DSHS Administrative Policy 7.01

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

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Behavioral Health and Service Integration Administration

2015

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

2015

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Department of Social and Health Services

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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 to 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 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 implements the Department's mission through its three divisions: the Division of Behavioral Health and Recovery (DBHR), the Office of Service Integration (OSI) and the Management Services Division (MSD). DBHR manages the statewide public delivery system for mental health services, chemical dependency treatment, 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 Management Services Division provides supportive services for the Behavioral Health and Service Integration Administration, the Developmental Disabilities Administration, and the Aging and Long Term Support Services Administration. These services include contract development and information technology support. BHSIA also manages the three state institutions for long-term inpatient mental health treatment: Western State Hospital, Child Study and Treatment and Eastern State Hospital.

Tribal Centric Behavioral Health

While not a formal component of this administration, the Tribal Centric Behavioral Health initiative works across all aspects of 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 group meets monthly, with subgroups related to specific topics meeting the same day on an ad hoc basis. The work group was implemented to help shape and design a new mental health system for American Indians and Alaskan Natives. Over the last three years of meetings the Tribal Centric Behavioral Health Work Group identified issues, reviewed problems and explored multiple solutions to problems. The work group has addressed not only those issues surfaced at the initial 2009 meeting, but also continues to addressed emerging concerns regarding the provision of behavioral health services and the interface between tribal providers, Tribes, individual American Indians and Alaskan Natives, DSHS, and the RSN system. The Work Group's current focus is on the implementation of SSB 6312, which will integrate publicly funded substance use disorder treatment programs into the public mental health system, transitioning substance use disorder treatment into a managed care environment through new entities called Behavioral Health Organizations (BHOs).

In 2013 the Tribal Centric Behavioral Health Work Group submitted a report to the legislature describing a Tribal Centric Behavioral Health System and identifying the steps necessary to implement the system. The report was required by Section 7 of SSB 5732. In the report the work group identified the defining characteristics that exemplify a Tribal Centric Behavioral Health System. Those characteristics should demonstrate:

- The value and importance of individual choice.
- The value and importance of AI/AN individuals having access to Tribal and urban Indian programs providing behavioral health services.
- Mandatory changes to RSNs and how they relate with Tribes and AI/AN individuals.
- Required cultural competency training for RSN and state hospital staff working with the AI/AN population.
- Coordinated and centralized communications between DSHS and HCA in policy development and designing, and modifying billing and reporting procedures.
- Conducting a feasibility study for structuring one or more residential programs. The study should determine what type of facility would best serve AI/AN population (freestanding evaluation and treatment (E&T), crisis triage, dual diagnosis beds, or a combination of all three).

The Work Group membership strongly voiced that individual choice should be the guiding value of any future system. Work Group members also emphasized that the future system should allow AI/AN individuals to continue to have direct access to Tribal and urban Indian behavioral health programs. Those AI/AN individuals who have chosen to receive services through the existing RSN system, or its successor, should be able to continue to receive those services if they so choose. They should be able to do this without disruption and without having to be subjected to an opt-in or opt-out process so that they may continue receiving care. The Work Group stipulated that to adequately and appropriately serve the AI/AN population, especially those Tribal members living on reservations, the RSNs must make serious and significant changes in the way they interact with Tribes and Tribal members.

Each month the Tribal Centric Behavioral Health Work Group reviews the recommendations from 5732 Legislative Report and the current status of activities.

Office of Service Integration

The Office of Service Integration has held the lead responsibility for the implementation of Senate Bill 5732. DSHS was directed to convene the Steering Committee called out in the legislation—due to the similarity of outcome measures called out in both bills, the initial work of House Bill 1519 was included in the Steering Committee. The purpose of the Steering Committee was to re-design the public mental health system, focusing on integration with chemical dependency and primary care and demonstrable outcomes.

SB 5732 directed the Steering Committee membership. In addition to other required members, the legislation required Tribal representation on the Committee. To further support the work of the Committee, six work groups were created. The OSI continues to work with DSHS and HCA staff to inform the integration of 5732 and 1519 measures with the legislation in 2572 creating the formation of core set of performance measures for statewide integration.

As with the larger Steering Committee, Tribal representatives were invited to participate on each of the work groups.

- Quality of Life
- Health/Wellness, Utilization and Disparities
- Criminal Justice and Forensic Patients
- Employment, Education, Meaningful Activities, and Housing
- Workforce Development
- Evidence Based Practices

The Office of Service Integration also had significant responsibility for implementation of Health Homes, as a service option of the Affordable Care Act. Health Homes were implemented in 2013 and are comprised of networks of providers, including both behavioral health and primary care, which are 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 rooms. Health Homes focus on consumer choice and provide comprehensive care management, care coordination and health promotion, comprehensive transitional care, patient and family support, and referrals to community and social supports. . The OSI is working with tribal representatives and the HCA Tribal Liaison Office to implement tribal specific Health Homes and has submitted a State Plan Amendment for Tribal Health Homes to CMS for approval.

The HealthPath WA demonstration terminated January 2014 with the withdrawal of one of the health plans. This demonstration project will not be implemented.

The Office of Service Integration coordinates with HCA and the Department of Health (DOH) on implementation of Healthier Washington and the State Innovation Model grant. OSI is adding three staff positions specifically to provide DSHS representation for the Accountable Communities of Health, Practice Transformation, and cross administration Project Connection. In addition, OSI will collaborate with BHSIA staff on payment redesign policies, modeling and analytics, interoperability and measurement.

Division of Behavioral Health and Recovery

The Regional Support Networks provide community mental health services to adults with serious, persistent, and chronic mental health needs and to children and youth under the age of 19 who are experiencing serious emotional disorders. Each RSN contracts with provider groups and community mental health agencies. 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 program works 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.

Chemical dependency 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 inter-governmental 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.

The 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 (G2G) 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 $255,000 has been provided to enhance mental health promotion services administered by our Tribes.

The Center for Medicare/Medicaid Services (CMS) has a policy of "One Facility, One Rate" therefore, Tribes who are recognized by 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 (IHS 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.

Tribal Mental Health Contracts
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 waivered 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. Mental health services provided by Tribal Mental Health providers are billed at the IHS Encounter Rate through HCA.

Tribal Chemical Dependency Contracts
Tribal Chemical Dependency Services are provided through DSHS Consolidated Contracts. These contracts provide for financial support for the 29 federally recognized tribes for substance abuse treatment and/or prevention services. These services include:

- 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 substance abuse prevention and mental health promotion programs are specific to each tribe's local needs, culture and traditions. Tribes select evidence-based programs or develop tribal prevention programs in order to best serve their members and surrounding community members. Tribes develop an annual prevention program plan with the assistance of DSHS's Office of Indian Policy and DBHR.

  Examples of Tribal substance abuse prevention, mental health promotion and suicide prevention programs:
  After School Tutoring Programs
  Life Skills Training
  Tribal Youth Honoring
  Canoe Journeys
  Drum Making
  Inner Generational Cultural Preservation
  American Indian Life Skills Development
  Model Adolescent Suicide Prevention Program (MASPP)
  CAST (Coping And Support Training)
  QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention
  Sources of Strength
  Community Activities; including Community Dinner, Prevention Programming, and Cultural Strengthening and Revitalization

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

of tribal claims submitted to HCA for both chemical dependency and mental health treatment are being processed without problem.

Tribal Mental Health Program Attestation and Licensure
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.

On December 18, 2013, DSHS sent a letter to Tribal Leaders explaining that after December 31, 2014, Tribal mental health programs would no longer be able to be reimbursed for mental health IHS encounters unless the Tribe either signs an attestation agreement or has demonstrated substantial progress in becoming a Washington licensed Community Mental Health Agency. This change moved the state and Tribes into alignment with Washington's Medicaid state plan and the Indian Health Care Improvement sections of the Affordable Care Act. Upon request, DBHR provided technical assistance to Tribes as they work through the attestation or licensure processes.

As of January 1, 2015 all Washington Tribes had either completed licensure and/or the attestation process or made substantial progress towards attestation. As of April 8, 2015, 20 Tribes had completed attestation, five Tribes were either licensed or becoming licensed, one Tribe was in the process of completing the attestation, and one Tribe chose to contract out their mental health services to a licensed mental health provider.

Gaps and Challenges

Affordable Care Act Implementation
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 continues in its commitment to working with the Tribes to insure that ACA implementation progresses smoothly and with minimal program disruption. Aspects of the ACA are a recurring theme at Tribal Centric Behavioral Health Work group meetings.

Behavioral Health Organization Implementation and Senate Bill 6312
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 with either mental health or chemical dependency services.

Last year's Senate Bill 6312 focused on eliminating the problem of multiple and confusing access points for behavioral health treatment services and the subsequent fractured service delivery. The law requires the integration of chemical dependency and mental health services by April 1, 2016. The bill created a task force to develop and review a plan for integration of chemical dependency, mental health treatment services, and by 2020, primary care.

The law specifically stipulated that the task force include a tribal representative. The Tribal Centric Behavioral Health Workgroup helped to define the role of Tribes in the planning process. As identified in the Tribal Centric Legislative Report, participation of the Tribes in the new system will be an integral feature.

Over the last year, BHO implementation has been a standing agenda item on the Tribal Centric Work Group agenda. DBHR staff provided a presentation on BHO implementation at the April 2015 DSHS Tribal Leaders Summit.

One of the most significant changes in the new system will be the transition of chemical dependency services from a fee-for-service environment to managed care. This will greatly impact any chemical dependency outpatient provider which has previously contacted with their counties for providing publicly funded chemical dependency services. After April 1, 2016, those contracts will be moved to their respective BHOs. Additionally all residential contracts will be through the BHOs as well. DBHR will no longer directly manage individual residential treatment program contracts. The division will contract with the BHOs to provide outpatient mental health treatment, inpatient psychiatric treatment, chemical dependency outpatient treatment and chemical dependency residential treatment.

Tribal programs will continue to be able to provide and be reimbursed for IHS Encounters for chemical dependency and mental health treatment services for AI/AN consumers. DSHS and the Health Care Authority do not intend that the BHO implementation to impact the ability of tribal providers to bill the IHS Encounter Rate for either mental health or chemical dependency encounters. It is also the intent of the state that the reimbursement method for non-tribal consumer receiving chemical dependency and/or mental health treatment from tribal providers will not change. Ultimately the decision will rest with CMS. DSHS will consult with the Tribes if there is any indication that CMS is considering changing Tribes' ability to bill the IHS Encounter Rate and the methodology for providing non-Native encounters.

Tribal Evaluation and Treatment Center Pilot Project

The Tribal Centric Behavioral Health report to the legislature also identified the critical need for a tribally operated and culturally competent inpatient type facility for AI/AN consumers who are in need of mental health crisis stabilization, voluntary psychiatric hospitalization and involuntary psychiatric hospitalization. Tribal Evaluation and Treatment Centers could meet that need.

Accordingly, DSHS identified an initial round of funding to begin a pilot project Evaluation and Treatment Center. A letter was sent to Tribal Leaders to identify any Tribes who were interested in hosting the pilot. In March, 2014, five Tribes expressed interest. OIP and DBHR had conversations with representatives of these Tribes to answer questions and explain the scope of the project. After the initial discussion, one Tribe continued to express interest in developing an Evaluation and Treatment Center. Currently, DBHR is coordinating with Spokane Tribe and the Department of Health to determine if the proposed building can be modified to become an Evaluation and Treatment Center.

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.

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 work group, which meets monthly.

Tribal Centric Behavioral Health

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Tribal Centric Behavioral Health

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Maintain Tribal Liaison function through DBHR Tribal Toll-Free Line	Respond to calls regarding access to inpatient, crisis and outpatient care. Full-time DBHR Tribal Liaison position developed and posted. Interviews scheduled.	Access issues will be clarified and resolved. Full-time DBHR Tribal Liaison will be hired.	David Reed	Line completed. Service maintained. Interviews being scheduled.
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 behavioral 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.	David Reed	Workgroup established and meetings are ongoing. Curriculum overview sent out to Tribal Centric members.
There will be equitable access to timely crisis services for AI/AN in every RSN.	Develop work group. Identify breath and scope of problem. Draft contract terms for RSNs to ensure equitable access to crisis services.	AI/AN will receive medically necessary and appropriate crisis services in each. Drafted crisis terms were put in contract. RSNs will operationalize crisis plans.	David Reed	Work group established and meetings are ongoing.
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. Terms will be revised for BHO cotnracts.	David Reed	Work group established and meeting. Contract terms were drafted and reviewed by 6/19/14.
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.	David Reed	Workgroup established and meeting.

7.01 Plan Continued				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Inpatient Discharge Planning will occur for psychiatric hospitalized Tribal Members.	Tribal members who have been hospitalized will have discharge planning coordinated with their Tribal providers. Develop procedure for discharge planning. Determine if amending RSN contracts would provide additional leverage. Explore possibility of meeting with hospital association.	Appropriate discharge planning will occur for Tribal Members in inpatient psychiatric facilities.	David Reed	Workgroup established and meeting.

