

Minutes  
Indian Policy Advisory Committee and  
American Indian Health Commission  
April 8, 2010

Present: see sign in

Jerry Meninick led the invocation.

Colleen F. Cawston, Sr. Director of the Office of Indian Policy (OIP), called roll and asked those who answered to identify whether they were representing their Tribe for IPAC, AIHC or both. Quorum was reached for both committees.

As a result of the tribal caucus, Marilyn Scott asked for a motion that the tribal centric mental health funding for the study/report be placed with the Northwest Portland Area Health Commission. Jim Sijohn moved and Steve Kutz seconded; the motion passed.

Liz welcomed the group and began introductions, thanking the Region 1 DSHS staff who were able to attend. Colleen introduced Tracy Guerin, DSHS Chief of Staff, who participated by phone. Tracy discussed the legislation that changed DSHS' ability to reimburse travel for boards and commissions. Last session several boards and commissions were eliminated, and this year, for those that are left, travel reimbursement will be restricted. Colleen and Tracy had discussed the potential harm to IPAC if reimbursement for travel was completely eliminated, and are preparing an exception request to save a portion of what we are able to reimburse. She asked that IPAC provide recommendations by the July 8 IPAC meeting to identify how to implement the proposed changes in reimbursement. Discussion followed, including a request for more meetings in eastern Washington or to combine meetings, and the suggestion to include travel as a line item in contracts.

Colleen said there may soon be the ability to video conference. Craig Bill is checking with the Office of Financial Management (OFM) whether the Governor's Office of Indian Affairs (GOIA) can help support IPAC travel and will pursue an Executive Order for grouping meetings between the Tribes and the various departments.

Liz thanked Tracy for calling in and will continue the conversation with her.

Craig talked about the Centennial Accord. In 2009, the social and health services portion was shorter than planned, for which Craig apologized. This year's meeting will be June 8; Muckleshoot might host the meeting at their new school, and the agenda is still being developed.

There will be a work sessions on June 7. Liz pointed out the workgroups were not just the day before the Accord, but were a series of workgroups ahead of time to plan for the pre-Accord work session.

The requested Tribal Legislative Day has not happened. Craig said he is working with legislators to make it happen next year. He will include the IPAC Executive Committee to help plan and will have some interim work sessions leading up to the event. There was some discussion about certain work with key legislators. Liz suggested Craig work to identify dates with hopes to confirm a date at the Accord. Liz also asked how we can help facilitate the Department presentations ending on time so every Department has their full allotted time to present.

Craig thanked Liz and agreed that there are many workgroups during the year leading up to the pre-Accord meeting. He said Tribal congress meets regularly and will bring a proposal to the Department of Early Learning about Tribal protocol. He welcomes support to make Legislative day happen, saying it will take a lot of support. He said his office has lost one staff and will see further budget cuts, so he welcomes any partnering and support from the Tribes to get things done. He also asked for help with the agenda.

There was discussion about communication between GOIA and the Tribes and following through on agreed to items. One delegate asked Craig to communicate about upcoming legislation that would affect Tribes. Craig agreed his office could communicate better and he agreed to try harder.

Bill Coleman suggested that GOIA should conduct a needs assessment with the tribes. Liz assured Craig he's not alone, saying IPAC and their staff and the other Liaisons are there to assist him, all he needs to do is ask. Marilyn offered the same support from AIHC, saying they also need regular communication with GOIA and the liaisons.

Craig offered to attend regular meetings and Liz invited him to attend the IPAC meetings.

#### Health and Recovery Services Administration (HRSA)

Doug Porter, Assistant Secretary

Marilyn Scott introduced Doug Porter. Doug explained that Governor Gregoire had asked him to administrate the Health Care Authority (HCA) and prepare the state for healthcare reform. He asked for advice on how to communicate with the Tribes in his new role, saying he sees some conflicts early on.

Doug will keep his current job and assume additional duties. With the expansion of Medicaid the federal government will participate 100% for a while, but we need to prepare to sustain that level once they recede. Economic recovery is likely to be slow and Doug will take advantage of consolidating state purchasing power across department lines. HCA is newly designated as the single state agency CMS requested to work with for Medicaid issues (currently DSHS). Other states have designated health purchasing authority outside the social services agency.

