HRSA/DASA Workgroup
3 October 2007

Welcome & Introductions
Review Matrix- Doug Allen- Sept 6 mtg

1. Consultation/ Communication
    - Issue about 1 year contract.
    - DASA needed to meet state and federal requirements. Needed to have time to speak to the tribes about contract language. In FY 08 for FY 09.Need to get process of discussion started.
    - Meetings will be set up to discuss language in contracts.
    - HRSA will set up contract meeting with tribe and also include some additional items.
    - Hiring process need to include tribes – Colleen
    - Letters- not electronic based on G2G need

2. Funding Allocation Handout
    - Pie chart – represents different funding streams
        - Problem gambling $ from nontribal casinos
        - Special projects
        - CJTA – fund created to fund drug courts- state only- leg . No admin monies- 2 years
        - State funds treatment – courts absorb court costs
        - VRDE – account 1990 – funds a variety of activities – state funds
        - PSEA- - need to be spent in year one and state funds. If not spent- reverts to state general funds.
        - DASA is small % of DSHS budget
        - Allocation in the biennium
    - Explain why contract went to a 1 yr contract
        - 1 yr Fed. requirements; lots of changes and;
            - Needed to get contracts out so tribes could bill.
            - Wanted to meet w/ tribes to develop contract language.
            - July 1 deadline wkgrp - incorporate contract changes

3. SAMHA grant is posted online. Squaxin Island wants a copy of the grant application
    - In the G2G contracts what are the requirements that are attached to the source.
    - Changes that came from Feds – what are the changes that have to be addressed.
    - Billing & Reporting requirements-
    - State Circular ??? Indirect – administrative cost allowed are limited to 10 % admin letter limiting admin cost to DSHS -

4. Prevention

Blue pages in book-
NOMs handout page- SAMHSA – fed administers block grant/ National treatment measures.

- <u>Reduced morbidity-</u> Under prevention (4 items) stat has to respond to feds on. Pre-populated – based on national survey data. Asking for a waiver on

- Most data comes from TARGET system.
- Employment Education - Pre-populated – on national survey data
- Crime and justice - Pre-populated – on national survey data
- Stability
- Social connectedness PBPS
- Retention- Tribal programs listed if tribe uses a listed program it will be counted
- Cost effectiveness
- Evidence based Practices-

Prevention Summit in Vancouver in Nov- State data will be presented.
Concern from tribes that state data does not reflect what is true for the tribes similar to the federal data doesn't represent state accurately.

In notebook – 17 practices that match best and promising practices that have worked well in tribal programs.

When applied and adapted to tribal communities selected programs can be adapted – need to have a conversation about fidelity with DASA staff. If you are going to create a program - work with the regional prevention managers.

Tribes wish DASA to partner with tribes- if the need to address any requirement of "Best Practices programs only" being accepted for funding to tribes.

DASA can be a common advocate- Tribes know what is best for their tribes- Tribes know what the best practices are for their own tribes.
Action request– Puyallup –A formal request was made to develop a joint agreement regarding DASA support of the tribal perspectives on best practice.

Issue regarding restriction of client use of Prevention and treatment funds.

- Not true; - Prevention and treatment can be utilized by the same patient.
- Go through regional administrator if a problem arises in Region.
- Go to Doug Allen then John Taylor

Next Steps

- Doug Allen request that if an issue arise to please let DASA know.
- Fund allocation for ADATSA will be on Thursday
- SAPT grant – link
- Best Practices document
- HRSA Workgroup day- 2nd Tuesday of the month, next one is at Quinault