Chemical Dependency

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Lummi, Muckleshoot, Nooksack, Samish, Sauk-Suiattle, Snoqualmie, Stillaguamish, Swinomish, Tulalip, and Upper Skagit Tribes

DBHR Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
1. Encourage governmental partnering activities with counties, cities and legislators to form a positive working relationship.	1. Continue annual meeting and discussions between tribes, counties, and DBHR. 2. Attend work group and committee meetings.	Improved working relationships between tribes, counties, and DBHR. Improved working relationships between partners.	Tribal Representatives County Representatives Harvey Funai, DBHR Tim Collins, OIP Tribal Representatives Harvey Funai, DBHR Tim Collins, OIP Quarterly	Completed November 2013 Attend 7.01 Plan Meetings: May 7, 2014 August 6, 2014 November 5, 2014 February 4, 2015 Attend Tribal Coordinating Council Meetings: June 10, 2014 September 16, 2014 December 9, 2014 March 10, 2015
2. Ensure communications with Tribal Governments for sharing joint planning and problem solving.	1. Upon tribal request, DBHR local office will communicate with tribes to provide technical assistance	Effective communication between Area 2 Tribes and DBHR staff.	Tribal Representatives DBHR Staff	Ongoing

7.01 Plan Continued: Region 2 Tribes				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Goal 2 Continued	2. Utilize TARGET to track treatment outputs.	Better understanding of issues and opportunities to identify possible alternative services.	Helen Fenrich, Tulalip Harvey Funai, DBHR Tim Collins, OIP	Ongoing
	3. Use PBPS to track prevention output.	Better understanding of issues and opportunities to identify possible alternative services.	Helen Fenrich, Tulalip Harvey Funai, DBHR Julie Bartlett, DBHR Tim Collins, OIP	Ongoing.
	4. Ensure all DBHR staff has attended G2G and Centennial Accord/7.01 training. Support Tribes in encouraging DBHR HQ staff to attend trainings as needed for new hires	Improved understanding of G2G communication protocols.	Tribal Representatives Harvey Funai, DBHR Tim Collins, OIP December 2010	Stephanie Atherton, Jason Bean-Mortinson, Lucilla Mendoza completed training in Sept 2014 Harvey Funai completed training in Feb 2014 and several previous to this event
3. Service Enhancements and Contract Efficiencies.	1. Tribes and DBHR will continue to maximize contracting process efficiencies.	Improved and timely contracting process, with reasonable reporting requirements and performance expectations.	Tribal Representatives Harvey Funai, DBHR	Lummi, Muckleshoot, and Upper Skagit tribes accessed ADATSA Pool in SFY13. G-t-G funds block granted to tribes in SFY13. Contract amendments initiated by DBHR are done in a timely manner.
	2. Advocate for improvement of billing procedures to create and maintain meaningful partnerships throughout the contract process.	Work collaboratively to improve billing procedures	Tribal Representatives Helen Fenrich, Tulalip Harvey Funai, DBHR Tim Collins, OIP	DBHR provided handouts and training on billing process and procedures to tribes at 7.01 meeting. DBHR local staff process A-19s submitted by tribes within two working days.

7.01 Plan Continued: Region 2 Tribes				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
4. Training and Support: Improve Training and Support for Area 2 Tribes.	1. Develop process to notify interested parties of training opportunities in the areas of prevention, intervention, treatment, after-care, contract management, MIS, and cultural diversity.	Staff will be able to access information on training opportunities.	Tribal Representatives Harvey Funai, DBHR Tim Collins, OIP	Tribal Mental Health Conference – May 2014 DBHR Saying It Out Loud Conference – May 2014 DBHR Youth Prevention Summit – May 2014 DBHR COD & Tx Conference – October 6-7, 2014 DBHR Prevention Summit – October 20-21, 2014
	2. Tribal Sharing: What is working or not working.	Improved understanding between Tribes on what everyone is doing with DBHR and other funding. A "Learning Community."	Tribal Representatives	Ongoing

Additional Information

April 2014 – March 2015

1. Convened meeting with Tribes and Northwest Indian Treatment Center to establish points of contact, build relationships, provide clarification on admission criteria, and improve access to residential treatment.
2. Seattle Indian Health Board hosted a meeting with the Tribes, provided an overview of services and tour of Thunderbird Treatment Center.
3. Convened meeting with Tribes and CD Residential Treatment Providers (Evergreen Manor, Pioneer Human Services, Prosperity Wellness Center, and Seattle Indian Health Board/Thunderbird Treatment Center) to establish points of contact, build relationships, provide clarification on admission criteria, and improve access to residential treatment.
4. DBHR staff participated in all quarterly 7.01 Plan (CD and MH) and Tribal Coordinating Council meetings.
5. DBHR treatment and prevention staff provided technical assistance to several tribes on TARGET, PBPS, billing, and reporting.
6. DBHR staff advocated for changes in the Quarterly Expenditure Report (e.g., formulas in cells) to make the process more efficient for tribal and DBHR staff.
7. DBHR provided information on the following conferences: Tribal Mental Health Conference, Youth Prevention Summit, Saying It Out Loud Conference, Co-Occurring Disorders Conference, and Prevention Summit.
8. Convened annual meeting with Tribes, County Coordinators/Representatives, and OIP to share information on services provided, resources, gaps in services, and explore opportunities for collaboration.

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Confederated Tribes of the Chehalis Reservation

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
1. Verification of tribal billing and services being offered, treatment program billing Medicaid.	3/25/14 – Will work with Tribe to provide on-site TA training as needed. 3/25/14 – Schedule on-site Title XIX review to ensure procedures have been implemented. Would like to schedule a review in the next few months.	To verify status of tribal billing, updates to TARGET and services being offered.	DBHR BH Administrator Charlene Abrahamson, Director of Behavioral Health DBHR Treatment Manager Gary Goodwin, TARGET/ Billing Coordinator	Gary Goodwin has been hired to manage billing. Billing is being submitted in a timely manner. Title 19 review is scheduled for March 30, 2015 This goal is completed
2. The Chehalis Tribe currently is providing prevention services.	3/25/14 – Prevention program goals, objectives are identified and in system	The Chehalis Tribe will report prevention activities monthly into the prevention system.	DBHR BH Administrator Madelyn Dethlefs, Tribal prevention contact DBHR Prevention Manager	The Tribe will review the need to have all funding in prevention or if some should be moved to treatment. The Tribe will continue identified prevention services and support for community prevention activities. Tribe will consider implementing a new program, Healing of the Canoe (with adaptations) to be implemented.
3. The Tribe is providing Mental Health Promotion services.	3/25/14 – Mental Health Promotion activities have been identified but need data entry tracking into PBPS.	Need to have DBHR update the PBPS system to track appropriate activities.	Barb Sanders, Lead Mental Health Counselor	The Tribe needs direction on what to enter into the system once complete, on mental health promotion, what are the requirements, what qualifies, etc.

7.01 Plan Continued: Chehalis Tribes				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Continued.	3/2/2015 - DBHR Staff – Lucilla Mendoza attended meeting on Sept. 24, 2014 with Tribe to discuss reporting requirements. Attendees included, Tribal Staff - Charlene Abrahamson, Sheryl Spahr, Barbara Sanders, Madelyn Dethlefs, and Loni Greninger (OIP). Staff developed system for data entry. Madelyn – will enter data for MHPP.	3/2/2015 – PBPS updated and available to enter data	DBHR Prevention Manager	Currently utilizing EMDR and implementing. Tribe is providing EMDR and reporting data into the PBPS system.
4. Tribe is currently serving youth and would like to have any additional resources for youth.	3/30/14 DBHR has provided the Tribe with the rules and requirements on youth treatment. DBHR will look at additional resources and share with the treatment program. Tribe needs to update policies and procedures for youth.	The ability to provide quality youth treatment services	DBHR BH Administrator Charlene Abrahamson, Director of Behavioral Health DBHR Treatment Manager	Tribe is currently serving youth, although the challenge is there are a small number of youth accessing services which makes having a "group" difficult. Tribal policies and procedures are purchased from Lanstat Incorporated then will modify the policies and procedures to meet their needs. This goal is completed
5. Tribe would like to have Non-Violent Crisis Intervention Training	Work with Charlene to schedule training	Staff will gain skill in de-escalating clients supporting more successful outcomes.	Charlene Abrahamson, Treatment Director DBHR Treatment Manager	

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Colville Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Education	Provide presentation regarding Prevention Services.	Increase understanding of prevention system and programs.	DBHR Prevention Manager	Offer assistance in 2014.
Education	Provide technical assistance to Tribal Prevention Coordinator on use of PBPS. 11/2014 – Lucilla Mendoza provided technical assistance to Alison Ball, Kathy Lezard, and lead Treatment staff on entering MHPP into the PBPS system.	Data will be correctly submitted into PBPS.	DBHR Prevention Manager	Offer assistance in 2014. 3/9/2015 – The tribe has requested technical assistance and training for their prevention coordinator.
New Prevention Request	3/9/2015 - Provide technical assistance to the Tribe Prevention Coordinator regarding what activities and items can be billed if all the consolidated Government to Government funds were put into prevention only.	To give the council enough information to decide if they want all the funds in treatment or in prevention.	DBHR Prevention Manager	
Information	3/9/2015 - The tribal council has requested that when the new tribal consolidated contracts are written they would like to be a part of the process and to know how the formula is determined.	The tribe is able to provide input and ideas for new tribal consolidated contracts and formula for funding distribution.	Colville Counsel and Office of Indian Policy.	
Education, Communication, and Collaboration	3/9/2015 – Tribal council has requested FAS/FAE information, training, and treatment for their pre-teen or adolescent tribal members who have Fetal Alcohol Syndrome but are not using alcohol or drugs.	To increase tribal members resources, knowledge, and skills in order to help children and adolescent tribal members who are affected with Fetal Alcohol Syndrome.	FAS/FAE Behavioral Health Program Manager and resources.	3/12/2015 and 3/18/2015 BH Program Manager sent information on FAS/FAE trainings and screenings and the link to SAMHSA's clearing house so they can order drug and alcohol information, treatment modalities, and brochures.

7.01 Plan

Cowlitz Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
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		

7.01 Plan

Hoh River Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
The Hoh Tribe will continue to provide youth and community prevention programs.	Hoh Tribe will continue to provide support and staff for three prevention programs: Canoe Journeys, Hoh Community Cultural Program and Youth Leadership. The Hoh Tribe requests TA and support for setting up a prevention plan on an annual basis in order to make prevention activities more widely available. The Hoh Tribe would like to meet and discuss how prevention services are being delivered in other Tribal communities to consider ideas for future prevention plans.	Community involvement and interagency agency staff collaboration. The Hoh Tribe will continue to report activities into the PBPS system. A more comprehensive prevention plan the Hoh Tribe can implement and have associated with the Tribe on annual basis.	Kelly Rosales, Prevention Services Annette Hudson ICW Lorraine Crest, Juvenile Justice-Youth Coordinator Dawn Gomez, CHR Brenda Nelson Domestic Violence Ivon Urquilla DBHR Prevention System Manager	
Create documents and language that can be presented to Tribal Council for quick review and approval.	Provide one page program definition for prevention programs. Define and clarify expectations for Youth Leadership Program core group.	The ability to provide a short one page description with program goals and expectations. More youth participation and community support.	Kelly Rosales, Prevention Services Ivon Urquilla DBHR Prevention System Manager	

7.01 Plan

Jamestown S'Klallam Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Find additional funding that can be used to enhance services at Jamestown S'Klallam.	Review of Drug Free Communities (DFC) Grant. DBHR staff to provide technical assistance. Tribe will consult with DBHR DFC Liaison in order to determine if Tribe meets the qualifications. Search for funding opportunities that may fit within the scope of the current services. DBHR will keep Tribe apprised of additional funding opportunities available to the Tribe.	Prepare and submit a DFC grant application in 2015.	Stephanie Atherton, DFC TA Ivon Urquilla, Prevention System Manager	
Determine a better billing and reporting process.	Tribe will request TA from DBHR to set up an annual prevention plan in order to allocate proper funding to the prevention strategies identified in the Performance Based Prevention System (PBPS) therefore ensuring identified prevention strategies to be adequately funded throughout the entire year and reflected on all Quarterly Expenditure Reports. So the prevention strategies identified by the Tribe can adequately be funded throughout the year and reflected on the QER.	A better more comprehensive billing and reporting system to allow for the prevention and mental health promotion strategies to be implemented as the Tribe identifies appropriate	Rob Welch, Social Service Director Ivon Urquilla, DBHR Prevention System Manager Lucy Mendoza, DBHR Prevention System Manager Mental Health Promotion mini-grant	
The Jamestown S'Klallam Tribe will continue to provide youth and community prevention programs and Mental Health Promotion programs.	Jamestown S'Klallam Tribe will continue to provide support and staff for prevention programs. Research new prevention programs focused on family that may fit within the current goals for Tribe.	Community involvement and inter-agency agency staff collaboration. The Jamestown S'Klallam Tribe will continue to report activities into the PBPS system.	Carmen Maxwell, Prevention Services Ivon Urquilla, DBHR Prevention System Manager Lucy Mendoza, DBHR Prevention System Manager, Mental Health Promotion mini grant	

7.01 Plan Continued: Jamestown S'Klallam Tribe				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Marijuana Tax	DBHR will provide updates as new information becomes available regarding the use of marijuana tax.	Jamestown S'Klallam will use information provided to plan services accordingly.	Jessica Payne, Tribal Government Association DBHR BH Administrator	
Mental Health Task Force	DBHR will provide minutes and updates. http://leg.wa.gov/joint committees/ABHS/Pages/default.aspx If available, Jamestown Tribe Staff would participate.	Jamestown S'Klallam will use information provided to plan services accordingly.	Liz Mueller, Sue Mapes, Jessica Payne; Jamestown S'Klallam Tribe DBHR BH Administrator	
Provide training when needed	Tribe will identify staff training needs and will coordinate with DBHR to provide training. DBHR will send updates and available trainings/conference information to tribal staff.	Tribal staff will be provided with training opportunities to improve their skills.	Rob Welch, Social Service Director Ivon Urquilla, DBHR Prevention System Manager	

7.01 Plan

Kalispel Tribe of Indians

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Collaboration and Communication	3/24/2015: Met with Shannon Thomas, Kalispel Tribe Staff Attorney; Raychelle Murrill, Kalispel Tribe Paralegal; Lisa Guzman, Kalispel Health-care Administrator; Angela Mello, Kalispel Behavioral Health Clinical Director; Ladonna Boyd, Kalispel Prevention Specialist; Chris Imhoff, DBHR (Division of Behavioral Health and Recovery) Director; Lucy Mendoza, DBHR Prevention Manager; and MeLinda Trujillo, DBHR Treatment Program Manager.	Work together to support Tribal Behavioral Health Programs and to keep communication open and transparent.	Kalispel Tribal Programs and DBHR Staff	3/24/2015: Tribal staffs request to receive any announcements on state wide trainings, conferences, or materials that would enhance or update the tribal Behavioral Health Programs. Request for open communication with Spokane County and the new forming Behavioral Health Organization in order to build a bridge for services between the Kalispel Tribal Members and the community they serve. Ensure that Ladonna Boyd, Kalis-pel Prevention Specialist be put on the email list for prevention communication.
Education	Provide information regarding Prevention services	Increase understanding of prevention system and programs.	DBHR Prevention System Manager	Ongoing technical assistance and education and resources provided o Tribal Prevention staff as requested.
Education	Provide technical assistance to Tribal preven-tion coordinator on the use of the Performance Based Prevention System (PBPS) 3/2/2014 in Oct 2014- Prevention System Manager Lucilla Mendoza	Data will be correctly submitted into PBPS.	DBHR Prevention System Manager	Technical assistance provided as requested by Tribal staff. Com-prehensive data is entered for all Tribal programs.