Governor Gregoire has created a Health Care Cabinet (HCC), which includes the HCA, Executive Policy Office, Office of Financial Management, Departments of Health, Social and Health Services, Corrections, Veteran's Affairs and Labor and Industries, as well as the Office of the Insurance Commissioner as needed, to make recommendations about health care reform. She has also asked Doug to get a waiver for Basic Health. Medicaid expansion will eliminate some existing programs, replacing ADATSA, GAU and Basic Health with Medicaid funded programs. Doug hopes to complete the waiver by July 1.

He will work to determine policy considerations for the exchange and decide whether to adopt a Massachusetts type of exchange, or follow other options. He suggested developing a northwest regional exchange with Oregon and Alaska, and he will redouble health technology assessments, technology, and bend the cost curve to keep programs sustainable.

Last year the legislature told Doug there was an error in HRSA's administration account, which they noticed at the end of the session, but it turns out the loss of funds is permanent. Proposed administrative reductions will require laying off an additional 719 staff, with about 160 layoff notices going out today (4/8/2010), reducing the HRSA FTE total to 559. The staff reduction may result in elimination of the MEDS program, the client call center (both would go to ESA), prior authorization functions (dental services), audit and collection staff. This is a Medicaid budget issue.

In his role in HRSA, Doug has used IPAC to communicate with Tribes. The Dept. of Health and HCA primarily use AIHC. Doug won't have time attend all meetings for both HRSA and HCA, and asked for input as to how to communicate with the Tribes and RAIOS in the future.

Jim Sherrill pointed out the need to keep health care disparities in the forefront as healthcare reform moves forward. If the CMS waiver is accepted it should capture about 75% of the 65,000 current Basic Health enrollees and about 65% of GAU.

Doug intends to continue to work with Kathy Leitch to maintain progress in integrating the staff and services in the Division of Behavioral Health and Recovery (DBHR).

John Stephens asked for clarification on the organizational (org) chart for program placement. Doug explained the org chart reflects what remains of HRSA after realignment. The Division of Disability Determination Services (DDDS), which makes SSI determinations, is completely supported by federal funding and will move to ESA. Also missing from the left side of the HCA proposed org chart is DBHR, which will move to ADSA.

John Stephens asked whether current RSNs would exist under the new system. Doug said healthcare reform will need to evolve and adapt. He has heard from people at both the federal and state levels that fee for service is too expensive, and said we need an accountable care organization and a medical home system. Providers need payment methods to support this new model.

RSNs might reorganize rather than go away. He said the Tribes and RAIOS need to be engaged to ensure the new system accommodates the services Tribes want to provide to their members, and if Tribes aren't involved they may not like what happens. It may be different, rather than more managed care, and should be more efficient. Managed care agencies will feel more pressure from providers and payers.

Marilyn said it's important to make recommendations to Doug on shared coordination. HCA's Tribal Liaison is Jan Olmstead, who has worked with AIHC. Colleen and Jan meet regularly when there are crossover issues, so they can coordinate work and let Doug know when they need his involvement.

Ed Fox cautioned the group not to underestimate how comprehensive health care reform will be. He hopes DSHS will increase capacity rather than disband resources and have top level policy people looking at value rather than cost.

Kathy Leitch agreed we should not lose ground on work to integrate Mental Health (MH) and DASA. She recognizes the Tribes' concerns about MH services and how they receive them. She is very interested in hearing about the Tribal Centric MH plan update. Healthcare reform will include MH reform, as well as the discussion about parity and chronic care. Many people with chronic care issues often have MH and/or behavioral issues, too.

Marilyn named the delegates to the core workgroup, who are Bob Brisbois, Jennifer LaPointe, Helen Fenrich, John Stephens and Kimberly Miller from IPAC; John Stephens, Jim Sherrill, Steve Kutz and Cheryl Sanders from AIHC; and Jim Roberts, Sonciray Bonnell and Victoria Warren Mears from NPAIHB.

