Provide information to Tribal members about accessing WEOS services available in the community.</p>	<p>3.</p> <p>A. WEOS staff will send electronic agency flyer to Tribal Administration office.</p> <p>B. Tribe will post informational flyer throughout community, include in mailings and post on Tribal website.</p>	<p>3</p> <p>A. Increase awareness of mental health and chemical dependency services available through WEOS.</p>	<p>3.</p> <p>PRSN- Anders Edgerton & Stacey Smith</p> <p>Hoh- Felicia Leitka</p> <p>WEOS- Tonya</p> <p>Target date: March 2013</p>	<p>3.</p> <p>New goal targeted December 2012.</p>

**Quillete & Peninsula Regional Support Network
7.01 Mental Health Plan**

Progress Report Submission Date: March 12, 2013

Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
1. Continue Interlocal Agreement funding of \$10,700 per year to the Tribe	1. A. Identify Interlocal Agreement contracting terms that honor G2G relationship B. Request DBHR to increase direct funding to Tribes (such as through established mini grants or fee for services structure) C. Continue SAD project; begin planning for diabetic support group (1:1 and group activities)	1. A. Continue with funding to Tribe B. Participate in discussions between DSHS and Tribes to increase direct funding to Tribes	1. PRSN- Anders Edgerton Quillete- Brenda Nielson & Norm Englund DBHR- vacant IPS- Garnett Charles Target date: completed	1. 2012-2013 Interlocal Agreement, in progress

(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
<p>2. Maintain a strong working relationship with the network provider, WEOS.</p>	<p>2. A. Formal and information meetings to discuss system issues and direct services to Tribal people and community.</p> <ul style="list-style-type: none"> • Participate in a formal meeting at least once a year. • Tribe has requested a designated WEOS female counselor to balance the Tribal male MH counselor. 	<p>2. A. Continue to promote activities and strengthen communication channels between Tribe, WEOS, and PRSN.</p>	<p>2. PRSN- Anders Edgerton & Stacey Smith Quillete- Brenda Nielsen & Norm Englund WEOS- Steve Ironhill & Beth Palmer IPS- Garnett Charles Target date: on-going</p>	<p>2. New request from Quilete (TANF Tribal representative) at 7.01 Planning meeting in PA: WEOS designated female counselor to compliment the Tribal male MH counselor.</p>
<p>3. Explore various funding streams available to the Tribes, such direct funding from DBHR/ DSHS.</p>	<p>3. A. Request DBHR to increase direct funding to Tribes (such as through established mini grants). B. Participate and advocate for direct funding to Tribes statewide for direct services provided (such as through DASA).</p>	<p>3. A. PRSN and Tribe will attend state sponsored meetings and request a direct funding relationship between the state and Tribe.</p>	<p>2. PRSN- Anders Edgerton & Stacey Smith Quillete- Brenda Nielsen DBHR - vacant IPS- Garnett Charles Target date: on-going</p>	<p>3. PRSN staff attended last state sponsored Tribal and RSN meeting September 11, 2009. This is a standing agenda item for the quarterly PRSN Inter-Tribal meetings.</p>

**Port Gamble & Peninsula Regional Support Network
7.01 Mental Health Plan**

Progress Report Submission Date: **March 12, 2013**

Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Out-comes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
1. Increase Interlocal Agreement funding from \$10,700 per year	1. A. Identify Interlocal Agreement contracting terms that honor G2G relationship (such as MHD/RSN Terms & Conditions definitions). B. Request DBHR to increase direct funding to Tribes (such as through established mini grants). C. Discuss rolling unused Interlocal funds from the previous year to the next year's total available funds.	1. A. Increase funding to Tribe. B. Participate in discussions between DBHR and Tribes to increase direct funding to Tribes. C. Strengthen prevention or treatment services at the Tribe.	1. PRSN- Anders Edgerton Port Gamble – Brad Galvin DBHR- Sandra Mean Tyree OIP- Garnet Charles Target date: on-going	1. Executed Interlocal Agreement for CY 2011-2012.

Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
2. Develop a non-Native Medicaid reimbursement mechanism for MH services provided by the Tribe	2. A. Explore current Tribal funding mechanisms for Medicaid and non-Native "clinical family" (such as the encounter rate via IHS) reimbursement. B. Request DSHS to develop a funding reimbursement (such as DASA) for direct services provided.	2. A. Participate in discussions between DBHR and Tribes to increase direct funding to Tribes. B. PRSN (KMHS) and Tribe share service data and cost analyze of MH services provided to this specific population. <ul style="list-style-type: none"> • KMHS will verify current availability of system report(s). • PGST will identify what service data they would like to review 	2. PRSN- Anders Edgerton Port Gamble – Brad Galvin KMHS- Lavonne Fachner DBHR- Sandra Mean Tyree OIP- Garnet Charles Target date: on-going	2. PGST staff will reconsider this goal and identify what kind of service data they are interested in reviewing.

Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
3. Develop communication between Tribal representative on the PRSN Executive Board and PGST staff	3. A. PRSN include PRSN Executive Board meeting notes in the quarterly meeting agenda. . B. At the PRSN quarterly meetings, discuss topic.	3. A. Develop a communication process for Tribal input to the PRSN Executive Board meetings. B. Develop a flow of information from the PRSN Executive Board to the Tribe.	3. PRSN Executive Board PRSN Executive Board Tribal Representative- Liz Mueller PRSN- Anders Edgerton Port Gamble – Brad Galvin Target date: on-going	3.

Completed goals:

1. **Coordinate and share resources (when available) and local treatment options for specialized service needs.**
Process developed for sharing local resources (use of 211), completed 3/27/2012
2. **Share training announcements.**
Process developed for sharing training announcements (email distribution, quarterly MH meetings), completed 3/27/2012
3. **Tribal Representation on the PRSN Executive Board.**
Liz Mueller formally appointed to PRSN Executive Board in 2011.

**Makah & Peninsula Regional Support Network
7.01 Mental Health Plan**

Progress Report Submission Date: March 12, 2013

Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
1. Continue Interlocal Agreement funding of \$10,700 per year to the Tribe.	1. A. Identify ongoing PRSN funding streams.	1. A. Provide on-going funding to Tribe	1. PRSN- Anders Edgerton Makah- Pete Blair DBHR- Sandra Mena-Tyree IPSS- Garnett Charles Target date: completed	1. Executed Interlocal Agreement for CY 2011- 2012. Begin planning process for FY 2013.
2. Develop crisis service coordination between Tribal services and WEOS	2. A. Participate in local meetings to discuss current crisis system structures, identify gaps, and target areas for improvement.	2. A. Active participation in local meetings B. Develop better communication between local systems regarding crisis services (such as system capabilities, complementary approaches, and sharing of client-specific information).	2. PRSN- Stacey Smith Makah- Pete Blair & Tribal Wellness staff WEOS- Steve Ironhill Target date: Spring 2013	2. New goal identified July 2012.