7.01 Plan Continued: Kalispel Tribe				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Continued	provided technical assistance to Angela Mello related to reporting MHPP programs into the PBPS system via phone. Angela completed all PBPS reporting for FY 2014		3/24/2015: Tribal Prevention request to have DBHR Prevention System Manager to come to the tribal agency to train Tribal Prevention Program Staff how to put data into the Performance Based Prevention System.	
Education	Provide technical assistance to CAMAS Path staff regarding prevention program planning	Prevention programs will be implemented that are appropriate for the needs of the Kalispel Tribe.	DBHR Prevention System Manager	3/24/2015: All programs are in the PBPS and accepted for implementation 2014-2015. Program staff is providing comprehensive services with emphasis on youth education and traditional culture. Programs include cultural activities and curriculum for youth from pre-school through third grade, cultural activities for all youth and community members, including elders, and implementation of the Life Skills curriculum for fourth through ninth grade students.
Tribal Mental Health Promotion Project	Tribe is participating in Mental Health Promotion Project, and is implementing the Nurturing Parenting Program annually. October 2014 – project complete and data entered into the PBPS system.		DBHR Prevention System Manager	3/24/2015: The Tribe will be updating their MHPP plan to implement the QPR curriculum in their community and they will submit a new plan to OIP.

7.01 Plan

Lower Elwha S'Klallam Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Continue to provide prevention/wellness promotion services	Prevention goals and programs have been identified. The Tribe will consider other prevention/wellness programs as opportunities become available.	Prevention/wellness promotion activities will be billed in a timely manner and entered into prevention PBPS	Tracey Hosselkus, Education Director Aleilah Lawson – Wellness Coordinator Ivon Urquilla-DBHR Prevention System Manager Lucilla Mendoza – DBHR Prevention System Manager for Mental Health Promotion Mini Grant	
Ongoing Goal: The tribal staff and community will know what treatment services (CD and MHP) are available and where gaps in services exist,	Tribal staff will map out all treatment services provided by the tribe through all fund sources. Tribe will request TA from DBHR staff to review gaps in treatment, prevention, and mental health promotion services and determine if funds exist to meet the unmet treatment need.	The tribe, DBHR, and community will know what treatment services are available and missing. New funding or reallocation of existing funding will be explored by tribal and DBHR staff.	Mervyn Chambers, Lower Elwha Klallam Health Director Angie Berglund Clinical Supervisor, Klallam Counseling Services Ivon Urquilla-DBHR Prevention System Manager DBHR treatment contract manager	

7.01 Plan Continued: Lower Elwha S'Klallam Tribe				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Maintain TARGET data entry and report generation capacity	Tribe will request TA on TARGET data entry and report generation as needed DBHR to inform Angie Berglund of TARGET training opportunities.	Maintain effective use of TARGET system	Angie Berglund, Clinical Supervisor, Klallam Counseling Services Mervyn Chambers, Lower Elwha Klallam Health Director DBHR treatment contract manager	

7.01 Plan

Makah Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Provide comprehensive wrap-around health and wellness services with high coordination, collaboration, and communication among all clinical providers utilizing a single electronic medical record for documentation of all services received	Technical assistance to address how to ensure health information is adequately protected when providing chemical dependency counseling, mental health counseling, physician services, and wellness supportive services such as acupuncture, lifestyle coaching, and massage therapy by clinicians under the same umbrella agency and utilizing a single electronic medical record	Improved clinical outcomes, improved program efficiency, and reduced number of patients and clients "falling through the cracks"	Brian Buckingham, Chemical Dependency Administrator Lauri Turkovsky, DBHR Treatment Manager DBHR Certification or HCA Provider One staff as needed	Anders Edgerton, PRSN will be providing TA for review of HIPAA standard of single electronic medical records.
Develop and implement a Makah life skills for youth curriculum to be taught in partnership with mental health counselors, high school teachers, and Makah cultural experts for local Makah high school seniors	Provide classes that teach core cultural values, tools for mental health resiliency, and traditional cultural activities such as storytelling, woodworking, weaving, and Makah language	Strengthened cultural connectedness, reduced drug and alcohol abuse, reduced suicide, and reduced college dropout rates for Makah youth.	Beth Seltzer, Integrative Health Director Brian Buckingham, Program Manager, Circles of Care Camille Goldy, DBHR Prevention Manager	Working with the UW to adapt Life Skills curriculum to the Makah tribe. Implementation plans will be coordination in the Circles of Care planning, and linked with the Strengthening Families program.
Partnership with the Cape Flattery School District to provide onsite behavioral health services to Makah students enrolled in middle and high school	Technical assistance for development of policies and procedures for onsite services, including referrals, intake and assessment, individual and group counseling, participation with student disciplinary or intervention processes, and information sharing processes	Improved access to mental health services for Makah students enrolled in middle and high school, improved academic performance, reduced teen substance abuse and suicide, and improved college graduation rates	Beth Seltzer, Integrative Health Director Camille Goldy, DBHR Prevention Manager	
Adaptation of the Strengthening Families Program to be founded on core Makah strengths and values and to address unique Makah needs	Implementation of a Makah-adapted version of the Strengthening Families Program	Reduced drug and alcohol abuse, improved parenting skills, improved academic performance in elementary, middle, and high school, and improved cultural connectedness	Brian Buckingham, Chemical Dependency Administrator	

7.01 Plan Continued: Makah Tribe				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Continued			Beth Seltzer, Integrative Health Director Ivon Urquilla, DBHR Prevention Manager Lucy Mendoza, Prevention System Manager—Mental Health Promotion mini-grant	
Development of a "family" model of health care delivery for chemical dependency and mental health counseling services to provide families with the tools and resources for self-care and to help family members in need	Provide group family services with chemical dependency and mental health counselors	Transparent communication between the client, family, and care providers; improved support systems; and improved treatment outcomes	Beth Seltzer, Integrative Health Director Brian Buckingham, Chemical Dependency Administrator Lauri Turkovsky, DBHR Treatment Manager	
Development of effective outcomes measures and prevention measures for quality assurance of services and to guide resource allocation for program planning; particularly for culturally relevant therapeutic activities and practices that are currently evidence-based	Technical assistance on selection and development of appropriate tool(s) for ongoing self-assessment of the efficacy of health and wellness services	Optimization of use of available resources, improved clinical outcomes, begin working towards establishment of evidence based practices for clinical services provided to members of the Makah Tribe	Brian Buckingham, Chemical Dependency Administrator Camille Goldy, DBHR Prevention Manager	
Improve local recovery support through development of formal and community-based support systems	Implement a comprehensive recovery support care plan for chemical dependency clients newly discharged from inpatient treatment, provide community and local agency education regarding recovery coaching, and provide local training for thirty Makah tribal members to become recovery coaches. Will request TA from DBHR as needed	Reduced relapse rate, improved community awareness of the recovery process, and improved social and community support for those in recovery	Beth Seltzer, Integrative Health Director Lauri Turkovsky, DBHR Treatment Manager	

7.01 Plan Continued: Makah Tribe				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Implementation of a tribal drug court	Technical assistance for streamlining interagency coordination, collaboration, and communication, including addressing legal requirements for information sharing, during implementation of the Makah Healing Court. Will request TA from DBHR as needed.	Increased client participation and graduation rates	Beth Seltzer, Integrative Health Director Lauri Turkovsky, DBHR Treatment Manager Earl Long, DBHR Criminal Justice Administrator	
Optimize coverage for chemical dependency services by enrolling tribal members without health coverage in Medicaid or private insurance	Adjust responsibilities of current staff to allow training to begin enrolling clients in Medicaid or helping to choose a health insurance plan at the point of contact for chemical dependency services	Optimized billing for chemical dependency services will reduce the amount of treatment expenses drawn from the Government-to-Government funding, and these cost savings in treatment can be used for improvements in prevention activities	Brian Buckingham, Chemical Dependency Administrator	
Explore the feasibility for establishment of local Recovery Center	Identify startup costs, potential locations, sustainability, and community impact. Will request TA from DBHR as needed.	Creation of a formal business plan, including funding sources, approved location, sustainability analysis, community impact, and implementation guidelines and schedule	Beth Seltzer, Integrative Health Director Lauri Turkovsky, DBHR treatment contract manager	
Improved TARGET data entry and report generation capacity.	DBHR will provide TARGET training when requested.	More effective use of the TARGET system.	Beth Seltzer, Integrative Health Director Lauri Turkovsky, DBHR treatment contract manager	

7.01 Plan

Nisqually Indian Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
				Nisqually Indian Tribe has hired a new staff member who will coordinate with DBHR on new plan. Estimated completion date is July 2015.

7.01 Plan

Port Gamble S'Klallam Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Data entry in the DBHR MIS systems for Treatment (TARGET) and Prevention and Mental Health Promotion (PBPS) are reflective of services provided.	• DBHR provide training on the PBPS and TARGET as requested by the Tribe. • Tribe requests that DBHR Look into data share agreement between Next Gen Software and TARGET.	Data will be entered in a timely manner into PBPS and TARGET.	• Jolene George, PGST Behavioral Health Director • Stephanie Carpenter, PGST Prevention Coordinator • Camille Goldy, DBHR Prevention System Manager • Lucilla Mendoza, DBHR Prevention System Manager-Mental Health Promotion mini-grant • Jason Bean-Mortinson, DBHR Behavioral Health Treatment Manager	
Increase prevention resources.	• Assess tribal needs. • Develop family activities/direct service prevention plans with SAPT funding to enhance the work of the Drug Free Communities Program.	Continue to seek new additional sources.	• Camille Goldy, DBHR Prevention Manager • DBHR Behavioral Health Administrator • Stephanie Carpenter, PGST Prevention Coordinator	
Provide resource to fund recovery support services	• Develop support networks with other tribal entities. • Explore additional funding sources and other resources. • Explore ability to bill for outreach services (i.e., follow-up with clients, missed appointments, out in community; housing and recovery coaches, peer support.	Receive additional information regarding funding opportunities for recovery support services	• Jolene George, PGST Behavioral Health Director	

7.01 Plan Continued: Port Gamble S'Klallam Tribe				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
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. • Develop family activities/direct service prevention plans with SAPT funding to enhance the work of the Drug Free Communities Program.	• Stephanie Carpenter, PGST Prevention Coordinator • Camille Goldy, DBHR Prevention System Manager		
Increase adult treatment resources.	• Assess tribal needs. • Review expenditure patterns for all tribal services and request funds as needed. • DBHR Staff available as a resource to assist with Treatment placement by request from the Tribe.	Have additional resources to provide additional adult treatment.	• Jason Bean-Mortinson, DBHR Behavioral Health Treatment Manager	
Improve the effectiveness of treatment services provided.	• DBHR to provide more clarifying information to Office of Indian Policy and Tribe about Alerts and Incentives.	Improved planning, development, and effectiveness of treatment services.	• Jason Bean-Mortinson, DBHR Behavioral Health Treatment Manager • Jolene George, PGST Behavioral Health Director	
Tools will be identified and utilized to evaluate prevention services and promote current tribal programs to become Promising Practices and/or Evidence-based Practices (i.e., Parent Retreat, Parent/Teen Retreat).	• Evaluate the data gathered and utilize for further development of prevention services.	Progression towards evidence-based culturally appropriate and traditional prevention programming.	• Camille Goldy, DBHR Prevention Manager • Stephanie Carpenter, PGST Prevention Coordinator	
Mental Health Promotion Mini Grant	• Implement Within our Reach curriculum	Ongoing data entries and services for Within Our Reach program	• Lucilla Mendoza, DBHR Prevention System Manager-Mental Health Promotion mini-grant • PGST Staff	

7.01 Plan

Puyallup Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
				Meeting offered; declined by Tribe.