The draft report from last fall's Tribal Communities Transforming Mental Health Conference will be shared today, as well as long and short term goals. Roger agreed to assign a staff person

to work with tribes on the system change. This morning IPAC/AIHC resolved to request the funding go through NPAIHB to coordinate the development work. IPAC will forward that resolution to Doug so the funding and work can begin immediately, and will work with Kathy Leitch and David Dickinson on to develop the Tribal MH system. Colleen will provide an update to Kathy.

#### Aging and Disability Services Administration (ADSA)

Kathy Leitch, Assistant Secretary

Kathy recalled the past year's discussion about exempting burial funds from counting as assets for eligibility determinations. Tribal customs often require more than the \$1,500 limit, so Tribal members needed a process to save enough for culturally appropriate burial. In Kathy's March 22 letter about revocable and irrevocable accounts, she solicited input by April 15 and answered questions, suggesting the Tribes might want their legal advisors to review it. The gist of the letter is that amounts more than \$1,500 can be saved in irrevocable accounts.

Marilyn Scott said when this issue came up, her Tribe's attorney wondered about tax liability for a Tribe or individual.

Colleen introduced Lisa Rey Thomas and Lisette Austin from the University of Washington's Alcohol and Drug Abuse Institute, who, through a grant, provided all of the meals for the conference.

Candace Goehring discussed the Chronic Disease Health Management Program. A \$652,000 grant funds this program for health disparity, focusing on tribal communities. Before the first grant ended, Candace heard the Agency on Aging would release an ARRA grant, which would allow the program to expand to new areas and provide sustainability. The six week peer to peer program trains people with chronic conditions to self manage and solve their own problems. It offers exercise and relaxation, tips on communicating with doctors, nutrition, and end of life decisions, improving health and reducing costs. Candace's goal is to work with more tribes and share resources for sustainability planning.

In response to complaints about being included, Liz said the IPAC Subcommittees, Aging in particular, have a hard time getting delegates to attend and participate in their work (Candace discussed this program at a meeting last fall). The website offers information about workshops and leadership training statewide; the address is <http://livingwell.doh.wa.gov/>. Marilyn suggested Tribes that have already had individuals trained might help set up additional trainings besides those the state provides.

Area Agencies on Aging (AAAs) were contacted and chose whether or not to participate, so if they chose not to participate, the local Tribes didn't have an opportunity. The state unit on aging selected the AAAs, who talked to community partners about supporting the grant work, but not all AAAs were selected to partner due to the limited funding. IPAC was not included in the selection either. In the next two years Candace will work to get additional tribes involved. Jim Sijohn asked his colleagues to participate in the IPAC ADSA/JRA subcommittee meetings, as well as their local aging meetings. Candace has asked to provide regular updates to the ADSA Subcommittee.

Washington Alliance for Healthy Aging's Healthy Aging summit is September 24.

Liz introduced Mel Tonasket, who gave a brief biography. He has worked since 1970 on State-Tribal relations, both on a Tribal level and as an employee of DSHS. He commended the tribal leadership for sustaining both IPAC and AIHC, saying it's critical to keep both organizations active. He cautioned the Delegates that when it looks like there's a possibility for east side versus west side, large versus small tribes, they should talk it out and come to the state as one voice, one spirit for all. Mel urged the delegates to go to meetings, listen, talk, question, and suggest how problems can be solved. Others echoed Mel's message that if you aren't going to go on record, then stay home.

Mel has been appointed to the state Board of Health for two terms, the last of which expires in June. Mel asked the membership to start looking for someone to replace him on the board, which develops the rules the Department of Health (DOH) has to enforce. They deal with public health, immunizations, air quality, food handling, funeral parlor regulations and transporting bodies, among other things, and prefer someone with some background in environmental health.

The group followed up later on the discussion of who should represent the tribes at the state board of health. The application process goes through the governor's office, but the Health Commission can submit nominations. Jim Sijohn asked Mel to continue; Mel said he would accept if he's our choice. Jim moved, Toni seconded, and the motion carried. Colleen will request an exception to allow Mel to continue.

### 2106 Child Welfare Transformation

Trudy Marcellay, OIP Regional Manager

Last year, the legislature passed SSB2106. This year SSB6832 clarifies some of the issues in 2106. The website [www.joinhandsforchildren.com](http://www.joinhandsforchildren.com) contains related information.

