

Indian Policy Advisory Committee (IPAC)  
OB-2, 4<sup>th</sup> floor, Lookout Conf. Rm.  
Meeting Minutes  
January 12, 2006

Welcoming and Introductions – Liz Mueller  
Invocation – Bob Brisbois  
Roll Call – will be taken in the afternoon

**David Jefferson, DASA Adolescent Treatment Coordinator:**

David shared information regarding a federal grant from SAMHSA/CSAT for adolescent substance treatment. The purpose of the grant is to develop a statewide infrastructure that fosters cross system planning and knowledge and resource sharing to enhance existing adolescent substance abuse treatment systems.

DASA would like to have input from tribes and tribal communities for assisting tribal youth in transition. A conference call has been scheduled for January 31<sup>st</sup>, 2006 at 9:00 a.m. to discuss issues. For more information David can be reached at (360) 725-3814.

**Cheryl Stephanie, Assistant Secretary, Children's Administration (CA):**

Cheryl provided updates on the following:

- ICW position recruitment: the position has been offered and the appointment should be announced next week.
- Currently working on CA priorities
- CA priorities – Case review process (would like tribal feedback)
- Braame Settlement – waiting for final report
- Strategic priorities – improving org. culture, improving practices to strengthen approach for our children and families.
- Recruitment for CA Region 6
- MOU and CASA – copies to be mailed to all tribes

Questions ask by committee members:

- Tribes would like copies of the MOU and CASA
- Tribes would like copies of the Braame settlement
- Foster care licensing for some tribes is not being done in a timely manner, can someone in CA look into this?
- Accessing services for court dependent children in care, there is a large void of services when children are placed with other family members or kinship care.
- Will tribal representation be on the interview panel for the region 6 RA position?
- How is CA working with fathers in the care giving arena?
- Tribes would like to have an update of the Children's Mental Health Initiative.
- Will CA be training any tribes in Functional Family Therapy (FFT)?

The Children's Mental Health Initiative (CMHI) is currently working on two main strategies: a stronger communication effort and moving forward in the expansion of programs that have identified outcomes for children.

A concern was raised about not getting mental health services for Indian children in the Spokane area. The Tribes would like the state to look at possible option and to re-open contracts to provide funding back to that area.

**Doug Porter, Assistant Secretary, Health and Recovery Services Administration (HRSA):**

Doug shared the new HRSA newsletter with the committee. The news letter provided updates on the DASA annual Tribal Gathering, Encounter/Billing workgroup, Tribal Eligibility Determination, Medicaid Administrative Match, Announcement of the new Mental Health Director: Richard Kellogg, mental health 7.01 plan with Suquamish Tribe, Mental Health mini-grants solicitations, SAMHSA Mental Health System Transformation Grant and the RSN Procurement Process. The newsletter can be located at the following: <http://fortress.wa.gov/dshs/maa/tribal>

Discussion of RSN's, out of 14 only eight were funded this year. The remaining six did not meet the requirements of compliance with the RFQ. However, there will be another opportunity for those RSN's to rebid this spring. The RSN's that are funded are: North Sound, North Central, King County, Pierce County, Timberlands, Southwest, Clark County and Greater Columbia.

The Suquamish Tribe requested to have a report card for the Peninsula RSN. The tribe has been mention in their reporting but the RSN does not meet with the tribe.

HRSA is revisiting the structure of the Mental Health Division to create a standardization to provide services and work directly with tribes in a positive way.

The Regional Tribal Coordinating Council (RTCC) in region 3 does not get representation from the mental health division at our quarterly meetings. We would like to have someone from the MHD that can make decisions attend these quarterly meetings.

A concern was raised about the commissioners being a stumbling block for the RSN's, they are never a part of the 7.01 process.

Doug would be willing to work with tribes to develop a pilot to contract direct mental heath funds with tribes. Doug can be reached at (360) 902-7807.

**Lisa Thomas Ph.D, Uof W, Alcohol and Drug Abuse Institute:**

Dr. Thomas gave an overview of the 3-year project the University is working on with the Suquamish Tribe: The Healing of the Canoe (The Community Pulling Together). The purpose of the project is to: develop and enhance partnerships, identify health disparity issue(s) of concern to the Suquamish community, identify community strengths, resources, traditions and values, develop community based and culturally appropriate interventions with the intent on reducing health disparities and promote health and wellness.

*Sub-Committee Breakouts:*

*Lunch/Reconvene*

Roll call taken, no quorum established.