7.01 Plan

Quileute Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
DBHR will meet quarterly with tribal staff to discuss updates and progress to 7.01 plan: first meeting will be face-to-face and reoccur by phone or in person as needed	DBHR will provide technical assistance to identify second PBPS person to enter and monitor data entry	Better communication between tribe and DBHR	Janice Barrera, Chemical Dependency Treatment Program Director Nicole Earls, Human Services Director Miss Ann Penn-Charles, Prevention Staff Lauri Turkovsky, DBHR Treatment Program Manager Camille Goldy , Prevention System Manger Lucy Mendoza, Prevention System Manager—Mental Health Promotion Project	
DBHR will provide training on PBPS and TARGET to tribal staff	DBHR will respond to training requests by the Tribe	Staff remains able to utilize PBPS and TARGET for reporting and their ability to reconcile reporting.	Camille Goldy, DBHR Prevention System Manager Lauri Turkovsky, DBHR Treatment Program Manager	
Reduce the burden of ongoing certification workload for small clinics	DBHR and Tribe will explore waiver options available for workload reduction.	Reduced workload for small clinics.	Janice Berrera, Chemical Dependency Treatment Program Director	

7.01 Plan Continued: Quileute Tribe				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Continued.			Lauri Turkovsky, DBHR Treatment Manager Dennis Malmer, DBHR, Office Chief, Certification	
Continue to provide substance abuse prevention and mental health promotion services	Identify substance abuse prevention and mental health promotion program goals and objectives	Services are delivered as identified in the PBPS.	Miss Ann Penn-Charles, Prevention Staff Camille Goldy, DBHR Prevention System Manager Lucy Mendoza, DBHR, Prevention System Manager—Mental Health Promotion mini-grant.	

7.01 Plan

Quinault Indian Nation

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
				Representatives from the Quinault Indian Nation did not respond to DBHR requests to develop 7.01 Plan. DBHR staff will continue to reach out to the Tribe.

7.01 Plan

Shoalwater Bay Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
The Shoalwater Bay Indian Tribe will continue to provide youth substance abuse prevention programs.	Shoalwater Bay Indian Tribe will continue to provide support and staff for prevention programs.	Youth participation and involvement in prevention efforts.	Tony Johnson, Shoalwater Bay Indian Tribe Prevention Services	
Continue positive communication with Tribe and DBHR.	Have quarterly check-ins regarding reporting and billing to continue meeting deadlines in a timely manner. The Shoalwater Bay Indian Tribe will continue to report activities into the PBPS system.	On time reporting and billing with no errors or concerns.	Tony Johnson, Shoalwater Bay Indian Tribe Prevention Services Ivon Urquilla, DBHR Prevention System Manager	
Review and research trainings and conferences for tribal staff and tribal youth to participate.	Participants will learn new ideas and information to bring back and implement on reservation. DBHR will notify tribal staff of upcoming prevention and treatment events	Staff and youth training and education.	Tony Johnson, Shoalwater Bay Indian Tribe Prevention Services Ivon Urquilla, DBHR Prevention System Manager Jason Bean-Mortinson, DBHR Behavioral Health Treatment Manager	
DBHR Technical Assistance for prevention, treatment, and mental health programs.	DBHR will notify Shoalwater Bay Indian Tribe of funding opportunities and options.	Ensure tribal staff are aware of upcoming funding opportunities.	Ivon Urquilla, DBHR Prevention System Manager Jason Bean-Mortinson, DBHR Behavioral Health Treatment Manager	

7.01 Plan

Skokomish Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
				The Skokomish Tribe did not respond to requests to develop and update the 7.01 Plan. Attempts to contact the Tribe will continue.

7.01 Plan

Spokane Tribe of Indians

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Collaboration	3/28/2014 7.01 Meeting with Ann Dahl, Director, Health and Human Services for Spokane Tribe; Chris Imhoff, Division of Behavior Health and Recovery Director; Julia Greeson, Prevention Systems Integration Manager; and MeLinda Trujillo Behavioral Health Program Manager. 3/10/2015: 7.01 Meeting with Ann Dahl, Director, Health and Human Services for Spokane Tribe; Linda Anderson, Clinical Supervisor; and Daryl Toulou, Office of Indian Policy Regional Manager; Chris Imhoff, Division of Behavior Health and Recovery Director; and MeLinda Trujillo Behavioral Health Program Manager.	Individualized meetings with the Tribe. Spokane Tribe has requested these periodically. Continue open communication between the Tribe and state.	Tribal Director for Health and Human Services and DBHR Director.	No need to change any of the Consolidation Plan. Keep communication open with the Tribal programs due to continued changes with the Tribe and state. 3/10/2015: Continue communication with both mental health and chemical dependency programs for any updates and information to enhance and support Tribal Behavioral Health Programs.
Prevention	3/28/2014 7.01 Meeting to discuss any needs for the prevention program. 3/10/2015 : Meeting to discuss any needs for the prevention program. There was a request to have the Division of Behavioral Health and Recovery Prevention Manager come out to the program and work with the Tribal Prevention staff providing technical assistance.	Continue with prevention goals and plans.	Tribal Prevention Specialist and DBHR Prevention System Manager.	The Tribe serves tribal members living on the reservation and any identified tribal member in Stevens/Lincoln, Pend Oreille, and Spokane Counties. 3/10/2015: Prevention Staff has provided wide range of prevention programs including:

7.01 Plan Continued: Spokane Tribe				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Continued.				Red Ribbon Week youth activities October 2014 School and Community Wellness Events providing prevention education September – December 2014. Due to change in Tribal Prevention Specialist staff, status of possible adaptation of Canoe Journey curriculum is currently on hold. Tribal Prevention Specialist participated in Substance Abuse Prevention Skills Training week of March 2, 2015 Tribal Staff participated in the Mental Health Promotion Project during the 2013-2015 biennium and provided a Women's Encampment for youth.
Treatment	3/28/2014 7.01 Meeting to discuss any needs or problems for the Chemical Dependency Treatment Program. 3/10/2015: Meeting to discuss any needs or problems for the Chemical Dependency Program.	Continue with communication and any educational opportunities. Program is doing well.	Spokane Tribe Chemical Dependency Program Clinical Supervisor and DBHR Behavioral Health Program Manager	Continue notifying the program of any trainings and conferences to increase the counseling staff's knowledge and continuing education hours for their certification. 3/10/2015: Continue sending any information regarding conferences, trainings and any new information that would support and enhance the program.

7.01 Plan

Squaxin Island Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
				Representatives from the Squaxin Island Tribe did not respond to request to update and develop the 2015 7.01 Plan. DBHR will continue attempts at contact to develop the plan.

7.01 Plan

Suquamish Tribe

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Improve prevention/mental health promotion programming; incorporate more community input in plans with programs.	Explore prevention/mental health promotion activities that are applicable to tribal communities.	Increase knowledge of staff competencies.	Barb Santos, Sports and Rec. Director, Suquamish Tribe Camille Goldy, DBHR Prevention System Manager	
Increase community prevention collaboration by supporting Council proclamation to eliminate drugs in community.	Attend community planning meetings to determine action steps for prevention.	Identify and implement plan and/or strategies for prevention.	Barb Santos, Sports and Rec. Director, Suquamish Tribe Suquamish Prevention Team	
Review DBHR Prevention Programming Plan	Evaluate Suquamish Tribe Planning Worksheet Objectives	Compare to local data in order to evaluate if revisions need to be made.	Barb Santos, Sports and Rec. Director, Suquamish Tribe Camille Goldy, DBHR Prevention System Manager	
Increase Interdepartmental Collaboration within the Suquamish Tribe	Work to familiarize and develop collaborative efforts between Prevention programs, Wellness Programs, and the work with UW/ADAI at Chief Kitsap Academy developed within the Tribe.	Improved collaboration and reduction of duplication of efforts within the Tribe. Promote the wellness programs offered to Tribal Members.	Identified Suquamish Tribe Staff	
DBHR Treatment Technical Assistance	Request support for Residential Placement assistance from DBHR Treatment Staff when needed. Request information regarding Oxford House availability.	Have additional resources to provide additional adult treatment. Explore placement of Oxford House in community.	Jason Bean-Mortinson, DBHR Behavioral Health Treatment Manager MeLinda Trujillo, DBHR Behavioral Health Treatment Manager	

7.01 Plan

Yakama Indian Nation

Chemical Dependency

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Collaboration	3/21/2014 7.01 Meeting. Met with Janet Gone, Regional Manager with OIP; Virginia Charley, CDPT Youth Center Program; Cynthia Mills CDP Supervisor Youth Center Program; Darryl Scott, Yakama Nation Chemical Dependency Center Adult Program; Carrie Jo Jones, Yakama Nation Adult and Youth Chemical Dependency Center Program Fiscal Staff, Chris Imhoff, Division of Behavior Health and Recovery Director; Stephanie Atherton, Prevention Systems Manager; MeLinda Trujillo Behavioral Health Program Manager	To facilitate communication and share information to better understand the needs of the tribal community.	Division of Behavioral Health and Recovery Director, Behavioral Health Administrator and/or Treatment Manager	The Tribe requested that Janet Gone be copied on all emails to the tribe. 3/21/2014
Prevention	3/21/2014 Meeting with Tribal Program staff to discuss any needs or problems.	Continue with Prevention Plan.	Behavioral Health Prevention Manager.	All is going well and on track.
Treatment	3/21/2014 Meeting with Tribal Program staff to discuss any needs or problems.	Increase communication and support between the tribal program and Division of Behavioral Health and Recovery.	Behavioral Health Administrator and/or Behavioral Health and Program Manager	The Program's Director and Staff have requested increased communication between the Adult and Youth Programs with the state in order to keep up with changing events and trainings that could benefit the programs and tribal community.
Education	3/21/2014 Technical assistance requested for ASAM Trainings, the tribe has requested they host and invite Eastern Washington Tribes.	To increase staff knowledge on the use of ASAM placement criteria.	Behavioral Health Certification.	The Program Director has requested the training for all CD Staff at Yakama Nation Treatment Center Programs.

7.01 Plan Continued: Yakama Indian Nation				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Education	3/21/2014 Technical assistance for continued need of trainings on drug and alcohol use.	To increase staff knowledge of drug use for prescription medication, methamphetamine, marijuana, pain medication and opiates, spice, and bath salts. To inform staff when there is a conference in Washington State to continue their education.	Behavioral Health Program Manager	DBHR staff will send information regarding updated articles on different drugs and conferences.
Education	3/21/2014 Training on De-escalation of violence for the youth program staff.	To increase staff skills for conflict resolution with the youth.	Behavioral Health Program Manager	Behavioral Health Program Manager will see if a state staff can conduct the training and let the tribal staff know.
TARGET	3/21/2014 Technical Assistance to get the new TARGET/ Billing into TARGET. Training new staff on TARGET.	To get the programs current in TARGET entry and billing.	Behavioral Health Program Manager and TARGET staff.	DBHR Staff will work with the tribal program staff to get them back into TARGET and to become current with Medicaid billing. Share Medicaid billing instructions.

Regional Support Networks

Mental Health

7.01 Action Plans

7.01 Plan

Cowlitz Tribe

Southwest Behavioral Health RSN

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
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?	SWBH will meet with Tribal Representatives monthly until July 1 (and quarterly thereafter) to discuss a 7.01 plan for both Grays Harbor and SWBH for the remainder of 2015.	To assist in the transition of Cowlitz County to Grays Harbor Continue meaningful collaboration between Cowlitz tribe and SWBH.	SWBH CCO – Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz,. Grays Harbor Rep – Mike McIntosh Quarterly meetings through 2015	Monthly meetings will be held from 1 April to 1 July 2015 with quarterly meetings thereafter.
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?	Throughout 2014 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. Topics included: coordination of care between SWBH Providers and Cowlitz Indian Tribe Providers, need for Cultural Competency Training focusing on Native Cultures, Government to Government Training, Coordination with Health Plans, and the implementation of WISe program.	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. Quarterly meetings with Cowlitz Tribe and SWBH to ensure open lines of communication exist regarding clients and services.	SWBH CCO- Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz Quarterly meetings through 2015 to address issues that arise	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. Discussed coordination with prescribers in particular and Cowlitz Indian Tribe Behavioral Health and serving individuals in SWBH prescribers.

7.01 Plan Continued: SWBH and Cowlitz Tribe

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
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 2015 to identify and address any issues and operations. SWBH Providers meet with Cowlitz Indian Tribe to develop lines of communication to share information regarding mutual consumers and services. Cowlitz Tribe and SWBH will take part in Regional Health Alliance planning for becoming an Early Adopter.	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 Cowlitz Indian Tribe throughout 2015. SWBH will facilitate meetings with Grays Harbor RSN, Cowlitz County Health and Human Service Staff to review the status of tribal relations with Providers and the St. Johns Medical Center	SWBH CCO – Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/15 Target date for Grays Harbor inclusion of Cowlitz tribe in their 7.01 Plan 07/15	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. SWBH facilitated a meeting with Peace Health and Crisis Services (Cowlitz) to begin discussions around emergency hospitalizations. Peace Health and tribal representatives planned further meetings and agreed to notify SWBH if the RSN was needed. SWBH will facilitate a similar meeting as part of the transition to Grays Harbor RSN. Cowlitz Tribe is sending representatives to the monthly meetings of the Cowlitz County BHO task force.

7.01 Plan Continued: SWBH and Cowlitz Tribe				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
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. SWBH and the tribal authority will enter into discussions about contracting for mental health services.	Representation of Tribal representatives at RSN trainings, Applications for funding by the Tribe	SWBH Contact: CCO- Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/15	Examined the possibilities of contracting directly with the Tribal authority to provide ancillary services to tribal members who meet access to care for services not covered by their Federal contracts for services. Codes identified.
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 CCO – Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/15	The tribal authority will educate the SWBH about children's program at a quarterly meeting. The tribal authority is actively involved in the Cultural Competency Committee.
6. Are your employees, RSN administration and contracted providers, trained to address culturally sensitive issues, have access to culturally relevant resources, or tribal contacts?	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. SWBH and SWBH Providers continue with Cowlitz Tribe to build communication and continuity of care for shared consumers.	Increased, ongoing communication for mutual consumers and collaboration with cultural consultations. Access for Tribal members meeting SWBH Access to Care Standards Ongoing shared collaboration, coordination and education between SWBH and Cowlitz tribe.	SWBH CCO – Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/15	Discussed the change in WACs, the absence of certification of specialists by the State and the need to create a system to certify persons by the RSN if we intend to continue requiring special population consultations. Tribal authority supports the continuation of special population contracts with RSN certifying specialists.