The most current report was included in Delegates' packets and an update will be provided at the April 14 IPAC CA/JRA Subcommittee meeting. The 2106 Phase 1 Performance Based Contracts Consultation will be May 12, at 1:00 p.m. in the Lookout Room.

Packets held DRAFT maps of potential project sites. Trudy discussed the maps. The transformation project must have demonstration sites in western and eastern Washington. Yakama will most likely be a demonstration site. When site selection is finalized in June, tribes will need to be prepared and know how they will proceed. Trudy asked delegates whose tribes are in one of the proposed sites to attend and give input at the site selection committee meeting.

Liz is on the legal and practice committee, which has divided its work into two separate issues. The practice part is looking at core services to assure the same services are available to all children across the state. The legal portion will develop contracts, making sure the core values and the products of the other committees are met in the contracts. Tribal leaders will need to decide within the next six months whether they want to opt out or proceed, based on their own Tribe's needs.

Jerry Meninick pointed out that there is a complex set of circumstances as far as changes in what we understand to be child welfare under ICWA. The process began in Washington, D.C. and some states are already doing it successfully. Washington Tribes have the opportunity to catch up on the process. As to the intent of this legislation and the demonstration sites accepted and adopted here, Yakama Tribal leaders asked what would be required and how they would interact with the state's intent and with the private companies and still comply with federal rules. Other states have far fewer tribes than Washington does and this will be a learning experience to implement the intent. Tribal lawyers need to be involved in investigating and planning, and to protect sovereignty from further impacts, Jerry said Tribes need to be prepared and attend the meetings for information.

Jim Sijohn commended Trudy for her work to keep the group informed. He urged the delegates to go to the meetings and the website and keep up with what's going on. He said "it's up to us to see that the law is enforced in a way that protects Indian children, elders and people."

#### Economic Services Administration (ESA) and Division of Vocational Rehabilitation (DVR)

Andres Aguirre, Interim Director, and Doug North, OIP Program Manager

Doug reported there will be meetings of the Abuse/Neglect of Vulnerable Adults Study Group to develop recommendations about priorities for assignment of complaints for investigation, practices of other states as we consider broadly the issues that impact the quality and capacity of our system, addressing the growing issue of financial exploitation, and statutory changes necessary for enforcement, e.g. provider fines.

Andres reported the search for a permanent Director for DVR is on hold. DVR will convene a group to work with the 121 Program, which focuses on native rehabilitation, to provide better services to non-enrolled members. The committee has a Tribal representative, as well as staff from DVR, the Community Services Division (CSD) and the Division of Child Support (DCS).

Andres discussed two bills, HB2182, reducing the business and occupation tax rate for retailers, wholesalers, and service providers of motor vehicles, and HB3016, updating provisions concerning the modification, review, and adjustment of child support orders to improve access to justice and to ensure compliance with federal requirements.

ESA has two Consultations coming up for Tribal TANF WAC and State MOE funding to Tribal TANF programs. The next Roundtable to discuss the MOE funding will be Tuesday, April 13. All tribes are invited to participate. The Tribal TANF WAC Consultation is currently in the process of being scheduled.

Two mobile community service offices are being outfitted. They will be used in rural areas without CSOs and in disaster areas.

Marilyn Scott wondered whether the hiring freeze will impact the ability to replace the retiring outreach worker in Region 3. The loss of an outreach worker will have an impact on the Tribes, and Marilyn stressed the importance of letting Troy know some experiences they are having. Doug will take that message to Troy and to Regional Administrators.

#### Children's Administration Subcommittee

Trudy Marcellay, OIP Regional Manager

Trudy referred to the ICW/ JRA subcommittee's handouts in delegates' packets. Monica Reeves, JRA, plans to convene a tribal group to discuss the CJAA contract, and needs tribal input on the future of that program.

On the IPAC Subcommittee matrix, 2106 is the highest priority. Phase 1 Consultation is May 12.

Disproportionality Committee: Liz reported from 2004 to 2007 the statistics did not change; American Indians are still highest in disproportionate contact, although there is some discrepancy in the statistics. The committee still supports working on the Washington State ICWA as a possible way to get more consistency with courts in the state.