(1) Goals/ Objectives	(2) Activities	(3) Expected Outcomes	(4) Lead Staff & Target Dates	(5) Status Update for the Fiscal Year
<p>3. Increase collaboration and coordination of care for individuals served by Tribal and PRSN mental health system (WEOS)</p>	<p>3. A. Participate in local meetings to discuss current system structures, identify gaps, and target areas for improvement. B. Participate in quarterly Inter-Tribal systems meetings</p>	<p>3. A. Develop process to acknowledge referrals to “the other” system B. Increase understanding of Tribal and PRSN local services (such as Access standards and complementary approaches)</p>	<p>3. PRSN- Anders Edgerton & Stacey Smith Makah- Pete Blair WEOS- Steve Ironhill DBHR- Sandra Mena-Tyree IPSS- Garnett Charles Target date: On-going</p>	<p>3. New goal identified July 2012.</p>

Spokane County RSN / Kalispel and Spokane Tribes 7.01 Action Plan

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1
<p>1. Schedule regular meetings with the tribes to discuss the Collaboration Plan and/or Progress Report?</p> <p>How often do you meet?</p>	<p>The RSN has sent correspondence to the tribes to meet to discuss the Collaboration Plan. Kalispel Tribe has not responded. Spokane Tribe and RSN have discussed but not been able to meet due to schedules.</p> <p>Tribes and RAIOS are invited to attend ESH RSN Consortium meetings.</p>	<p>Collaborate together to define strategies for desired outcomes</p> <p>Improve communication, coordinate services, coordinate trainings, and explore grant opportunities</p>	<p>RSN Leadership, May 2012</p>	<p>Continue to meet with local groups and communicate via group emails when needed. Work through the Regional Health Alliance for the Eastern Washington area.</p> <p>RSN meets with Native Project Leadership via a number of different meetings; however no meetings have been achieved for the Kalispel Tribe. Spokane Tribe Leadership has attended the Regional Health Alliance meetings and other meetings with DBHR/RSN for community.</p>
<p>2. Have the RSN administration staff, contractors, i.e. CMHA leaderships, supervisors, or their program staff met with the tribes in</p>	<p>No current meetings with the tribes on behalf of the RSN, however, the Regional Health Alliance (RHA) has had attend-</p>	<p>Partnership contracts, data sharing, mapping of customer services, improvement of communica-</p>	<p>RSN Leadership</p>	<p>RSN has available data regarding services to Native American consumers. Ongoing dialogue regarding improving services is</p>

Spokane County RSN / Kalispel and Spokane Tribes 7.01 Action Plan

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1
<p>the SCRSN area and identified issues that need to be addressed. What were the topics of the issues? What were the agreeable solutions?</p> <p>Tribal contacts:</p>	<p>ance from the Spokane Tribe representative. RSN met with Indian Health Center to discuss their needs and offer for them to attend the RHA but no response or attendance.</p> <p>Native Project attends RSN director meetings, substance abuse meetings, and RSN quality meetings to discuss Health Reform, contract issues, planning etc.</p>	<p>tion and follow up of referrals and mapping of referents</p>	<p>Tribal contacts have changed in the past year, especially for the Kalispel Tribe. RSN has a good tribal contact with Spokane Tribe</p>	<p>planned.</p> <p>RSN has sent all funding opportunities to tribes/RAIOs 2009. Each of the opportunities could be used to serve Native American individuals.</p> <p>Open discussion includes Health Homes, Dual Eligible HCA Project, primary care, individuals in inpatient and how to coordinate, emergency department over utilization.</p>
<p>3. RSN administration and contracted providers include tribal contacts in your information sharing, problem-solving, and planning activities? Who are your contacts at the tribe for consultation? For service delivery?</p>	<p>Invite tribes and RAIOs to all planning activities chaired by RSN. The RSN sends RFP notices out to all tribes and RAIOs to apply as service providers. Tribes and RAIOs are invited monthly to a meeting with the East Side RSNs and Eastern State Hospital. Providence Sacred</p>	<p>Increase communication, networking, collaboration, opportunities</p>	<p>RSN Leadership and ESH</p>	<p>Weekly Information sheets sent to tribes and RAIOs which include all meetings, trainings, and funding opportunities. RFIs (funding opportunities) also mailed specifically to the tribes and RAIOs.</p> <p>A member from Native Project applied and was appointed</p>

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Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1
	Heart attends when needed to discuss issues that involve psychiatric hospitalizations or emergency room issues.			to the board in 2009, and continues active participation.
4. Notify tribes of funding opportunities, available grants, or training opportunities, including from the RSN and/or your contracted providers? What were they?	Forward information to tribes and RAIOs regarding funding locally, regionally, and nationally. The RSN contracts locally with one RAIO for services. Last year the Kalispel Tribe decided they did not want to contract with RSN for federal block grant funds to provide a community wide training. Regularly send out information pertaining to training opportunities.	Tribes/RAIOs are invited to attend all redesign and system priority setting of new and expanded programs. All tribes and RAIOs are invited to attend and participate in the RHA. All tribes/RAIOs are invited to attend the trainings provided to the community that are funded by the RSN, most of which are free of charge.	Varies at RSN level, Tribal, and RAIO Leadership	New funding opportunities have been scarce for RSN programs due to budget reductions across the state; however in 2011, an RFP was widely advertised for Children's Respite and Supported Employment. Spokane Tribe was not able to take advantage of the Supported Employment due to their federal/state funding that already supported their program. No tribe or RAIOs responded to the Children's Respite. Native Project did not want to apply for the Supported Employment, but recommended another provider. All requests were available in newspapers, RSN website, and email lists which include tribes

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Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1 and RAIOS.
5. Notify tribes and RAIOS of special/pilot projects that include tribal participation or need to have tribal participation? What are they?	Utilization of tribal and RAIO Mental Health professionals to assist in developing format to institute area where Tribal participation is required such as working with Native Americans who have Co-occurring Disorders and are at risk for homelessness through the PACT Team.	Document and memorialize in policy. Describe how each RSN project will impact tribes/RAIOS in catchment area	RSN Leadership	RSN set aside funding for specialized training for system of care. This training was recommended by the local 7.01 group. This training did not occur due to the number of other trainings that were going on in the same time frame, and then there was staff turnover within the tribe (Kalispel) Local 7.01 group also recommended a government-to-government .training hosted by the Governor's Office of Indian Affairs. RSN attended and sponsored local providers to also attend.
6. RSN administration and contracted providers, trained to address culturally sensitive issues given access to culturally relevant resources, and provided tribal contacts.	RSN provider network has Native American Mental Health Specialists available for consultation and monitors all provider agencies contracted with the RSN to ensure that there is ongoing training.		RSN and Tribal Leadership	Training was available at the 2011 Washington State Behavioral Health Conference for cultural competency and many of the community stakeholders, consumers, RSN staff, and provider clinicians attended.
7. RSN to respond to current	This has not been addressed	Assure services to meet	RSN Leadership and Tribal	RSN shall invite tribal chairs

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Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1
needs of the tribes. How is this achieved?	as of yet.	the needs. RSN will arrange for meeting of tribal chairs and CEOs of tribes and RAIOs with county leadership to discuss and discover the possible avenues of providing services to Native Americans in the county.	Leadership	and CEOs of tribes and RAIOs to meeting to dialogue.
8. RSN and contracted providers participate in 7.01/Indian law/tribal relations training. What kind of training was provided?	A variety of trainings were held in 2011 to meet the needs of all provider agencies regardless of culture and ethnic background. All tribes and RAIOs were invited as well.		RSN Leadership and Tribal Leadership	Some of the trainings supported or sponsored by the RSN: Marty Smith Bill – Safety Training Motivational Interviewing Compliance, Fraud, and Abuse Mental Health First Aid Fighting Stigma – Finding Solutions Consumer Advocacy Consumer Leadership Development Implement a Peer Support Recovery Program The ROSC Philadelphia Model Bringing Hope to Every Interaction

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Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1
				<p>Washington State Co-Occurring Disorders and Treatment</p> <p>Washington CMHC Behavioral Health Conference</p> <p>Media Influencing Public Perceptions of Mental Health</p> <p>Mental Health-Vocational Rehabilitation Cross System Person Center Health Home – Behavioral Health and Primary Care Integration</p> <p>Additional training dollars have been allocated for specific training recommended by local group.</p>
9. Technical assistance provided to the tribes and RAIOS?	No technical assistance specifically designed for the tribes; any provider may request or receive.		RSN Leadership	<p>RSN has hosted training in 2011 on Policies and Procedures, HIPAA, Compliance Fraud and Abuse. RSN will continue to offer trainings in 2012 and invite tribes and RAIOS to these trainings.</p> <p>Next training planned is Treatment Planning – defining Measurable Goals</p>