7.01 Plan Continued: SWBH and Cowlitz Tribe				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
7. Is your RSN able to respond to current needs of the tribes? How? If not, have services gaps been identified and discussed?	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. SWBH and SWBH Providers continue with Cowlitz Tribe to build communication and continuity of care for shared consumers.	Increased, ongoing communication for mutual consumers and collaboration with cultural consultations. Access for Tribal members meeting SWBH Access to Care Standards Ongoing shared collaboration, coordination and education between SWBH and Cowlitz tribe.	SWBH CCO – Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/15	The group identified several areas for ongoing follow up: 1. Access to psychiatrists and psychological evaluations. 2. Care Coordination for persons admitted to Peace Health St. Johns. 3. Implementation of WISe services and the issue of high number or children placed in foster care system. 4. Coordinated planning for integration of medical, mental health and substance use services.
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, attended the annual North Sound sponsored Tribal training.	When trainings are available, SWBH staff will attend training with intention to increase knowledge on Tribal issues.	SWBH CCO – Marc Bolinger Target date for outcomes report: 06/15	The SWBH CEO and Communications Officer attended Government to Government training in 2013 and the Executive Assistant attended it in 2014.
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 CCO – Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/15	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 CCO – Marc Bollinger Tribal Rep – Jim Sherrill, Steve Kutz Target date for outcomes report: 06/15	The SWBH Governing Board refused to sign the interlocal agreement. It is anticipated this will introduced again as SWBH realigns in July 2015.

7.01 Plan Continued: SWBH and Cowlitz Tribe				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
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: Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/15	SWBH has worked out elements for a contract, but it has not been signed and will now await the realignment of SWBH.
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 CCO – Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/15	
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 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.	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 CCO – Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/15	
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 CCO – Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz Target date for outcomes report: 06/15	
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 CCO – Marc Bollinger Tribal Rep- Jim Sherrill, Steve Kutz; Cassandra Sellards Reck. Target date for outcomes report: 06/15	Yes and the process for approval continues. (See above.)

7.01 Plan

Chehalis Tribe

Grays Harbor County Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Create a plan to provide timely and responsive crisis services and evaluations for inpatient services.	Awaiting reply to correspondence requesting contact to schedule.	Carefully listen to the concerns expressed by the behavioral health and public safety staff. Identify barriers that can be addressed through improved Crisis Response to the Tribe.	Mike McIntosh June 30, 2015	In progress.

Tribal Planning Checklist – Chehalis Tribe 2015

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 has not convened meetings with tribes specifically for the purpose of discussing Policy 7.01, however GHRSN continues to reach out to and engage with our valued tribal partners on a host of issues affecting our shared customers and healthcare systems.

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 contracted with Behavioral Health Resources to provide Crisis Intervention Training for Chehalis Tribal Law Enforcement and First Responders. The manager of the Crisis Clinic continues to engage the Tribe in conversation about a date, time and location for this event.

   GHRSN has continued to reach out to the Chehalis Tribe in an effort to create a plan to provide timely and responsive crisis services and evaluations for inpatient services. The RSN has sent a draft concept for these services based on one developed with the Quinault tribe for their consideration.

   GHRSN entered into a unique partnership with Chehalis Tribal Family Services to provide residential treatment for a youth in a culturally competent facility in Oregon. The RSN and Tribal Family Services staff worked with the youth, her family, and the provider in Oregon to stabilize crisis situations and promote recovery. The RSN has dispatched workers from our new Children's High Intensity program to go to Oregon to begin discharge planning with the youth and her family.

   The RSN is in conversation with DBHR and Thurston/Mason RSN about the possibility of funding a tribal DMHP that would respond to Chehalis Tribal Members. These talks are in their beginning stages.

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, RFPs, available grants, or training opportunities from DSHS? What were they?*

   GHRSN began notifying our tribal contacts about all funding opportunities, RFPs, available grants, or training opportunities from DSHS in

the summer of 2013.

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?*

   Yes the RSN is hosting a quarterly training on underserved populations and best practices for serving them. To date the RSN has hosted one on services to Tribal enrollees and persons with developmental disabilities.

6. *Are your employees trained to address culturally sensitive issues or have access to culturally relevant resources?*

   As described above, we are actively creating improved competence with services to local tribes in collaboration with the tribes themselves.

7. *Is your program/division able to respond to current needs of the tribes and Recognized American Indian Organizations? How is this achieved?*

   Based on a recurrent theme of dissatisfaction with Crisis Response to individuals in the Chehalis Tribal Jail, GHRSN appears unable to adequately address the needs of tribal behavioral health and public safety officials when it comes to responding to individuals in their custody who have mental illness or co-occurring disorders. Since 2011 we have continually strived to preserve good communication and partnership with the Chehalis Tribe in an effort to improve our response. Analysis of the concerns expressed by the Chehalis Tribe seem to indicate that he narrow applicability of RCW 71.05, coupled with barriers to delivering high-intensity outpatient services to GHRSN enrollees in general propagates a cycle of incidents that has not been adequately addressed. GHRSN understands that Tribes are working with DBHR on some of these issues as systemic barriers. GHRSN supports that initiative and welcomes any opportunity to be involved. GHRSN has also received funding to improve the availability of High Intensity services. GHRSN has ensured that these services are available to Tribal members.

   The RSN is in conversation with DBHR and Thurston/Mason RSN about the possibility of funding a tribal DMHP that would respond to Chehalis Tribal Members. These talks are in their beginning stages.

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 did not provide any specialized training to the Chehalis Tribe in 2014, though as mentioned above we did host a training on best practices for the delivery of services to Tribal members facilitated by a trainer identified for GHRSN by the Quinault Indian Nation.

9. *Was technical assistance provided to the Tribes and Recognized American Indian Organizations? If yes, in what capacity?*

   GHRSN has continued to reach out to the Chehalis Tribe in an effort to create a plan to provide timely and responsive crisis services and evaluations for inpatient services. The RSN has sent a draft concept for these services based on one developed with the Quinault tribe for

their consideration.

10. *Do you have Local Area Agreements or current working agreements with the Tribes? What are they? Are they current?*

    None at this time

11. *Do you contract directly with the Tribes? What are these contracts?*

    None at this time

12. *Do you have a plan for recruiting Native American providers, contractors, or employees?*

    GHRSN does not have a formal plan 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 did not seek input form IPSS in 2014.

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?*

    Service from IPSS on this topic may be helpful: "GHRSN has continued to reach out to the Chehalis Tribe in an effort to create a plan to provide timely and responsive crisis services and evaluations for inpatient services. The RSN has sent a draft concept for these services based on one developed with the Quinault tribe for their consideration."

7.01 Plan

Quinault Indian Nation

Grays Harbor Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Improve Quinault Tribe satisfaction with Grays Harbor Regional Support Network Crisis Services.	The RSN has is developing and MOU with Quinault Tribe to coordinate response to our mutual clients during crises.	Signed MOU	Mike McIntosh 5/1/2015	GHRSN is finalizing the procedures for exchanging PHI between the crisis provider and tribal staff.
Improve RSN services to Tribal members.	Coordinate another cultural competence training with the Tribe	Training event Fall 2015 or Spring 2016	Merja Kehl 4/2016	New project

Tribal Planning Checklist – Quinault Tribe 2015

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 Quinault Tribe Behavioral Health program sends a representative to the Grays Harbor Regional Support Network Children's Policy Team.

   GHRSN has an open invitation to The Quinault Indian Nation Health and Wellness Director to be joining our Health and Human Services Advisory Board. Thus she will be completely informed about all aspects of GHRSN operations.

   GHRSN is in the final stages of completing an MOU with the Quinault Indian Nation for the delivery of crisis and inpatient evaluation services to the persons on the Quinault Indian Reservation.

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, RFPs, available grants, or training opportunities from DSHS? What were they?*

   The RSN has done less of this in recent years, having observed that our Tribal partners already receive notice of these opportunities through multiple channels, and our correspondence on them was duplicative.

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?*

   Yes the Quinault Tribe, in partnership with the Chehalis Tribe hosted a cultural competence training for GHRSN staff and network CMHA's

last fall. The training was focused specifically on the unique needs and features of the tribes in our area. By popular demand another training in this series is in development, possibly for the Fall of 2015.

6. *Are your employees trained to address culturally sensitive issues or have access to culturally relevant resources?*

   As described above, we are actively creating improved competence with services to local tribes in collaboration with the tribes themselves.

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. With the addition of the Quinault Indian Nation Director of Health and Wellness on our Advisory Board, we will be better able to respond to needs as they arise.

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?*

   None in 2014.

9. *Was technical assistance provided to the Tribes and Recognized American Indian Organizations? If yes, in what capacity?*

   Yes, GHRSN is in the final stages of completing an MOU with the Quinault Indian Nation for the delivery of crisis and inpatient evaluation services to the persons on the Quinault Indian Reservation.

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, and the new MOU on crisis and inpatient services will likely be completed in the coming months.

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 2014.

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

7.01 Plan

Muckleshoot Tribe

King County Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
				King County RSN declined to submit a 7.01 Plan for the Muckleshoot Tribe. DBHR staff will facilitate a new plan between the RSN and the Muckleshoot Tribe by August 2015.

7.01 Plan

Snoqualmie Tribe

King County Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
				King County RSN declined to submit a 7.01 Plan for the Snoqualmie Tribe. DBHR staff will facilitate a new plan between the RSN and the Snoqualmie Tribe by August 2015.

7.01 Plan

Northern Regional Tribes

North Sound Mental Health Authority

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
1. Ensure that American Indians are receiving the services they need within counties through participation in NSMHA Board of Directors meetings	1.1 • Tribal membership on NSMHA Board of Directors.(and standing committees): • Board of Directors (BOD) • Planning Committee • Strategic Planning Committee • Quality Management Oversight Committee • Tribal Committee • Annual letter will go out to Tribes to invite them to NSMHA Board of Directors and/or Advisory Board.	Tribal members on NSMHA Board of Directors at meetings and other committee meetings. Tribal Representatives appointed to the NSMHA Advisory Board	NSMHA Executive Director Target Date: Ongoing NSMHA Executive Director	There is currently one seat on the NSMHA Board of Directors representing the following Tribes: • Tulalip Tribes • The Nooksack Tribe • The Samish Tribe The issue of having separate seats on the NSMHA Board for each of the 8 North Sound Tribes has never been resolved. May, 2014 Update A reminder about the invitation to Tribes to designate a representative to the Advisory Board was discussed at the March, 2014 RTCC Meeting.
	1.2 Follow Centennial Accord Communication and Consultation Protocol.	Collaborate with Tribes on the interpretation and implementation of the Centennial Accord Communication Protocol. Implement Centennial Accord Communication and Consultation Protocol.	NSMHA Executive Director / Tribes Target Date: ongoing	Information about 7.01 Trainings provided by the DSHS Office of Indian Affairs are forwarded to NSMHA staff and providers on an ongoing basis.

7.01 Plan Continued: North Sound Mental Health Authority-Regional Tribes

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
2. Optimum access to and inclusion in NSMHA contracted programs and/or culturally appropriate services for which Tribal members are eligible.	2.1 Collect, record, and provide access data: Identify census of Tribal communities and individuals receiving mental health services by NSMHA PIHP contractors. • 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 during Tribal/NSMHA monthly meeting. • Create opportunity for Tribes to identify service gaps. New: Use data to identify service needs as part of the planning for implementation of Tribal Centric Behavioral Health	• Number of PIHP 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 NSMHA Board of Directors, published and distributed	NSMHA Data Analyst Target Dates: Ongoing NSMHA Executive Director & Tribes, Target Date Revised: 07-01-15	1. Data reports include: • Provider agency. • Age Groups o 0-17 o 18-59 o 60+ • Number people served. Number of Service Hours. • Number of Services Provided. • List of Services provided. 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. August, 2014 Update Update on NSMHA's plan to try and collect data on Tribal member affiliation as part of the NSMHA/Tribal Crisis Services Coordination Agreements. February 2015 Update It is still Nsmha's goal to include a field in its database to collect this data once the crisis coordination agreements are signed.
	2.2 Initiate process to enhance traditional healing through Federal Block Grant Funds Tulalip Tribes use FBG funds for youth engagement and tribal traditions	Tribal proposals which go to NSMHA Board of Directors for use of Federal Block Grant Funds	Tribes and NSMHA Completed Ongoing	NSMHA currently has a traditional healing contract with the Tulalip Tribe utilizing Federal Block Grant Funds. An RFP for FBG funding is released every two years. Current providers must reapply every two years.

7.01 Plan Continued: North Sound Mental Health Authority-Regional Tribes

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Continued.				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. October 2013 2013-2014 Federal Mental Health Block Grant funds have been allocated. This includes continued funding for The Tulalip Tribes cultural activities program for youth. February 2015 NSMHA will receive its next round of Federal Block Grant funds in July 2015. We would like to once again carve out some of these funds to contract with Tribal Behavioral Health Programs.
	2.3 Tribal Mental Health Depts. have the capacity to initiate certification for voluntary admissions to inpatient services. • 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-on definitions of terms.	Tribes will provide aggregate reports of inpatient initiation. This will include: • 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.	NSMHA Executive Director in collaboration and partnership with the Tribes. Target Date for written coordination agreements revised: 3-1-2015 for Crisis Agreements. November 2015 for BHO Coordination Plans	Tribal Mental Health Departments have the capacity to initiate certifications for voluntary hospitalizations. This process has been working with no major problems Need to look at differences in adult and child admissions, such as diversion programs for children. October 2013 Update We continue to check in with the Tribal Mental Health Provider Group on how discharge planning is being coordinated. This is one of the issues that will need more work to support implementation of the legislation to create the Tribal Centric Behavioral Health System.