The ICW case reviews and reports are finalized. Jim Sherrill said the results of the case review don't show significant improvement in compliance with ICWA. He added that the results of survey, because it's a statewide random draw, don't necessarily reflect a specific local office's performance. He met with the Regional Administrator in Cowlitz County, who agreed to review all of the children's cases referred to ICW to see if Indian identity questions were asked at the beginning of the intakes. The exercise identified 14 of 35 children the Tribe didn't know had been "in the system". Some discussion followed. Trudy and Liz have done quality assurance checks, met with case workers to train on LICWAC, and heard from many caseworkers that they had never heard of the case review.

Toni Lodge said Indian children living off-reservation fare the very worst, and noted the site selection doesn't include any large counties, which eliminates 70% of native people in the state. Liz agreed that the QA results show the largest number of kids in out of home placement and who stay in placement longest are from out of state. Dylan Dressler suggested forming a coalition, getting a senator to sponsor the addition of language on safeguarding, and giving first bid to the public and Tribes.

Bob Brisbois asked whether local tribes and RAIOS would be invited to participate on the review team if he requested a review in his region. Liz responded that in her experience, there was representation from each Tribe and office, as well as the area manager on the review panel. She cautioned that during the review, Tribal staff should not review their own Tribe's cases. Bob said the Spokane Tribe had requested an unofficial review with Children's Administration, and asked how to maintain that data separate from the state's data to make sure it doesn't skew the official data. Colleen said she would respond once she gets an answer.

There was further discussion about adherence to ICWA. Suggested inclusions for contract language were monetary penalties for noncompliance, independent audits from a Tribal perspective and a requirement for involvement in cultural activities during placements. The push for quick permanency plans, which may mean adoptions, could result in monetary rewards for the **contracted** agency.

The intent of ICWA needs to be practiced throughout the agency, especially by front line staff.

Tribes could access federal IV-E money to fund their own programs. They could also form multi-tribal coalitions if needed.

State-Tribal-Urban (STU) Indian Health Collaborative

Jan Ward Olmstead, HCA

The American Indian Health Commission (AIHC) has partnered with the Washington State Health Care Authority and other state agencies to improve health care access and decrease health disparities among American Indians and Alaska Natives in the state. Marilyn introduced Jan Ward Olmstead from HCA, who talked the convening of the State-Tribal-Urban (STU) Indian Health Collaborative.

Jan provided some background on her work with the state and the STU Indian Health Collaborative. The last meeting was in March, the day after national Healthcare Reform passed. Jan is planning a meeting with HCA and AIHC to work on the framework for sustaining the policy partnership, integration of state health reform, updating strategic plan, and developing a communication plan. She will then meet with Marilyn Scott and Doug Porter. Steve Hill, the current Administrator, will remain supportive and involved through his work on the health care subcabinet. Doug Porter's new role as administrator of the HCA will shift responsibility for working with this group from Steve to Doug.

Jim Sherrill suggested if Doug needs to make a choice between working with IPAC or AIHC, he should work with AIHC. Liz agreed, saying IPAC should be able to rely on the AIHC members to report to IPAC on the work they do. Some of the work the Collaborative has done crosses over many borders; when STU activity first began they invited IPAC representatives to participate. Marilyn said the Collaborative needs more tribal leaders involved. Jan invited anyone interested in the activities call Jan at (360) 923-2803 or Sheryl Lowe at 360-797-1066.

Marilyn announced the Health Commission is planning for the November 2010 Tribal State Health Summit. She hopes to send an announcement soon. AIHC is also working on healthcare reform.

### Resolutions

2010-06

Marilyn Scott asked for a motion that the tribal centric mental health funding for the study/report be placed with the Northwest Portland Area Health Commission. Jim Sherrill moved and Steve Kutz seconded; the motion passed.

2010-07

Jim Sijohn moved to request an exception to allow Mel Tonasket to continue in his role on the State Board of Health. Toni Lodge seconded, and the motion carried. Colleen will request an exception to allow Mel to continue.

2010-08

Marilyn Scott asked for a joint motion from IPAC and AIHC for Doug Porter to provide regular updates to AIHC with an open invitation to attend IPAC when he's available. Jim Sijohn moved, Leslie Wosnig seconded and the motion passed.