Spokane County RSN / Kalispel and Spokane Tribes 7.01 Action Plan

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1
10. Have current working agreements with the tribes. What are they? Are they current?	RSN has current RSN contract with Native Project for Co-Occurring Disorder Outpatient Treatment for adolescents (Not specific to Native Americans) and has a Federal Block Contract with Native Project.		RSN, RAIO and Tribal staff.	Contracts exist with a RAIO but not working agreements.
11. Contract directly with the tribes. What are these contracts? Include amounts, brief description, and contract dates.	Contracts for several years with Native American tribes: 2011 Contracts Native Project: Medicaid Sales Tax Funds \$375,732 Native Project: Federal Block Grant Funds \$85,000			Federal Block Grant funding for Native and CAMAS Institute will continue through 2011, as will Native Project Outpatient Medicaid funds. Native Project Medicaid contract is planned to increase services to children in 2010. In 2011, Native Project Federal Block Grant will increase to \$81,000.
12. Have a plan for recruiting Native American providers, contractors, or employees.		Service agreements and or contracts; include tribes and RAIOs in all RFP mail-outs, college recruitment efforts	Providers and RSN	All RFPs have been shared with tribes and RAIOs for consideration. These include RFPs from all Spokane County Community Services, Housing, and Community Development Divisions. Tribes will continue to be informed of funding opportunities through the RSN Infor-

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Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Dec 1
				<p>mation Sheet, email, the RSN website, and newspaper.</p> <p>Provider agencies advertise through newspaper and on the County website, Craigslist, etc. for open staff positions</p>
<p>13. Inform and seek input from DBHR when developing policies and procedures that will have a unique effect on tribes?</p>				<p>DBHR is informed of any local 7.01 meetings and correspondence regarding projects of this group.</p> <p>Tribes/RAIOs are invited to participate in the Regional Health Alliance for Eastern Washington.</p>
<p>14. Do you have issues or concerns that require assistance from the Mental Health Division's tribal liaison or staff? Have you discussed these issues with DBHR staff?</p>	<p>Yes, we have a concern that our RAIO staff are not approved as specialists for Native Americans as cultural specialists</p>		<p>RSN Leadership</p>	<p>RSN continues to look to DBHR for leadership regarding planning and communications with tribes and RAIOs statewide. HRSA hired an outside consultant to look at the issue of specialist consultants, we have not heard back. Definition of specialist and training of specialist to provide training to the mental health care provider is an issue we struggle with.</p>

**Spokane County RSN/Spokane Tribe
7.01 Action Plan**

Implementation Plan

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Target Date
1. Increase knowledge of Access to Care Standards (ACS).	RSN will send ACS for Adults and Children to Ann and Bob	Increase referrals to NEW Alliance Counseling Services (NAC)	RSN – Philip Richins NAC – Lynne Guhlke Spokane Tribe – Ann Dahl	6/15/2012
2. Increase access to second opinions from RSN contracted psychiatrist.	1. Philip will verify child status of contract psychiatrist. 2. Phil will be access point to RSN contracted	Increase referrals for second opinions.	RSN – Philip Richins Spokane Tribe – Ann Dahl	6/15/2012
3. Increase access for psychological evaluations and consultations from child specialists	Referrals for evaluations and consultations will go through NEW Alliance Counseling Services (NAC)	Improve access to psychologist through NAC and consultations from Child MH Specialists at NAC	NAC – Lynne Guhlke Spokane Tribe – Ann Dahl	On-going
4. Mutual and specialty training	1. RSN has \$1,500 in Mental Health Block Grant funds available to the Spokane Tribe. 2. Spokane Tribe, RSN and NAC will make available to each other training sponsored either individually or together.	Increase knowledge of cultural, mental health and other areas that will improve care and coordination.	RSN – LeRoy Allison Spokane Tribe – Ann Dahl NAC – David Nielsen	On-going

**Spokane County RSN/Spokane Tribe
7.01 Action Plan**

Implementation Plan

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Target Date
5. Crisis and detention services	Update Tribal Resolution related to on-reservation services.	Increase NAC involvement in on-reservation crisis services and improve coordination for ITA detention evaluations.	Spokane Tribe – Ann Dahl NAC – David Nielsen	6/15/2012
6. Child Specialist Supervision or Assistance for Tribal Clinician(s)	NCWRSN will provide ongoing assistance by a child mental health specialist to identified tribal clinician(s).	Laree White, or other identified tribal clinician(s) who meet the WAC definition of a child mental health specialist.	Spokane Tribe – Laree White NCWRSN – Philip Richins	7/1/2012
7. Increase knowledge of voluntary CLIP referral process and acceptance criteria.	Phil will work with Phyllis to increase her knowledge of the process to include required documents and assist in the CLIP application process.	Less confusion and frustration with the CLIP application process and admission requirements.	RSN – Philip Richins Spokane Tribe – Nellie Decker	6/15/2012
8. Hold frequent coordination meetings to evaluate the progress of the plan and add additional goals and objectives as needed.	The RSN, NAC, and Spokane Tribal Health and Human Services identified staff will meet semi-annually or as determined necessary.	Progress toward the goals and objective will be assessed. Modification to the plan made or new goals and objectives added as needed.	RSN – LeRoy Allison Spokane Tribe – Ann Dahl & Daryl TouLou NAC – David Nielsen	On-going (Next meeting set by June 15 th – location to be determined) – Held on June 15, 2012

Updated Spokane County Regional Support Network//Tribal Collaboration Plan, March 20, 2013

The last plan report submission was on April 5, 2012. It indicated good dialog with NATIVE Project, a Recognized Organization of Indian Organizations (RAIO) and the Spokane Tribe. The Kalispel Tribe was undergoing changes in management and line staff, as well as their goals for the Behavioral Health Program. There has been very little contact with the Kalispel Tribe. It is difficult to organize a meeting with all tribes and RAIOs in the same meeting due to schedules.

Since then the Adams, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, and Stevens Counties have joined the Spokane County Regional Support Network (SCRSN) effective October 1, 2012.

In November 2012, the SCRSN leadership including Christine Barada, Suzie McDaniel, Joseph Beckett, Stacey Chay, and the Substance Abuse (SA) Coordinator Charisse Pope met at the Spokane Tribe Behavioral Health Center in Wellpinit, WA. Ann Dahl, the Spokane Tribe Behavioral Health Director, and her Mental Health (MH) and Chemical Dependency (CD) staff were present.

Items discussed were:

- The Spokane Tribe (ST) does all that they can to meet the needs of the individuals living on the reservation, rather than calling for outside support. Only when absolutely critical will they request assistance from neighboring counties.
- Most ST staff are MHPs.
- The ST works in the schools to support the youth and provide early interventions.
- The ST does not bill for case management or crisis services.
- The ST shared that their needs are more intensive services for youth such as Behavioral Educational Skills Training (BEST) or Day Treatment.
- They would also like to have a more collaborative relationship with the DMHP's from neighboring counties.
- They would also like a Suboxone prescribing physician.
- Shared their difficulty with finding and hiring qualified staff; they often have to train and promote from within or staff travel from a long distance to work.
- Suicide is a large issue on the reservation and they are having tribal members go through the Safe Talk program, as well as Advertise Childhood Education (ACE) training.

The staff was open to collaborating with the SCRSN and continuing to develop a working relationship. Ann Dahl was asked to be a scorer on a recent Co-Occurring RFI for Spokane County so that there was tribal representation. The Spokane Tribe also works with the SCRSN in regards to Mental Health Block Grant (MHBG) funds/contract.