7.01 Plan Continued: North Sound Mental Health Authority-Regional Tribes

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
	• Update agreed-upon protocols. • Redevelop the protocol for change from APN to VOA • NSMHA to partner with Tribes on State options available. • Identify provider contacts for Tribes. Implement new state contract requirements for RSNs to develop coordination agreements with each tribe regarding Crisis Services and Psychiatric Hospitalization New: 2014 Involve Tribal input into the development of a North Sound Behavioral Health Organization	• Consensus on this new protocol • Review at Tribal Mental Health Provider meetings Written coordination agreements developed with each tribe regarding Crisis Services and Psychiatric Hospitalization		February 2014 Planning to lay the ground work for regional implementation of the State Tribal Centric Behavioral Health Plan will be placed on the March 2014 RTCC agenda August 2014 Consulted with Tribes on the process to use to develop the coordination agreements. A draft template was shared and discussed. This will also be placed for discussion on the next RTCC meeting agenda. November 2014: Preliminary briefing provided on the requirements for a Behavioral Health Organization (BHO) plan. February 2015 NSMHA is meeting individually with each tribe to develop crisis services coordination agreements. Will continue to consult with tribes regarding coordination with future BHO programs.
3. Provide culturally appropriate treatment for all Tribal consumers, and collaborative relationships between Tribes and Phip's in the treatment of Tribal individuals. (2003)	3.1 Support and encourage NSMHA providers to incorporate Tribal resources when treating Tribal individuals. Review appropriate NSMHA polices. Support and encourage NSMHA providers	• Revise Tribal MH brochure, list contacts by Tribal position and contact number and review brochure yearly.	NSMHA Executive Director Ongoing July 2015	Related NSMHA Policies: 1521 – Cultural & Linguistic Competency 1530 – Cross System Coordination 1545—Vol. Hosp. Cert-Tribal members 1558 – Mental Health Specialist 6001 – 7.01 Plan Related NSMHA Training Modules: NSMHA 7.01 Administrative Policy/American Indian Training Module NSMHA Cultural Competence Training Module May 2013 Brochure Current. No revisions needed. February 2015 Revise brochures once crisis services coordination agreements are developed.

7.01 Plan Continued: North Sound Mental Health Authority-Regional Tribes

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
	3.2 Encourage providers to offer Tribal consumer's traditional cultural treatment options as part of the intake process. Encourage Tribal consumers to seek cultural options as part of the intake process.	• All NSMHA providers routinely offer Tribal clients referrals to Tribal traditional cultural treatment, using contacts listed in the Tribal Mental Health Brochure.	NSMHA Executive Director Audit of Tribal files yearly Completed: ongoing	Providers are audited for compliance during NSMHA Administrative audits. October 2013 Update: The use of Tribal Mental Health consultants is one of the areas NSMHA looks at as it conducts its Quality Management Activities. The use of "special population" consultants is an area where many of our providers under-perform in general and will continue to be an area for emphasis for NSMHA. This is another area that needs to be worked on in implementing a Tribal Centric Behavioral Health System. February 2014: Data on the extent to which special population consultations involve Native American will be collected by NSMHA staff during their 2014 provider reviews.
	3.3 Develop and implement a plan with contracted NSMHA providers for incorporating traditional/cultural Tribal mental health services when treating Tribal consumers. 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. Track number of providers that attend annual Tribal conference both Tribal and non-Tribal providers	• 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.	NSMHA Executive Director in partnership with Tribes Ongoing	Training on incorporating traditional/cultural Tribal mental health services is included in the annual NSMHA/Tribal Mental Health Conferences. August 2014 The Annual Tribal Mental Health Conference, entitled "Listening with an Open Heart" was held on May 13 and 14. It focused specifically on understanding and using Tribal cultural and spiritual traditions. Over 200 participants attended. February 2015 The annual tribal mental health conference is scheduled for May 12 & 13. The theme will be building resiliency to prevent suicide and substance abuse.
	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.	• Tribes have met with DCR's & NSMHA providers to arrange for:	NSMHA Executive Director Target Date: Ongoing	Related NSMHA Policies: 1521 – Cultural & Linguistic Competency 1530 – Cross System Coordination 1558 – Mental Health Specialist 1545—Vol. Hosp. Cert-Tribal members 6001 – 7.01 Plan

7.01 Plan Continued: North Sound Mental Health Authority-Regional Tribes				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
	Encourage linkages among Tribes, DSHS agencies and County Health Programs that promote seamless services and inclusive treatment access for Tribal individuals.	• 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		Related NSMHA Training Modules: NSMHA 7.01 Administrative Policy/American Indian Training Module NSMHA Cultural Competence Training Module October 2013 update: See update under 3.2 February 2014 update: See update under 3.2 February 2015: see update under 3.2
4. All Stakeholder Training (2003)	4.1 Provide training opportunities that address cultural sensitivity to Tribal Mental Health Workers and the public.	• Workshops, trainings seminars, and conferences held each year.	NSMHA Executive Director Ongoing	Another successful Tribal Mental Health Conference was held on May 13 and 14: "Listening with Open Hearts". There were over 200 participants. August 2014 update: Suggestions were given for the topics to include in the 2015 conference: suicide Prevention Training with Youths, Clinical Supervision Training for Supervisors, Health Insurance Billing Options, Art Therapy Workshop Provided by Tulalip's Art Therapist, etc. November 2014 update: Suggestions were given for topics to include in the 2015 conference. These included: Suicide prevention training with youth, clinical supervisions, health insurance billing options, art therapy workgroup provided by art therapist, etc. February 2015: See update under 3.3

7.01 Plan Continued: North Sound Mental Health Authority-Regional Tribes

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
	4.2 Workshop, training, seminar and conference need and subject matter are directed by Tribes who attend the NSMHA/Tribal meetings.	• 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.	NSMHA Executive Director & Tribes Ongoing	The Themes for each year's conference are selected by the NSMHA/ Tribal Mental Health workgroup by reviewing the evaluations from each year's conference and consulting with the tribal representatives to the mental health 7.01 group. See updates under 4.1 See update under 3.3
	4.3 Continue to hold bi-monthly joint Tribal/NSMHA meetings to identify common issues and goals and to collaborate on addressing them.	• Continued collaboration on mental health issues of concern between Tribes and NSMHA.	NSMHA Executive Director & Tribes Ongoing	NSMHA has conducted monthly Tribal/NSMHA Meetings and our intention is to continue these meetings. October 2013 Update: The charter and membership of the Tribal Mental Health Provider Group needs to be reviewed with the 7.01 group. February 2014 Update: Tribes need to update their representatives to the Tribal Mental Health Provider Group. This will be placed on the agenda of the March 2014 RTCC Meeting. August 2014 Update 2014 NSMHA/Tribal Mental Health Workgroup meetings: February 3 March 10 May 12-14 – Tribal Mental Health Conference July 8 November 10 [scheduled] November 2014 Update: Information provided on time and location of November 10 meeting, Sauk-Suiattle, 1:00-3:00 February 2015 Update: Regular monthly or bi-monthly meetings continue to be held. Will begin discussion of expanding to an integrated "Tribal/BHO" Workgroup.

7.01 Plan Continued: North Sound Mental Health Authority-Regional Tribes

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
5. Increase in census of enrolled Tribal members employed by NSMHA-contracted PIHP providers by county.	5.1 NSMHA providers include Tribal employment on mailing lists/publicity for job announcements. NSMHA will examine provider hiring process to make sure the American Indian communities as well as non-Native Tribal mental health specialists are involved.	• Tribal employment offices routinely receive job announcements from providers. • Tribes are included in PIHP 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 provider agencies.	NSMHA Executive Director & Tribes DSHS Office of Indian Policy – Region 2 Manager Ongoing Activity	Tribes are notified of all NSMHA Advertised Staff Openings via email/ direction to posting on NSMHA website. October 2013 Update: NSMHA is currently recruiting for 2 vacant Quality Specialist positions and will also be establishing a new Administrative Assistant position in 2014. February 2014 Update: Announcements of any position openings at NSMHA continue to be sent to the Tribal Employment Offices. February 2015 Update: Announcements of any position openings at NSMHA continue to be sent to the Tribal Employment Offices.
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. (2000)	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 Children's Policy Executive Team (CPET	• 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.	NSMHA Executive Director & Tribes Target Date: Ongoing activities	Three Tribal representatives on NSMHA Board of Directors, June LaMarr of Tulalip is currently the active participant. 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. 3 new slots have been created on the NSMHA Advisory Board. Appointments from the Tribes are pending. February 2015 Update: With the retirement of June LaMarr we will need to ask the Tribe to appoint a new representative.

7.01 Plan Continued: North Sound Mental Health Authority-Regional Tribes				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
	6.2 Incorporate North Sound Region 7.01 Plan in all NSMHA contracts. Incorporate provisions of 7.01 Plan in NSMHA and Provider Policy & Procedure Manuals, and all other planning and procedure documents.	• Execute contract revisions that include 7.01 Plan. • Review NSMHA and contractor Policy & Procedure Manuals along with all planning and procedure documents.	Contracts/Fiscal Manager Target Date: Ongoing NSMHA Executive Director & Tribes Target Date: Ongoing activities	7.01 Plan is incorporated in State and Medicaid funded contracts. May, 2014 Update The new draft state contact requirements for individual RSN/Tribal Coordination agreements related to Mental Health Crisis Services and psychiatric hospitalizations reviewed. The new contract requirements are scheduled to go into place on July 1, 2014 and NSMHA will have 120 days to develop agreements with the Tribes. To be discussed at the June RTCC meeting. February 2015: See 2.3
7. Mental Health Community awareness and understanding of outstanding issues and/or gaps in services identified by Tribes.	7.1 NSMHA will jointly develop satisfaction surveys with all Tribes.	• 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 to all Tribal Councils, MH Departments, Providers, and NSMHA Board of Directors. • Review at Tribal Mental Health Provider Meetings	NSMHA Executive Director & Tribes Target Date: 12-31-15	MHD Adult Consumer Survey & Child Consumer Survey in 7.01 Plan folder. May 2014 Update For the next round of surveys in 2015, NSMHA will add new questions to the consumer survey that will allow respondents to self-identify if they are tribal members. February 2015: NSMHA is redesigning its consumer survey to focus more on individual outcomes. Questions will be added to the survey to allow respondents to self-identify as AI/AN and Tribal Members.

7.01 Plan

Puyallup Tribe

Optum Health/Pierce County Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
				DBHR Staff, OIP Liaison Loni Greninger and Pierce Optum Staff met with representatives from Puyallup Tribe at Kawatchee. This was first meeting in years. DBHR will continue to facilitate development of a plan between the Tribe and the RSN. The RSN committed to hiring a Native crisis worker, with the Puyallup Tribe participating in the hiring process.

7.01 Plan

Hoh Tribe

Peninsula Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
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 (such as through established "Mental Health Promotion" funds).	A. PRSN continue funding to Tribe B. Unanticipated PRSN state funding revenue reductions could impact funding of Agreements C. Increase number of Tribal direct service (developing a variety of providers).	PRSN- Anders Edgerton Hoh- Annette Hudson DSHS- David Reed OIP- Brenda Francis-Thomas	Executed Interlocal Agreement extended through December 2016.
2. Maintain a strong working relationship with the network provider, WEOS.	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. C. PRSN staff meet with Hoh social services staff at least once a year.	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.	PRSN- Anders Edgerton Hoh- Annette Hudson WEOS- Pam Brown OIP- Brenda Francis-Thomas Target date: on-going	PRSN and Hoh staff have meet during local meetings, as well as during 7.01 Planning meetings. The past 2 years, Hoh have consistently sent a representative to local meetings.

7.01 Plan

Jamestown S'Klallam Tribe

Peninsula Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Promote coordination of mental health services.	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. Schedule annual 7.01 and cultural sensitivity training for PRSN network (see Goal #4) C. Tribal Staff will be invited to attend PRSN Designated Mental Health Professional meeting.	A. Execute local MOU between Jamestown and JMHS. B. Improve working relationships and coordination efforts for individuals served by both systems. C. Meetings between Tribe and public mental health include: • Local PBH staff &Tribal Admin. meetings • PRSN Inter-Tribal meetings • Scheduling a meeting with JMHS, Tribe, and PRSN D. Ability to track system/ service barriers and trends; discussions of complex cases. E. Tribal staff will attend	PRSN- Anders Edgerton Richard VanCleave Jamestown – Rob Welch, Jessica Payne, Vicki Lowe, PBH- Wendy Sisk JMHS- Adam Marquis & Erik Nygard Target date: On-going	Executed MOU between Jamestown and PBH. Local meetings have occurred between Tribe, PBH, JMHS and PRSN. Executed Interlocal Agreements for $10,700.00 for CY 2011-2012.
Continue Interlocal Agreement funding of $10,700 (minimum) per year to the Tribe	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 "Mental Health Promotion" funds).	A. Continue funding to Tribe. B. Unanticipated PRSN state funding revenue reductions could impact funding of Agreements C. Participate in discussions between DBHR and Tribes to increase direct funding to Tribes.	PRSN- Anders Edgerton Jamestown –Jessica Payne, Rob Welch PBH- Wendy Sisk JMHS- Adam Marquis OIP- Brenda Francis-Thomas Target date: On-going	A. Executed Interlocal Agreement extended through December 2016.
Improve access to mental health services.	Identify one contact for access to services liaison at each network provider to assist Tribe with access concerns/ issues.	A. Improve working relationship and access to available resources. B. PRSN will facilitate a meeting between Jamestown, JMHS, and PRSN.	PRSN- Anders Edgerton Jamestown – Jessica Payne, Rob Welch, Vicki Lowe PBH- Wendy Sisk JMHS- Adam Marquis OIP- Brenda Francis-Thomas	Established agency/Tribal contacts at each network public mental health provider agency. Meeting with Jamestown and JMHS has to be scheduled.