**Ken Stark, Mental Health Transformation Grant:**

Ken shared that Washington has received \$2.7 million dollars for the first year to build the infrastructure for an on-going process of planning, action, learning, and innovation in mental health care. Key elements will include a social marketing initiative to increase awareness and

reduce the stigma of mental illness and strengthening of the statewide infrastructure for consumer and family support.

The goal of the grant is to find new ways of delivering effective mental health treatment, putting patients at the center of care, and building consumer and stakeholder feedback into the process.

Subcommittees and task groups are being created and tribal representation is needed. The outline of the subcommittees and task groups are listed below.

#### TWG Subcommittee Structure and Functions:

- The seven subcommittees will be organized around topic areas and populations. They will be charged with the creation of position papers using guidelines developed by the TWG.
- Each subcommittee will have eleven members. Membership of the proposed subcommittees will include at least 51% consumers and family members, with additional members made up of providers, local government, research, and state government representatives.
- Each subcommittee will be co-chaired by a state agency staff person with some responsibility for the topic area, and by a consumer or family member. The subcommittees are expected to meet at a minimum of once a month between January and April 2006, and as needed thereafter.
- The primary products of their work will be the development of outcome measures and goals for their topic area, by the end of March, 2006. These outcome measures will then be passed on to the identified task groups.
- Beginning in April 2006, their role will be to advise the Task Groups, review Task Group recommendations and suggestions, and to advise the TWG on their focus area.
- They will review and comment on the Comprehensive Mental Health Plan beginning in mid July, 2006.
- The subcommittees will meet in various areas of the state and strive to capture broad geographical representation in garnering public input and working with local community resources.

#### TWG Task Groups Structure and Functions:

- Each task group membership will be made up of subject area experts.
- They will be charged with the development of strategies and alternatives, based on outcome measures and goals defined by the subcommittees.
- Their primary purpose will be to provide substantive technical expertise to the State's effort to achieve mental health transformation.

- The task groups will consist of state agency, local, and national expertise in the Six Task Areas Identified.
- Task Groups will work on topics that complement and are integral to all of the subcommittees, such as Evidence-Based Practices, cultural competence, etc.
- Based on the work of the subcommittees, each task group will identify a number of initiatives to address the outcome measures of each Subcommittee.
- Their work will commence in April, 2006 and conclude with recommended initiatives by 6/2/06.
- Each Task Group will craft a four-year plan to address the Subcommittee products.
- Task Groups will meet with Subcommittees and TWG as requested to explain rationale and alternatives to initiatives identified.
- Task Groups will review and provide input on the draft Comprehensive State Mental Health Plan, available in July, 2006.

If you would like to participate please contact Erin Peterschick, Project Coordinator at 360-902-0870 or by email: [petere@dshs.wa.gov](mailto:petere@dshs.wa.gov)

**Judy Johnson, Emergency Management Coordinator, National Incident Management System (NIMS):**

The National Incident Management System (NIMS) is a federal requirement that must be adopted and used in the individual domestic incident management and emergency prevention, preparedness, response, recovery and mitigation activities, as well as in support of all actions taken to assist State or local entities.

Developed by the Department of Homeland Security and issued in March of 2004, the NIMS will enable responders at all jurisdictional levels and across all disciplines to work together more effectively and efficiently. Beginning in FY 2006, federal funding for state, local and tribal preparedness grants will be tied to compliance with NIMS.

Information can be located on the NIC webpage at [www.fema.gov/nims](http://www.fema.gov/nims)

Or you may contact Judy Johnson at (360) 902-7593 or by email: [johnsjm3@dshs.wa.gov](mailto:johnsjm3@dshs.wa.gov)

**General Terms and Conditions Agreement Language:**

Tallis King-George of the Port Gamble S'Klallam Tribe and Colleen Cawston, Director of IPSS handed out the draft changes to the agreement and reviewed with the committee.

A concern was raised about the term “contract” in the terms and conditions language. Should the tribes be receiving actual contracts from DSHS or program agreements?

The Tribes should be receiving program agreements.

A question was raised as to why all contracts do not go through one centralized area? Why do the administrations have separate contracting areas?

All comments or suggested language changes should be submitted to Colleen Cawston at [cawstcf@dshs.wa.gov](mailto:cawstcf@dshs.wa.gov) by February 15. The next meeting of the workgroup will be determined after all comments have been received.

A suggestion was made to have the DSHS Secretary Robin Arnold-Williams take this agreement to the Governor and have other agencies use the same agreement once it is finalized.

**Sub-committee Reports:** See Matrix's

**IPAC Business:** The next IPAC meeting is scheduled for April 13<sup>th</sup>, 2006 at the Upper Skagit Resort/Casino.

Meeting adjourned.