Also in November 2012 SCRSN leadership including Christine Barada, Suzie McDaniel, Joseph Beckett, Stacey Chay, and SA Coordinator Charisse Pope met at the Colville Tribe Behavioral Health Center in Nespelem, WA. Zekkethal Vargas-Thomas, Acting Behavioral Health Program Manager and Dorothy Hamner, Clinical Director, along with all of their MH and SA staff were present for the meeting.

Items discussed were:

- The Colville Tribe covers a very large and isolated geographic area so they are the primary resource for their members.
- It is difficult for them to get a CD Involuntary Treatment ACT (ITA) as it has to come from Okanogan Behavioral Health (OBH) and can take up to four weeks.
- The tribe relies on OBH for many supports and services, but OBH is short staffed which delays services.
- Difficulty having DMHPs respond, as well as travel, distance, and agreements between counties; OBH does most of the ITA's.
- Least Restrictive Alternative (LRA) monitoring is done through OBH and is difficult due to the process often changing and different perceptions of monitoring.
- The Tribe does accompany individuals to the hospital and meets with the DMHP's. They do not get good information or communication from the hospitals if the person is detained.

The staff were open to collaborating with the SCRSN and continuing to develop a working relationship. Dorothy Hamner is an active member of the North East Family Youth & System Partners Round Table (FYSPRT) group representing tribal and rural perspectives and challenges.

There were several meetings scheduled with the Kalispel Tribe, but due to staff changes and difficulty with weather, there has not been a formal meeting scheduled.

Since the above mentioned meetings, the SCRSN Care Coordinator has communicated ongoing with the three tribes Behavioral Health Programs on specific client concerns and treatment/placement in the communities.

In October 2012, the SCRSN extended another opportunity to the Spokane and Colville Tribes to join the two Mental Health Advisory Boards. To date both are interested, but no applications have been received.

Effective October 2012, the SCRSN contracted with the Spokane and Kalispel Tribes for Federal Block Grant funds for training of their staff. The Colville Tribe was offered the same, but due to turnover in management and other issues they have respectfully declined. An offer was made to fund them at a later date.

No 7.01 meetings have been held yet, as SCRSN is trying to learn more about each Tribe and how they want to function with us. Kalispel has had turnover in management as well and their line staff again.

This past year the Kalispel Tribe hosted the Tree of Healing and several of the Spokane and North Central County providers, as well as SCRSN staff attended. It was an opportunity for everyone to network.

The SCRSN will soon travel to Omak, WA in Okanogan County and will visit the Colville Tribe again to visit their jail.

The SCRSN has been asked to join the Tribal Centric Mental Health calls on a bi-monthly schedule, which has been helpful to better understand the concerns and needs of the Tribes.

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Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year
1. Have you scheduled regular meetings with the tribes to discuss the Collaboration Plan and/or Progress Report? When and how often do you meet?	TRSN, Southwest RSN, and Clark RSN meet with Cowlitz Tribe representatives annually to discuss the 7.01 plan and as needed to maintain meaningful collaboration.	Meaningful collaboration to develop consensus on content and implementation of 7.01 plan.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	Meetings with Cowlitz Indian Tribal Health Services began on November 14, 2009, at the Tribal Health Services offices in Longview, WA. Previously, there had not been any formal relationships established with TRSN. The TRSN Administrator has attended meetings in collaboration with Southwest RSN and Clark RSN to discuss the 7.01 plan.
2. Have your RSN administration staff, contractors, i.e. CMHA administrators, supervisors, or their program staff met with the tribes in your area and identified issues that need to be addressed? What were the topics of the issues? What were the agreeable solutions? Has your RSN identified for the tribes one or two contact people with the RSN?	Attend meetings with Cowlitz Tribe representatives as needed to identify goals and objectives and receive input from the tribe on solutions for those issues identified.	Increased understanding of tribal member mental health service need and service availability; update contact information.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator Trisha Young, TRSN Quality Manager	Cowlitz Tribe has shared the following historical information: the Cowlitz Tribe is not reservation based and is not a recognized tribe by the federal government. Tribal members are assimilated into the culture and typically have higher education and lower Medicaid rates. Past meetings have identified concerns related to services for Cowlitz Tribal members that reside in East Lewis County. Tribal Health and Human Services. Individuals expressed an

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Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year
				<p>interest in meeting with the RSN contracted mental health provider in Lewis County to discuss access and services. The previous TRSN administrator was in the process of facilitating this meeting when he retired.</p> <p>The TRSN Administrator, Brian Cameron, is the identified contact for TRSN. A secondary contact is identified as Trisha Young, quality manager.</p>
3. Have your RSN administration and contracted providers included tribal contacts in your information sharing, problem-solving, and planning activities? Who are your contacts at the tribe for consultation? For service delivery?	TRSN providers include tribal contacts in information sharing. Representatives are also included on distribution lists at the TRSN.	Increased understanding by tribal representatives of issues related to planning services within TRSN; Increased awareness and understanding by TRSN and provider staff of specific tribal needs and planning activities.	<p>Jim Sherrill, Director, Cowlitz Indian Health Clinic</p> <p>Brian Cameron, Interim TRSN Administrator</p>	<p>TRSN providers include tribal contacts in information sharing. Representatives are also included on distribution lists at the TRSN.</p> <p>The director of the Cowlitz Indian Tribe Health Clinic, Jim Sherrill, is the primary contact for TRSN.</p>
4. Have you notified tribes of funding opportunities, available grants, or training opportunities, including from the RSN and/or your contracted providers? What were they?	TRSN staff will notify tribal representatives of specific funding opportunities that may come available to the tribe.	Increased information sharing, sense of collaboration and opportunity to pursue resources on behalf of American Indian populations.	<p>Jim Sherrill, Director, Cowlitz Indian Health Clinic</p> <p>Brian Cameron, Interim TRSN Administrator</p>	Tribal contacts are on TRSN mailing lists and so receive funding notices from a variety of sources as well as training opportunities.
5. Do you have any spe-	The tribe will be invited to	Increased involvement	Jim Sherrill, Director,	TRSN continues to look for

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Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year
<p>cial/pilot projects that include tribal participation or need to have tribal participation? What are they?</p>	<p>participate in any special/pilot projects that occur in TRSN.</p>	<p>of tribe within the RSN and provider network to increase efficient and culturally competent mental health services.</p>	<p>Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator</p>	<p>special/pilot projects that could involve the Cowlitz Tribe in a more active role.</p>
<p>6. Are your employees, RSN administration, and contracted providers trained to address culturally sensitive issues, given access to culturally relevant resources, or provided tribal contacts?</p>	<p>TRSN providers are required to provide training on cultural issues and obtain mental health specialist consultation for ethnic minority clients. TRSN supports staff in accessing training through the statewide mental health conference and other available resources.</p>	<p>Increased cultural awareness and sensitivity among TRSN employees, provider network staff.</p>	<p>Jim Sherrill, Director, Cowlitz Indian Health Clinic . Trisha Young, TRSN Quality Manager Brian Cameron, Interim TRSN Administrator</p>	<p>TRSN providers are required to provide cultural sensitivity training to employees. Providers are also required to obtain specialist consults when appropriate. TRSN will continue to look for ways to expand the option of working with providers within the network to utilize tribal consultation as needed and appropriate.</p> <p>Currently, providers are required to obtain specialist consults for their American Indian clients There have been discussions at meetings regarding having Cowlitz Tribe mental health staff be available to provide consultations to network providers. Currently there is only one staff person and it was felt that she would not have the time to provide consultations for the three RSNs that have tribal members residing in their service areas.</p>