7.01 Plan Continued: Jamestown Tribe and Peninsula RSN				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Participate in cultural competency trainings for PRSN and network contractors	A. OIP offered to provide local 7.01 training to PRSN and network contractors. B. Prepare 7.01 training materials, registration, and related training activities.	A. PRSN will have robust participation from network. B. Increase understanding of sovereignty and treaty rights as it relates to health care, education, and human services.	PRSN- Anders Edgerton Jamestown – Jessica Payne, Rob Welch, Vicki Lowe OIP- Brenda Francis-Thomas Target date: Fall 2014	7.01 Training for PBH was a great success. Plan for another training in 2016
Increase cultural sensitivity at the local public mental health agencies	A. Use Tribal training information in the orientation of new staff at the local agency (ies). B. Local agency (ies) staff participate in traditional tribal events, such as canoe journey and Lake Crescent activities. C. OIP will provide a cultural sensitivity training for PRSN, PBH and JMHS staff.	A. Local agency (ies) will utilize tribal information in the orientation of new staff. B. Local agency (ies) staff will attend 1-2 local Tribal events in the next year. • Vicky can provide a list of annual Tribal activities.	Jamestown – Jessica Payne, Vicki Lowe, Rob Welch PBH- Julie Calabria JMHS- Sam Markow Target date: On-going	Tribal information has been added to PRSN network agency new staff orientation material.
Provide Tribal cultural training to local providers	Plan for 2016 training provided by Jamestown Tribe for MH providers in Jefferson and Clallam counties.	Training scheduled for first half of 2016	Jamestown – Jessica Payne, Rob Welch PBH – Wendy Sisk PRSN – Anders Edgerton JMHS – Adam Marquis	New
Improved relationship between Tribe and Western State Hospital (WSH)	A. PRSN will participate in the face to face meetings at WSH for shared Tribal members. B. The Tribe or PBH will contact PRSN as issues arise or lack of responsiveness from WSH for shared Tribal members.	A. Improve relationship between WSH and Tribe. B. Improve discharge planning and care coordination for Tribal members.	PRSN- Richard VanCleave Jamestown- Rob Welch PBH- Sara Perry Target date: on-going	New goal identified January 2014

7.01 Plan

Lower Elwha Tribe

Peninsula Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Access to Crisis Response & Inpatient Services Provide better communication between PBH crisis response services and Tribal mental health staff.	A. Tribe, PRSN, and PBH openly discuss successes and target barriers in providing crisis response and inpatient evaluation services. • PBH Crisis staff will contact Tribal MH staff immediately following a crisis service/ evaluation regarding a Tribal member. B. Improve communication/ coordination for discharge planning of Tribal members	A. Improve communication regarding crisis response and inpatient evaluation services for Tribal members. B. Improve coordination of care between Tribal MH program and PBH for Tribal members. C. PBH staff will meet with Tribal staff outside of PRSN meeting.	PRSN- Richard VanCleave PBH- Wendy Sisk Lower Elwha- Diane Johnson Anji Berglund Target date: on-going	February 2015: 1. Participated in 7.01 Planning meeting with Tribal Mental Health staff. 2. Held first meeting to develop crisis protocol
Continue Interlocal Agreement funding of $10,700 per year to the Tribe	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 "Mental Health Promotion" funds).	A. Continue funding to Tribe. B. Unanticipated PRSN state funding revenue reductions could impact funding of Agreements C. Participate in discussions between DBHR and Tribes to increase direct funding to Tribes.	PRSN- Anders Edgerton Lower Elwha- Diane Johnson DBHR – David Reed OIP- Brenda Francis-Thomas Target date: on-going	Interlocal provided to Tribe which extends funding through 2016..
Strengthen communication between the Tribe and the Tribal representative on PRSN Executive Board, Liz Mueller	Lower Elwha (Russell) will check-in with PRSN Tribal Representative (Liz).	Establish a communication loop for Tribal input into PRSN Executive Board topics of interest	PRSN Executive Board PRSN- Anders Edgerton Lower Elwha- Russell Hepfer (Tribal Vice Chair) IOP- Brenda Francis-Thomas Target date: on-going	Liz Mueller formally appointed to PRSN Executive Board in 2011.

7.01 Plan Continued: Lower Elwha Tribe and Peninsula RSN				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
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.	A. At the meetings held twice per year, PRSN will provide an overview of PRSN local system and policy changes B. Mutually share information related to the statewide reforms/ policies, such as the System Transformation grant, DBHR Transformation Initiative, and Tribal Centrics	Local systems will keep one another informed of systems changes and local impacts.	PRSN- Anders Edgerton Lower Elwha- Diane Johnson PBH- Peter Casey & Wendy Sisk OIP- Brenda Francis-Thomas Target date: on-going	Locally meetings are scheduled twice a year. Sharing system information is a standing agenda item.
Participate in cultural competency trainings for PRSN and network contractors to take place every other year	OIP provided local 7.01 training to PRSN and network contractors in 2014, and will plan on doing so again in 2016.	A. PRSN will have robust participation from network. B. Increase understanding of importance of 7.01 Plans and cultural competence when working with Indian people.	PRSN- Anders Edgerton Lower Elwha- Diane Johnson PBH- Peter Casey & Wendy Sisk OIP- Brenda Francis-Thomas Target date: Fall 2014	OIP provided training in 2014, plan is to do this every other year.

7.01 Plan

Makah Tribe

Peninsula Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Continue Interlocal Agreement funding of $10,700 per year to the Tribe.	Identify ongoing PRSN funding streams.	Provide on-going funding to Tribe	PRSN- Anders Edgerton Makah- Beth Seltzer OIP- Brenda Francis-Thomas Target date: completed	Executed Interlocal Agreement extended through December 2016. Funding increased
Develop crisis service coordination between Tribal services and WEOS	Participate in local meetings to discuss current crisis system structures, identify gaps, and target areas for improvement.	A. Active participation in local meetings B. With recent staff changes, establish communication between local systems regarding crisis services (such as system capabilities, complementary approaches, and sharing of client-specific information).	PRSN- Anders Edgerton Makah- Beth Seltzer WEOS- Pam Brown Target date: On-going	Modified continued goal. Meeting to be scheduled
Increase collaboration and coordination of care for individuals served by Tribal and PRSN mental health system (WEOS	A. Makah Wellness Program is developing a Tribal Centric integrated system of care approach. The restructured service delivery model will include MH, CD, physical, and community ancillary partners. B. Participate in local meetings to discuss current system structures, identify gaps, and target areas for better	A. Makah will inform local partners as new services are expanded and developed. B. Increase understanding of Tribal and PRSN network providers services and resources.	PRSN- Anders Edgerton Makah- Beth Seltzer WEOS- Pam Brown OIP- Brenda Francis-Thomas Target date: On-going	continue goal
Increase Tribe's knowledge regarding Peer Support Services and support incorporation of Peer into Tribal care system	Provide information regarding Peer services b. Notify of training opportunities	Increased Peer services provided by Tribe	PRSN – Anders Edgerton Makah – Beth Seltzer WEOS – Pam Brown	New Goal

7.01 Plan

Port Gamble S'Klallam Tribe

Peninsula Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Increase Interlocal Agreement funding from $10,700 per year	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 "Mental Health Promotion" funds). C. Agreed to rolling unused Suquamish Interlocal funds from the previous year to the next year's total available funds.	A. Continue funding to Tribe. B. Unanticipated PRSN state funding revenue reductions could impact funding of Agreements C. Participate in discussions between DBHR and Tribes to increase direct funding to Tribes. D. Strengthen prevention and treatment services at the Tribe. (JMHS providing psychiatric services).	PRSN- Anders Edgerton Port Gamble – Jolene George DBHR- David Reed OIP- Brenda Francis-Thomas Target date: on-going	In process to execute Interlocal Agreement CY 2015-2016.
Develop a non-Native Medicaid reimbursement mechanism for MH services provided by the Tribe	A. Support Tribal Centric strategies to increase funding opportunities for direct Tribal services provided. B. Explore possible Third Party Liability (TPL) reimbursement for Tribal services.	A. Participate in discussions between DBHR and Tribes to increase direct funding to Tribes. B. PRSN (KMHS & JMHS) and Tribe share service data and cost analyze of MH services provided. • KMHS will verify current availability of system report(s). • PGST will identify what service data they would like to review	PRSN- Anders Edgerton Port Gamble – Jolene George KMHS- Stacey Devenney DBHR- David Reed OIP - Brenda Francis-Thomas Target date: on-going	Completed Activity: PGST staff will identify and report what kind of service data they are interested in reviewing. PRSN provided service data reports for total number of Tribally affiliated clients served in Crisis and Outpatient for 2014-2010.
Continue to develop communication between Tribal representative on the PRSN Executive Board and PGST program staff	PRSN will include PRSN Executive Board meeting notes in the local meeting agenda.	A. Develop a communication process for Tribal input to the PRSN Executive Board meetings. B. Continue communication flow of information from the PRSN Executive Board to the Tribe.	PRSN Executive Board PRSN Executive Board Tribal Representative- Liz Mueller PRSN- Anders Edgerton Port Gamble – Jolene George Target date: on-going	On 11/5/2014 Tribe confirmed current communication process is satisfactory.
Care Coordination meetings for shared high intensity cases	A. KMHS is in the process of developing protocols for Care Coordination meetings for high needs clients. These meetings typically involve PCPs, local ER, and Medicaid Managed Care Plans.	A. KMHS will develop protocols that include Tribal representation for locally affiliated Tribal members.	PRSN- Adult or Children's Service Manager staff Port Gamble – Jolene George KMHS- Stacey Devenney	In process. On 11/5/2014 PRSN offered to participate in care coordination for complex youth case.

7.01 Plan Continued: Port Gamble Tribe and Peninsula RSN				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Continued	B. KMHS will invite PGST to Care Coordination meetings that involve Tribal members.	B. PGST will send Wellness Program staff to KMHS care coordination meetings. C. Better Care Coordination for shared clients. D. Closer system communication between KMHS, PGST, and PRSN.		
Participate in cultural competency trainings for PRSN and network contractors	OIP offered to provide local 7.01 training to PRSN and network contractors, annually.	A. PRSN will have robust participation from network. B. Increase understanding of importance of 7.01 Plans and cultural competence when working with Indian people.	PRSN- Anders Edgerton OIP- Brenda Francis-Thomas Target date: August 2015	August 2014 Brenda Francis-Thomas from OIP provided a local 7.01 training.

7.01 Plan

Quileute Tribe

Peninsula Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Continue Interlocal Agreement funding of $10,700 per year to the Tribe	A. Identify Interlocal Agreement contracting terms that honor G2G relationship B. Request DBHR to increase direct funding to Tribes (such as through established Mental Health Promotion funds). C. Continue SAD project, diabetic support group, or begin family support groups (1:1 and group activities)	A. Continue with funding to Tribe B. Unanticipated PRSN state funding revenue reductions could impact funding of Agreements C. Participate in discussions between DSHS and Tribes to increase direct funding to Tribes. The Tribe has experienced the State's approach to funding MHPP as neither culturally relevant nor respectful. They could do more for the Tribal people if the funding received was flexible and allowed for unique cultural needs of each community.	PRSN- Anders Edgerton Quileute- Andrew Shogren & Norm Englund DBHR- David Reed OIP- Brenda Francis-Charles Target date: completed	PRSN provided new Interlocal agreement to the Tribe for the period January 2015 – December 2016.
Work on language to include in next Interlocal Agreement that includes Sovereign Immunity for Tribe	a. Tribe provided acceptable language to the PRSN b. PRSN will include proposed language in next set of Interlocal agreements with Tribe.	If Kitsap County cannot accept language respecting Tribal Sovereignty, funding may flow through West End outreach if that can be arranged.	PRSN – Anders Edgerton Quileute Tribe – Andrew Shogren	
Maintain a strong working relationship with the network provider, WEOS.	A. Formal and information meetings to discuss system issues and direct services to Tribal people and community. • 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. B. Tribal program is expanding prevention and recovery services.	A. Continue to promote activities and strengthen communication channels between Tribe, WEOS, and PRSN. B. Quileute will explore a dedicated space for WEOS staff to provide services. C. WEOS will designate a female counselor(s) for Tribal members.	PRSN- Anders Edgerton Quileute- Andrew Shogren & Norm Englund WEOS- Pam Brown OIP- Brenda Francis-Thomas Target date: on-going	WEOS network agency continues to experience significant staff turnover. Efforts are under-way to re-establish effective communication and local partnerships.

7.01 Plan Continued: Quileute Tribe and Peninsula RSN				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Explore various funding streams available to the Tribes, such direct funding from DBHR/ DSHS.	A. Request DBHR to increase direct funding to Tribes (such as through established Mental Health Promotion funds). B. At local meetings, request other Tribes to describe their various funding/ revenue streams for MH and CD services.	A. PRSN and Tribe will attend state sponsored meetings and request a direct funding relationship between the state and Tribe. B. The May 2014 PRSN local meeting will include item on meeting agenda.	PRSN- Anders Edgerton Quileute- Andrew Shogren & Norm Englund DBHR – David Reed OIP- Brenda Francis-Thomas Target date: on-going	
Expand ability of Tribes to participate in RSN Meetings	Establish phone access for Executive and Advisory Board meetings, and other meetings as appropriate.	Phone access established	PRSN – Anders Edgerton	

7.01 Plan

Kalispel Tribe and Spokane Tribe

Spokane County Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
				Spokane County RSN did not complete an updated 7.01 Plan. DBHR Tribal Liaison will work with the RSN to develop and update plans with the Kalispel Tribe and the Spokane Tribe. by August 2015.