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Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year
				TRSN will continue to look for ways to expand the option of working with providers within the network to utilize tribal consultation as needed and appropriate.
7. Is your RSN able to respond to current needs of the tribes? How? If not, have services gaps been identified and discussed?	Attend meetings as needed to identify opportunities to address gaps in access, resources, and coordination of culturally competent services. Respond to identified gaps with collaborative solutions.	Increased understanding of tribal needs by TRSN and its contracted mental health provider in Lewis County.	<p>Jim Sherrill, Director, Cowlitz Indian Health Clinic</p> <p>Matt Patton, Clinical Director, Cascade Mental Health Center</p> <p>Trisha Young, TRSN Quality Manager</p> <p>Brian Cameron, Interim TRSN Administrator</p>	<p>Previous meetings have identified concerns related to services for Cowlitz Tribal members that reside in East Lewis County. Tribal representatives expressed interest in meeting with the RSN contracted mental health provider in Lewis County to discuss access and services. The previous TRSN administrator was in the process of facilitating these meetings when he retired.</p> <p>TRSN will confirm a continued interest in a meeting with Cascade Mental Healthcare to discuss concerns related to services for Cowlitz Tribal members that reside in East Lewis County.</p>
8. Did your RSN and contracted providers participate in 7.01/Indian law/tribal relations training? Which staff?		Increased understanding of tribal needs by TRSN.	Trisha Young, TRSN Quality Manager	The previous TRSN Quality Manager, Jan Kashmitter, participated in the training and subsequent meeting at the Great

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Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year
What kind of training was provided?				<p>Wolf Lodge in Thurston County.</p> <p>TRSN will continue to explore ways to learn and educate staff and providers about American Indian and Alaskan Native culture and incorporate into our services.</p>
9. Did your RSN or contracted providers provide training to the tribes? Which tribes? What kind of training was provided?		Increase understanding of tribal needs and RSN roles and responsibilities.	<p>Jim Sherrill, Director, Cowlitz Indian Health Clinic</p> <p>Trisha Young, TRSN Quality Manager</p>	No specific training was conducted by TRSN during this past year. TRSN did not discuss mutual training topics during this past year.
10. Do you have current working agreements with the tribes? What are they? Are they current?			<p>Jim Sherrill, Director, Cowlitz Indian Health Clinic</p> <p>Brian Cameron, Interim TRSN Administrator</p>	There are currently no plans to develop a working agreement with the Cowlitz Tribe beyond the Collaboration Implementation Plan.
11. Do you contract directly with the tribes? What are these contracts? Include amounts, brief description, and contract dates.			<p>Jim Sherrill, Director, Cowlitz Indian Health Clinic</p> <p>Brian Cameron, Interim TRSN Administrator</p>	TRSN does not currently contract with the Cowlitz Tribe.
12. Do you have a plan for recruiting Native American providers, contractors, or employees?	The RSN does not currently have any staff positions open for recruitment. When the RSN does have positions open, it encourages applications from all qualified individuals regardless of race, religion, color, or ethnic back-	Diverse recruitment increases the RSNs overall understanding of service needs and cultural issues that influence those needs.	<p>Jim Sherrill, Director, Cowlitz Indian Health Clinic</p> <p>Brian Cameron, Interim TRSN Administrator</p>	There is no specific plan for recruiting Native American providers or contractors or employees. Recruitment notices are sent to local newspapers and the tribes when the RSN has a vacant position to fill.

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Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year
	ground.			
13. Did you inform and seek input from MHD when developing policies and procedures that will have a unique effect on tribes?	No.		Trisha Young, TRSN Quality Manager Brian Cameron, Interim TRSN Administrator DBHR Tribal Liaison	TRSN policies and procedures were refined and reviewed during this past year. TRSN did not directly seek input from DBHR on these projects.
14. Do you have issues or concerns that require assistance from the Mental Health Division's tribal liaison or staff? Have you discussed these with MHD staff?			Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator DBHR Tribal Liaison	
15. Has any tribe asked to have a member on your governing board? Advisory board? Is any tribe member currently serving on your governing board? Advisory board?	TRSN maintains a place on the governing board for a tribal representative. TRSN maintains a place on the RSN Advisory Board for a tribal representative.	Tribal representation on the boards increases cultural awareness and provides input from a tribal representative on plans, budgets, and policies	Trisha Young, TRSN Quality Manager Brian Cameron, Interim TRSN Administrator	The Cowlitz Tribe does not currently have a representative on the TRSN Governing Board. The Cowlitz Tribe does not currently have a representative on the TRSN Advisory Board. Darlene Rhodes was previously on the TRSN Advisory Board in 2010-2011. She was appointed per a letter from Jim Sherrill; however, she subsequently had to resign due to health issues. TRSN recently had an advisory board recruitment meeting to provide information and opportunity for prospective new

**Timberlands RSN / Cowlitz Tribe
7.01 Action Plan**

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year
				<p>members to which the Cowlitz Tribe was invited. The meeting was not attended by a Cowlitz Tribe representative.</p> <p>TRSN plans to discuss the possibility of staff participating on the TRSN Quality Management Committee in the coming year.</p>

Timberlands RSN / Shoalwater Bay Indian Tribe 7.01 Action Plan

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2010
1. Have you scheduled regular meetings with the tribes to discuss the Collaboration Plan and/or Progress Report? When and how often do you meet?	Meet annually with representatives of the Shoalwater Bay Tribe to discuss the 7.01 plan.	Meaningful collaboration consensus on content of implementation of 7.01 plan; schedule for ongoing meetings or plan for communication	Charlene Nelson, Chair Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Brian Cameron, TRSN Administrator	Previous TRSN administrators have met with Tribal Health Department directors and it was decided due to travel distances and involved time, it was preferable to communicate primarily through email or telephone with face-to-face meetings if necessary. The previous TRSN administrator had telephone contact with the Tribal Health Department Director to discuss the 7.01 plan.
2. Have your RSN administration staff, contractors, i.e. CMHA administrators, supervisors, or their program staff met with the tribes in your area and identified issues that need to be addressed? What were the topics of the issues? What were the agreeable solutions? Has your RSN identified for the tribes one or two contact people	Schedule and hold meetings with representatives of Shoalwater Bay Tribe as needed to identify goals and objectives and receive input from the tribe on solutions for those issues identified.	Increased understanding of tribal member mental health service need and service availability; update contact information	Charlene Nelson, Chair Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Brian Cameron, Interim TRSN Administrator	The previous TRSN administrator met with the Tribal Health Department director to discuss areas that need to be addressed. One area identified was funding sources. The Mental Health Block Grant funding from TRSN to the tribe for training of its mental health staff was discussed and agreed upon. The TRSN Administrator, Brian Cameron, is the identified contact for TRSN. A secondary contact is identified as Trisha Young, Quality

Timberlands RSN / Shoalwater Bay Indian Tribe 7.01 Action Plan

Implementation Plan				Progress Report
(1) Goals/Objectives with the RSN?	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2010 Manager.
3. Have your RSN administration and contracted providers included tribal contacts in your information sharing, problem-solving and planning activities? Who are your contacts at the tribe for consultation? For service delivery?	TRSN providers include tribal contacts in information sharing. Representatives are also included on distribution lists at the TRSN.	Increased understanding by tribal representatives of issues related to planning services within TRSN; Increased awareness and understanding by TRSN and provider staff of specific tribal needs and planning activities.	Charlene Nelson, Chair, Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Brian Cameron, Interim TRSN Administrator	TRSN providers include tribal contacts in information sharing. Representatives are also included on distribution lists at the TRSN. The former health director for the Shoalwater Bay Tribe, Marsha Crane, was succeeded by Charlene Nelson. Charlene Nelson is the primary contact for TRSN. A secondary contact is Dr. Scott Powell, Health Director, Shoalwater Bay Tribe.
4. Have you notified tribes of funding opportunities, available grants, or training opportunities, including from the RSN and/or your contracted providers? What were they?	TRSN staff will notify tribal representatives of specific funding opportunities that may come available to the tribe.	Increased information sharing, sense of collaboration and opportunity to pursue resources on behalf of American Indian populations.	Charlene Nelson, Chair, Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Brian Cameron, Interim TRSN Administrator	Tribal contacts are on TRSN mailing lists and receive funding notices from a variety of sources as well as training opportunities. The RSN currently provides funding from our Mental Health Block Grant for specific projects identified by the tribe. TRSN will continue to notify tribal representatives of any funding opportunities.
5. Do you have any special/pilot projects that include tribal participation or need to have tribal participation? What are they?	The tribe will be invited to participate in any special/pilot projects that occur in TRSN.	Increased involvement of tribe within the provider network.	Charlene Nelson, Chair, Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Brian Cameron,	TRSN continues to look for special/pilot projects that could involve the Shoalwater Bay Tribe in a more active role.

Timberlands RSN / Shoalwater Bay Indian Tribe 7.01 Action Plan

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2010
			Interim TRSN Administrator	
6. Are your employees, RSN administration and contracted providers trained to address culturally sensitive issues, given access to culturally relevant resources, or provided tribal contacts?	TRSN providers are required to provide training on cultural issues and obtain mental health specialist consultation for ethnic minority clients. TRSN supports staff in accessing training through the statewide mental health conference and other available resources.	Increased cultural awareness and sensitivity among TRSN employees, provider network staff.	Charlene Nelson, Chair, Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Trisha Young, TRSN Quality Manager Brian Cameron, Interim TRSN Administrator	TRSN providers are required to provide cultural sensitivity training to employees. Providers are also required to obtain specialist consults when appropriate. TRSN will continue to look for ways to expand the option of working with providers within the network to use tribal consultation as needed and appropriate.
7. Is your RSN able to respond to current needs of the tribes? How? If not, have services gaps been identified and discussed?	Attend meetings as needed to identify opportunities to address gaps in access, resources, and coordination of culturally competent services. Respond to identified gaps with collaborative solutions.	Increased understanding of tribal needs by TRSN and its contracted mental health provider	Charlene Nelson, Chair, Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Eric Cummings, CEO, Willapa Behavioral Health Trisha Young, TRSN Quality Manager Brian Cameron, Interim TRSN Administrator	The Shoalwater Bay Tribe does have mental health service capabilities on their reservation. However, the capacity is limited and, when needed, tribal members can receive services from the RSN contracted provider, Willapa Behavioral Health, in Pacific County.
8. Did your RSN and contracted providers participate in 7.01/Indian law/tribal		Increase understanding of tribal cultures and needs.	Trisha Young, TRSN Quality Manager	The previous TRSN Quality Manager, Jan Kashmitter, participated in the training and subsequent meeting at the Great Wolf Lodge

Timberlands RSN / Shoalwater Bay Indian Tribe 7.01 Action Plan

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2010 in Thurston County.
relations training? What staff? What kind of training was provided?				TRSN will explore ways to learn and educate staff and providers about American Indian and Alaskan Native culture and incorporate into our services.
9. Did your RSN or contracted providers provide training to the tribes? Which tribes? What kind of training was provided?		Increase understanding of tribal needs and RSN roles and responsibilities.	Charlene Nelson, Chair, Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Trisha Young, TRSN Quality Manager	No specific training was conducted by TRSN during this past year. TRSN did not discuss mutual training topics during this past year.
10. Do you have current working agreements with the tribes? What are they? Are they current?			Charlene Nelson, Chair, Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Brian Cameron, Interim TRSN Administrator	There are currently no plans to develop a working agreement with the Shoalwater Bay Tribe beyond the Collaboration Implementation Plan.
11. Do you contract directly with the tribes? What are these contracts? Include amounts, brief description, and contract dates.	The RSN has a contract with the Shoalwater Bay Tribe regarding Mental Health Block Grant funding in the amount of \$2,500.	Block Grant funding is used for training of tribal mental health staff to increase their knowledge and expertise.	Charlene Nelson, Chair, Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Brian Cameron, Interim TRSN Administrator	TRSN has a contract with the Shoalwater Bay Tribe related to Mental Health Block Grant funding. The tribe requested continued funding for mental health staff from the RSN related to our FFY 2011 Mental Health Block Grant funding.

Timberlands RSN / Shoalwater Bay Indian Tribe 7.01 Action Plan

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2010
12. Do you have a plan for recruiting Native American providers, contractors, or employees?	The RSN does not have any staff positions open for recruitment. When the RSN does have positions open, it encourages applications from all qualified individuals regardless of race, religion, color, or ethnic background.	Diverse recruitment increases the RSNs overall understanding of service needs and cultural issues that influence those needs.	Charlene Nelson, Chair, Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Brian Cameron, Interim TRSN Administrator	There is no specific plan for recruiting Native American providers or contractors or employees. Recruitment notices are sent to local newspapers and the tribes when the RSN has a vacant position to fill.
13. Did you inform and seek input from MHD /DBHR when developing policies and procedures that will have a unique effect on tribes?			Trisha Young, TRSN Quality Manager Brian Cameron, Interim TRSN Administrator DBHR Tribal Liaison	TRSN policies and procedures were refined and reviewed during this past year. TRSN did not directly seek input from DBHR on these projects.
14. Do you have issues or concerns that require assistance from the Mental Health Division's tribal liaison or staff? Have you discussed these with MHD staff?			Charlene Nelson, Chair, Shoalwater Bay Tribe Dr. Scott Powell, Health Director, Shoalwater Bay Tribe Brian Cameron, Interim TRSN Administrator DBHR Tribal Liaison	
15. Has any tribe asked to have a mem-	TRSN maintains a place on the governing board for a tribal	Tribal representation on the boards increases	Trisha Young, TRSN Quality Manager	A Shoalwater Bay Tribe representative was a previous member

**Timberlands RSN / Shoalwater Bay Indian Tribe
7.01 Action Plan**

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2010
<p>ber on your governing board? Advisory board?</p> <p>Is any tribe member currently serving on your governing board? Advisory board?</p>	<p>representative.</p> <p>TRSN maintains a place on the RSN Advisory Board for a tribal representative.</p>	<p>cultural awareness and provides input from a tribal representative on plans, budgets, and policies</p>	<p>Brian Cameron, Interim TRSN Administrator</p>	<p>of the TRSN Governing Board. In May 2006, their representative resigned from the governing board.</p> <p>The Shoalwater Bay Tribe does not currently have a representative on the TRSN Advisory Board. TRSN recently had an advisory board recruitment meeting to provide information and opportunity for prospective new members to which the Shoalwater Bay Tribe was invited. The meeting was not attended by a Shoalwater Bay representative.</p> <p>TRSN plans to discuss the possibility of clinical staff participating on the TRSN Quality Management Committee in the coming year.</p>

Timberlands RSN Update for Tribal Collaboration Plans 2013

Cowlitz Tribal Collaboration Plan changes/updates;

- Collaborative meetings with Clark RSN, Southwest RSN, and TRSN will be revised and possibly relocated to accommodate the new combined Southwest Washington RSN.
- The Clinical Director of Lewis County's CMHA was provided contact information by TRSN for the Chehalis and Cowlitz Tribes and plans to discuss the benefit of utilizing Federal Block Grant funds to address the possible barrier of consumer perception of care.
- TRSN plans to explore education of crisis system processes to facilitate collaboration for enrolled members who need to utilize crisis services.
- TRSN plans to collaborate regarding notification to the Tribal Authority to assist in treatment planning and service provision when an enrolled tribal member presents for non-crisis services.
- TRSN plans to continue to extend invitations to the Tribe regarding training in the upcoming year-specifically Mental Health First Aid and Critical Intervention Training.