Updated Spokane County Regional Support Network//Tribal Collaboration Plan, Spring 2015

LIST OF ACTIVITIES

Activity: Invite Tribes and RAIO representatives to be a Mental Health Board Member and Substance Abuse Board Member
Outcome: Native Project has a representative on the Mental Health Advisory Board that meets in Spokane. Beginning one year ago, the Spokane Tribe has a representative that is on the Mental Health Advisory Board that meets in Davenport and represents the North Central Counties. For two years, the Kalispel Tribe has had a staff member on the Substance Abuse Advisory Board. The Colville and Kalispel Tribes have been invited and have both stated they would like to join the board when they have ample staffing. We are in the process of combining the Mental Health and Substance Abuse Advisory Boards.

Activity: Learn more about the Tribal Programs
Outcome: In July 2015, the Spokane County Regional Support Network's (SCRSN) six clinical staff toured the Kalispel CAMAS Center and met with the Kalispel Behavioral Health Staff to see their facilities and better understand their programs. This was an exchange, as the Kalispel Behavioral Health staff met with the RSN prior in Spokane to understand what the RSN does. The Spokane Tribe mental health staff have met with NEW Alliance Counseling and the RSN to identify issues regarding ITA detainment and tribal involvement. The Tribe reported that this process worked well. The Colville Tribe will meet with RSN staff on February 4, 2015 to further collaborate.

Activity: Spokane RSN contracts with Tribes
Outcome: The SCRSN has a contract with the Spokane Tribe and the Kalispel Tribe. The Tribes decide how they will use the funding, and last year the funding was increased. Much of the funding is utilized for staff training. Native Project has had a long standing contract with the SCRSN and Substance Abuse for co-occurring treatment for youth. The Mental Health Contract was increased 14% this year. In addition, several new staff were added throughout the year. The Colville Tribe indicates that although they have chosen not to contract with the SCRSN for funds, they are willing in the next funding cycle.

Activity: Suicide panel discussion February 26, 2015 with the Tribes
Outcome: Tribes are organizing the panel, and the following will be included: SCRSN Children's Mental Health Care Coordinator, Colville, Kalispel, Yakama, Coeur d' Alene, Spokane, and Nez Pearce Tribes representatives.

Activity: The American Indian Community Center has a new Executive Director, and we have a meeting scheduled on January 29, 2015.

Activity: Over the past year, the SCRSN Mental Health Care Coordinators have collaborated with each Tribe on any client issues to help resolve them and to do proper placement. The Tribes have been very helpful.

Activity: The SCRSN trainings have been frequent, and the Tribes are always invited. They are also always invited to attend the Eastern State Hospital Consortium with the RSNs.

Activity: In 2014, the SCRSN release several Requests for Proposals, which also went to the Tribes. They were given the opportunity to apply, but no responses were received.

7.01 Plan

Cowlitz Tribe

Timberlands Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
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.
Have your RSN administration staff, contractors, i.e. CMHA administrators, supervisors, or their pro-gram 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.	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

7.01 Plan Continued: Cowlitz Tribe and Timberlands RSN				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Continued				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. The TRSN Administrator, Brian Cameron, is the identified contact for TRSN. A secondary contact is identified as Trisha Young, quality manager.
Have your RSN administration and contracted providers included tribal con-tacts 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 under-standing by TRSN and provider staff of specific tribal needs and planning activities.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	TRSN providers include tribal contacts in information sharing. Representatives are also included on distribution lists at the TRSN. The director of the Cowlitz Indian Tribe Health Clinic, Jim Sherrill, is the primary contact for TRSN.
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.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	Tribal contacts are on TRSN mailing lists and so receive funding notices from a variety of sources as well as training opportunities.
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 RSN and provider network to increase efficient and culturally competent mental health services	Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	RSN continues to look for special/pilot projects that could involve the Cowlitz Tribe in a more active role.

7.01 Plan Continued: Cowlitz Tribe and Timberlands RSN				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Are your employees, RSN administration, and contract-ed providers trained to ad-dress culturally sensitive is-sues, 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 net-work staff.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Trisha Young, TRSN Quality Manager Brian Cameron, Interim TRSN Administrator	TRSN providers are required to provide cultural sensitivity train-ing 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 net-work to utilize tribal consultation as needed and appropriate. Currently, providers are re-quired 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 consulta-tions to network providers. Currently there is only one staff person and it was felt that she would not have the time to pro-vide consultations for the three RSNs that have tribal members residing in their service areas.
				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 ap-propriate.

7.01 Plan Continued: Cowlitz Tribe and Timberlands RSN				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
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 ad-dress gaps in access, re-sources, 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.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Matt Patton, Clinical Director, Cascade Mental Health Center Trisha Young, TRSN Quality Manager Brian Cameron, Interim TRSN Administrator	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. TRSN will confirm a continued interest in a meeting with Cascade Mental Healthcare to dis-cuss concerns related to services for Cowlitz Tribal members that reside in East Lewis County.
Did your RSN and contracted providers participate in 7.01/Indian law/tribal relations training? Which staff? What kind of training was provided?		Increased understanding of tribal needs by TRSN	Trisha Young, TRSN Quality Manager	Jan Kashmitter, participated in the training and subsequent meeting at the Great Wolf Lodge in Thurston County. TRSN will continue to explore ways to learn and educate staff and providers re:
Continued				About American Indian and Alaskan Native culture and incorporate into our services.
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.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Trisha Young, TRSN Quality Manager	No specific training was con-ducted by TRSN during this past year. TRSN did not dis-cuss mutual training topics during this past year.

7.01 Plan Continued: Cowlitz Tribe and Timberlands RSN				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
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.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Trisha Young, TRSN Quality Manager	No specific training was con-ducted by TRSN during this past year. TRSN did not dis-cuss mutual training topics during this past year.
Do you have current working agreements with the tribes? What are they? Are they current?			Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	There are currently no plans to develop a working agreement with the Cowlitz Tribe beyond the Collaboration Implementation Plan.
Do you contract directly with the tribes? What are these contracts? Include amounts, brief description, and contract dates.			Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	TRSN does not currently con-tract with the Cowlitz Tribe.
Do you have a plan for recruiting Native American providers, contractors, or employ-ees?	The RSN does not currently have any staff posi-tions open for recruitment. When the RSN does have positions open, it encourages applica-tions from all qualified individuals regardless of race, religion, color, or ethnic back-ground.	Diverse recruitment increases the RSNs overall understanding of service needs and cultural issues that influence those needs.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	There is no specific plan for recruiting Native American providers or contractors or em-ployees. Recruitment notices are sent to local newspapers and the tribes when the RSN has a vacant position to fill.
Did you inform and seek input from MHD 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.

7.01 Plan Continued: Cowlitz Tribe and Timberlands RSN				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
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	
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.
Continued				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 members to which the Cowlitz Tribe was invited. The meeting was not attended by a Cowlitz Tribe representative. TRSN plans to discuss the possibility of staff participating on the TRSN Quality Management Committee in the coming year

7.01 Plan

Shoalwater Bay Tribe

Timberlands Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
				Staff from OIP, DBHR and Timberlands RSN met with representatives of the Shoalwater Bay Tribe to begin a new 7.01 Plan. Meetings and planning activities will continue and a new plan will be collaboratively drafted between the RSN and Shoalwater Bay Tribe.

7.01 Plan

Chehalis Tribe

Thurston Mason Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Invite the Tribe to attend TMRNS Mental Health Advisory Board and/or AB meetings.	TMRSN has sent AB meeting notices to the Tribe.	Have Tribal representation at the AB meetings.	Lead: Luke Unis Target Date: Ongoing	No Tribal member has attended the AB meetings or shown interest in sitting on the AB.
				In conjunction with DBHR, Thurston Mason RSN has agreed to work with the Chehalis Tribe to create a Tribal DMHP to serve on Tribal lands.

7.01 Plan

Cowlitz Tribe

Thurston Mason Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
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: Luke Unis Target Date: Ongoing	No tribal member has attended the advisory board meetings or shown interest in sitting on the advisory board.

7.01 Plan

Nisqually Tribe

Thurston Mason Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Invite the tribe to at-tend 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: Luke Unis Target Date: Ongoing	No tribal member has attended the advisory board meetings or shown interest in sitting on the advisory board.

7.01 Plan

Puyallup Tribe

Thurston Mason Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Invite the tribe to at-tend 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: Luke Unis Target Date: Ongoing	No Puyallup member has attend-ed the advisory board meetings or shown interest in sitting on the advisory board.

7.01 Plan

Skokomish Tribe

Thurston Mason Regional Support Network

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
To reestablish collaborative efforts between TMRSN and the Skokomish Tribe with a new liaison.	• Since the last contact left the Tribe, they did not follow through with the contract that was established and funding (MHBG) was not utilized.	• Determine if there is a program the Tribe would like to collaborate with the RSN for children or adults, like the previous EBP TF-CBT or the last program Connect 4 for adults that fell through.	Lead: Children's Care Manager Target Date: Ongoing	Progress during this reporting period includes: • The Tribe has opted not to develop another contract with us at this time.
Invite the Tribe to attend TMRN'S Mental Health Advisory Board and/or AB meetings.	TMRSN has sent AB meeting notices to the Tribe.	Have Tribal representation at the AB meetings.	Lead: Luke Unis Target Date: Ongoing	To date, no Tribal member has attended the AB meetings or expressed an interest in sitting on the AB.

7.01 Plan (DRAFT)

Yakama Nation

Greater Columbia Behavioral Health

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Maximize the efficiency of communication between GCBH, including its provider network, and the Yakama Nation	• GCBH and its provider network will comply with the Yakama Nation's Communication Protocols when corresponding with the Yakama Nation. • GCBH, including GCBH providers, will meet regularly with Yakama Nation Administrators including representatives from the Office of Indian Policy to develop a 7.01 plan. • The Yakama Nation has a voting seat on the GCBH Board of Directors and can bring issues/concerns to their attention at any time. Meetings are held the first Thursday of every month from 9-11. • The Yakama Nation has a voting seat on the GCBH Regional Advisory Board which meets the fourth Tuesday of every month from 10-12. • GCBH and its provider network will participate/attend Yakama Nation Council meetings, when requested. • GCBH will notify the Yakama Nation of all Committees so that the Yakama Nation and/or its provider staff can determine if they would like a seat on the Committees.	• Improved relationship between GCBH, including its network providers, and the Yakama Nation. • Provide a forum where issues/concerns are identified and addressed. • Improve the Yakama Nation's understanding of how GCBH and its provider network are structured and how they operate. • Improve GCBH's understanding of how the Yakama Nation and its provider network are structured and how they operate	GCBH Contracts Coordinator CWCMH Staff (Jack Maris? Title?) Yakama Nation provider staff Office of Indian Policy Representative Target Date: Immediately and ongoing	
Ensure efforts are made to recruit/hire Native American staff reflective of the service population	• GCBH will distribute recruitment bulletins and job announcements to the Yakama Nation, when they are made available.	• More opportunities for the hiring of Native Americans within the GCBH service area.	GCBH Office Manager Target Date: Immediately and ongoing	

7.01 Plan Continued: Yakama Nation and Greater Columbia Behavioral Health

Goals/Objectives	Activities	Expected Outcome	Lead Staff	Status
Ensure trainings are made available to the Yakama Nation	• GCBH and its provider network will collaborate with the Yakama Nation to provide relevant training to Yakama Nation behavioral health and chemical dependency staff, when requested. • GCBH will distribute all training notices to the Yakama Nation. • GCBH will submit requests to the Yakama Nation for their participation in the annual Multi-Cultural Competency Committee training. • GCBH offers a variety of trainings, including but not limited to, Grievance and Fair Hearing Processes, Consumer Rights, Advanced Directives, Stigma, Recovery, Wellness Recovery Action Plan, Mental Health First Aid. GCBH will provide trainings to the Yakama Nation and/or its provider staff, when requested.	• Increased knowledge regarding available services/programs in the Yakama Nation community. • Educate Yakama Nation provider staff about relevant practices and/or processes.	GCBH Community Support/ Customer Service Coordinator Target Date: Immediately and ongoing	
Ensure the Yakama Nation is notified of funding opportunities and available grants.	• GCBH will distribute funding opportunities and grant notices to the Yakama Nation.	• Increase funding opportunities for the Yakama Nation.	GCBH Contracts Coordinator Target Date: Immediately and ongoing	
Identify and resolve gaps in service delivery	• GCBH and its provider network will meet regularly with the Yakama Nation to discuss service delivery issues/concerns. • GCBH and its provider network will collaborate with the Yakama Nation to identify and make best efforts to resolve gaps in service delivery. • GCBH will keep DSHS informed of all activities with the Yakama Nation.	• Improved understanding of access criteria for service provision to Yakama Nation members. • Improved communications between GCBH including its provider network and the Yakama Nation provider network. • Improved accessibility to appropriate GCBH, including its provider network, staff who can resolve issues in a timely manner.	GCBH Care Coordinators CWCMH Staff (Jack Maris? Title?) Yakama Nation provider staff Office of Indian Policy Representative Target Date: Immediately and ongoing	

7.01 Plan Continued: Yakama Nation and Greater Columbia Behavioral Health				
Goals/Objectives	**Activities**	**Expected Outcome**	**Lead Staff**	**Status**
Ensure the provision of medically necessary services to the Yakama Nation	• GCBH, through its provider network, will provide services to Yakama Nation members who meet State-approved criteria and for whom services are medically necessary and clinically appropriate.	• Increase the number of Yakama Nation members being provided services.	GCBH Care Coordinators CWCMH Staff (Jack Maris? Title?) Yakama Nation provider staff Office of Indian Policy Representative Target Date: Immediately and ongoing	

Note:

Chelan-Douglas Regional Support Network reports that there are no Tribes within the two counties.