Shoalwater Tribal Collaboration Plan changes/updates:

- TRSN Administrator discussed the availability of Mental Health Block Grant funding with the Tribe. The Tribe declined to participate in the grant funding as it was below their minimum threshold for grant acceptance.
- TRSN Administrator also offered to include the tribe in local training and education. The Tribe indicated they would contact TRSN to discuss their interest.
- TRSN plans to explore education of crisis system processes to facilitate collaboration for enrolled members who need to utilize crisis services.
- TRSN plans to collaborate regarding notification to the Tribal Authority to assist in treatment planning and service provision when an enrolled tribal member presents for non-crisis services.
- TRSN plans to continue to extend invitations to the Tribe regarding training in the upcoming year-specifically Mental Health First Aid and Critical Intervention Training.

**Thurston Mason RSN / Chehalis Tribe
7.01 Action Plan**

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2010
Invite the tribe to attend TMRNS Mental Health Advisory Board and/or advisory board meetings.	TMRSN has sent advisory board meeting notices to the tribe.	Have tribal advisory board representation at the meetings.	Lead: Lois Kim Target Date: Ongoing	No tribal member has attended the advisory board meetings or shown interest in sitting on the advisory board.

**Thurston Mason RSN / Cowlitz Tribe
7.01 Action Plan**

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	
Invite the tribe to attend TMRNS Mental Health Advisory Board and/or advisory board meetings.	TMRSN has sent advisory board meeting notices to the tribe.	Have tribal representation at the advisory board meetings.	Lead: Lois Kim Target Date: Ongoing	No tribal member has attended the advisory board meetings or shown interest in sitting on the advisory board.

**Thurston Mason RSN / Nisqually Tribe
7.01 Action Plan**

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	
Invite the tribe to attend TMRNS Mental Health Advisory Board and/or advisory board meetings.	TMRSN has sent advisory board meeting notices to the tribe.	Have tribal representation at the advisory board meetings.	Lead: Lois Kim Target Date: Ongoing	No tribal member has attended the advisory board meetings or shown interest in sitting on the advisory board.

THURSTON MASON RSN / Puyallup Tribe Collaboration Plan

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2010
Invite the tribe to attend TMRNS Mental Health Advisory Board and/or advisory board meetings.	TMRSN has sent advisory board meeting notices to Puyallup.	Have tribal representation at the advisory board meetings.	Lead: Lois Kim Target Date: Ongoing	No Puyallup member has attended the advisory board meetings or shown interest in sitting on the advisory board.

Thurston Mason RSN / Skokomish Tribe 7.01 Action Plan

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2010
<p>To continue collaborative efforts between TMRSN and the Skokomish Tribe with the goal of sustaining the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) program and identifying ways to effectively introduce other EBP's into the tribe's mental health service continuum.</p>	<p>Activities during this reporting period included: Regular meetings of the Skokomish EBP Core Team to oversee TF-CBT efforts. Use of a database to track pre-post outcome data. Ongoing consultation from TF-CBT trainer. Tribal-specific TF-CBT enhancement training with Dee Big Foot, a national expert on TF-CBT implementation with tribes. Planning and development of a FY12 contract (effective 10/01/11) to preserve the services and relationships already achieved and to expand activities that closely align with the identified needs and goals of the EBP Project.</p>	<p>Expected outcomes during this reporting period include: Continuation of the Skokomish EBP Core Team, Skokomish TF-CBT program. Increased TF-CBT clients served by the program. FY120 contract with the Skokomish Tribe to continue building on the successes of the Children's Mental Health EBP Pilot Project – completed.</p>	<p>Lead: Children's Care Manager Target Date: Ongoing</p>	<p>Progress during this reporting period includes: The Skokomish EBP Core Team continues to meet periodically. Much of this group's efforts continues to focus on increasing referrals for TF-CBT. The Skokomish TF-CBT services have continued and there has been a slight increase in referrals from the Skokomish Indian Child Welfare Department. The Skokomish Tribe is reporting multiple positive outcomes as a result of the EBP project thus far, including: "agency-level benefits, enhanced cross-agency relationships, increased access to effective services, enhanced ability to serve children in the tribal community, and increased funding opportunities." TMRSN, Skokomish Tribe, and Behavior Health Resources developed a contract statement of work intended to preserve and enhance services and relationships. The contract period is 10/01/11-6/30/12, with an intent to</p>

**Thurston Mason RSN / Skokomish Tribe
7.01 Action Plan**

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2010
				continue through 09/31/12. Funded activities include: training/consultation; expansion of evidence-based services for tribal youth, and fidelity-related activities.
Invite the tribe to attend TMRN'S Mental Health Advisory Board and/or advisory board meetings.	TMRSN has sent advisory board meeting notices to the tribe.	Have tribal representation at the advisory board meetings.	Lead: Lois Kim Target Date: Ongoing	To date, no tribal member has attended the advisory board meetings or expressed an interest in sitting on the advisory board.

**Thurston Mason RSN / SPIPA 7.01
Action Plan**

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	
Invite SPIPA to attend TMRNS Mental Health Advisory Board and/or advisory board meetings.	TMRSN has sent advisory board meeting notices to SPIPA.	Have tribal representation at the advisory board meetings.	Lead: Lois Kim Target Date: Ongoing	No SPIPA member has attended the advisory board meetings or shown interest in sitting on the advisory board.

Tribal Planning Checklist – Chehalis Tribe 2013

1. Have you scheduled regular meetings with the Tribes to discuss Policy 7.01 Implementation Plan and/or Progress Report? When and how often do you meet?
- GHRSN worked with the Chehalis Tribe Multi-Disciplinary Team to develop a plan of care for a tribal member with complex co-occurring disorders. We sent County representatives with expertise in mental health and substance use disorders, and were joined by the manager of the Grays Harbor Crisis Clinic.
- Recently the Grays Harbor Crisis Clinic hired a new manager. I wrote to the leader of the Chehalis Tribe Multi-Disciplinary Team and asked if I could introduce the new manager to them. I'll wait for their response.
- GHRSN's goal is to proactively prepare for effective delivery of Crisis Services to members of the Chehalis Tribe, thereby avoiding the confusion that can arise in an acute care emergency.
2. Have your Administration, Region, Division, Program, Contractors or Grantees met with the Tribes and Recognized American Indian Organizations in your area and identified issues that need to be addressed? What were the topics of the issues? What were the agreeable solutions?
- Grays Harbor RSN, Thurston Mason RSN and Timberlands RSN are engaged in conversations that will allow individuals who reside in border areas to access mental health services at any location convenient for them. GHRSN has asked the project management group for this effort to include a discussion about Crisis Services for the Chehalis Tribe on an upcoming agenda. The Chehalis Tribe is located at the border of all 3 RSNs.
3. Have you included Tribal and Recognized American Indian Organizations contacts in your information sharing, problem-solving and planning activities? Who are your contacts at the Tribe?
- Charlene R. Abrahamson
Director of Behavioral Health
4. Have you notified Tribes and Recognized American Indian Organizations of funding opportunities, RFP's, available grants, or training opportunities from DSHS? What were they?
- GHRSN is adding this item to our RAIO improvement strategy. We'll begin forwarding all information about funding opportunities, RFP's, available grants, or training opportunities from DSHS to our contacts in the Tribes.

5. Do you have any special/pilot projects that include tribal participation or need to have tribal and Recognized American Indian Organizations participation? What are they?
- GHRSN does not have any special projects of this type in place with the Chehalis Tribe at this time. The project described in item 1 is ongoing.
6. Are your employees trained to address culturally sensitive issues or have access to culturally relevant resources?
- GHRSN ensures services are culturally competent in accordance with policies evaluated by the department and the EQRO. GHRSN participated in the Underserved Population workgroup sponsored by DBHR.
7. Is your program/division able to respond to current needs of the tribes and Recognized American Indian Organizations? How is this achieved?
- GHRSN maintains contact with leaders in the Tribal Behavioral Health community. We respond to current needs of the tribes upon request by the behavioral health program leadership.
8. Did your program or division provide training to the Tribes and Recognized American Indian Organizations? To which tribes and Recognized American Indian Organizations did you provide this? What kind of training was provided?
- GHRSN provided training on the Involuntary Treatment Act to public safety and behavioral healthcare leaders at the Chehalis Tribe in February, 2012. The RSN provided similar training to the Director of the behavioral health clinic for the Quinault Indian Nation in November, 2012.
9. Was technical assistance provided to the Tribes and Recognized American Indian Organizations? If yes, in what capacity?
- GHRSN has not had a request for technical assistance from our tribal partners.
10. Do you have Local Area Agreements or current working agreements with the Tribes? What are they? Are they current?
- Grays Harbor RSN does not have local area agreements or working agreements with THE Chehalis Tribe.
11. Do you contract directly with the Tribes? What are these contracts?
- GHRSN does not have any contracts with the Tribes.
12. Do you have a plan for recruiting Native American providers, contractors, or employees?
- GHRSN does not have a formal plan in place for this item.

- 13. Did you inform and seek input from IPSS when developing policies and procedures that will have a unique effect on Tribes or Recognized American Indian Organizations?

GHRSN has not sought input from IPSS in 2012.

- 14. Do you have issues or concerns that require assistance from the Office of Indian Policy and Support Services (IPSS)? Have you discussed these issues with IPSS?

None have been identified by our Quality Management Program at this moment

Tribal and RAI0 Coordination Implementation Plan and Progress Report - For Regional Support Networks				
Due to DSHS on or before March1, 2013.				
Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
Improve Chehalis Tribe satisfaction with Grays Harbor Regional Support Network Crisis Services	The RSN has written to Chehalis Tribe's Director of Behavioral Health to ask if we may introduce the new manager of the Grays Harbor Crisis Clinic to the MDT that reviews cases for difficult-to-serve individuals.	The RSN hopes to complete this introduction in Q1, 2013. If the introduction is successful, the RSN may propose ongoing collaboration	Mike McIntosh 4/1/2013	

(1) Goals/ Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
<p>Improve Chehalis Tribe satisfaction with Regional Support Network Crisis Services</p> <p>Improve access to outpatient treatment for members of the Chehalis Tribe</p>	<p>Grays Harbor RSN, Thurston Mason RSN and Timberlands RSN are engaged in conversations that will allow individuals who reside in border areas to access mental health services at any location convenient for them.</p> <p>GHRSN has asked the project management group for this effort to include a discussion about Crisis Services for the Chehalis Tribe on an upcoming agenda. The Chehalis Tribe is located at the border of all 3 RSNs.</p>	<p>Develop a strategy to improve Crisis response and outpatient access for enrollees and Chehalis Tribe members living on the borders of GHRSN, TRSN and TMRSN.</p>	<p>Mike McIntosh</p> <p>Q1 2013</p>	

(1) Goals/ Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
Ensure the Chehalis Tribe is aware of opportunities to collaborate with GHRSN on projects to serve our mutual consumers	Notify the Chehalis Tribe of funding opportunities, RFP's, available grants, or training opportunities from DSHS	The Chehalis Tribe will receive notice of funding opportunities, RFP's and other opportunities as they are announced.	Mike McIntosh Begins 1/01/2013 and ongoing after that	

Tribal Planning Checklist – Quinault Tribe 2013

1. Have you scheduled regular meetings with the Tribes to discuss Policy 7.01 Implementation Plan and/or Progress Report? When and how often do you meet?
- We haven't met for the purpose of discussing Policy 7.01
2. Have your Administration, Region, Division, Program, Contractors or Grantees met with the Tribes and Recognized American Indian Organizations in your area and identified issues that need to be addressed? What were the topics of the issues? What were the agreeable solutions?
- GHRSN has regular meetings with the Quinault Tribe. The manager of the Quinault Tribe Behavioral Health program has a standing invitation to participate on the Grays Harbor Regional Support Network Children's Policy Team.
- GHRSN staff and mental health care providers from our largest subcontractor meet with Quinault Tribe Behavioral Health staff upon request to create individualized interventions for difficult --to-serve individuals. The most recent of these was 11-29-2012.
- GHRSN staff and mental health care providers from our largest subcontractor have plans to meet to conduct system planning level conversations to improve services for our mutual consumers. The specific date for this hasn't been established.
3. Have you included Tribal and Recognized American Indian Organizations contacts in your information sharing, problem-solving and planning activities? Who are your contacts at the Tribe?
- Dorothy Flaherty
Director of Behavioral Health
4. Have you notified Tribes and Recognized American Indian Organizations of funding opportunities, RFP's, available grants, or training opportunities from DSHS? What were they?
- GHRSN is adding this item to our RAIO improvement strategy. We'll begin forwarding all information about funding opportunities, RFP's, available grants, or training opportunities from DSHS to our contacts in the Tribes.
5. Do you have any special/pilot projects that include tribal participation or need to have tribal and Recognized American Indian Organizations participation? What are they?
- GHRSN recently put a plan in place to provide a coordinated response by RSN outpatient and Crisis programs for a Quinault Tribe member at risk for needing more restrictive levels of care.

6. Are your employees trained to address culturally sensitive issues or have access to culturally relevant resources?
- GHRSN ensures services are culturally competent in accordance with policies evaluated by the department and the EQRO. GHRSN participated in the Underserved Population workgroup sponsored by DBHR.
7. Is your program/division able to respond to current needs of the tribes and Recognized American Indian Organizations? How is this achieved?
- GHRSN maintains contact with leaders in the Tribal Behavioral Health community. We respond to current needs of the tribes upon request by the behavioral health program leadership.
8. Did your program or division provide training to the Tribes and Recognized American Indian Organizations? To which tribes and Recognized American Indian Organizations did you provide this? What kind of training was provided?
- The RSN provided training to the Director of the behavioral health clinic for the Quinault Indian Nation in November, 2012.
9. Was technical assistance provided to the Tribes and Recognized American Indian Organizations? If yes, in what capacity?
- GHRSN has not had a request for technical assistance from our tribal partners.
10. Do you have Local Area Agreements or current working agreements with the Tribes? What are they? Are they current?
- Grays Harbor RSN does not have local area agreements or working agreements with the Quinault Tribe however our largest outpatient provider does maintain an MOU with the Quinault Tribe Behavioral Health Program.
11. Do you contract directly with the Tribes? What are these contracts?
- GHRSN does not have any contracts with the Tribes.
12. Do you have a plan for recruiting Native American providers, contractors, or employees?
- GHRSN does not have a formal plan in place for this item.
13. Did you inform and seek input from IPSS when developing policies and procedures that will have a unique effect on Tribes or Recognized American Indian Organizations?
- GHRSN has not sought input from IPSS in 2012.
14. Do you have issues or concerns that require assistance from the Office of Indian Policy and Support Services (IPSS)? Have you discussed these issues

with IPSS?

None have been identified by our Quality Management Program at this moment

Tribal and RAI0 Coordination Implementation Plan and Progress Report For Regional Support Networks				
Due to DSHS on or before March1, 2013.				
Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
Improve Quinault Tribe satisfaction with Grays Harbor Regional Support Network Crisis Services	The RSN has preliminary plans to meet with Quinault Tribe Behavioral Health staff and first responders to discuss coordinated response to our mutual clients during crises.	The RSN hopes to receive an invitation to visit the Quinault tribe in Q1, 2013.	Mike McIntosh 4/1/2013	
(1) Goals/ Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
Ensure the Quinault Tribe is aware of opportunities to collaborate with GHRSN on projects to serve our mutual consumers	Notify the Quinault Tribe of funding opportunities, RFP's, available grants, or training opportunities from DSHS	The Quinault Tribe will receive notice of funding opportunities, RFP's and other opportunities as they are announced.	Mike McIntosh Begins 1/01/2013 and ongoing after that	