

Indian Policy Advisory Committee
July 12, 2007

Invocation

Cherie Moomaw from Colville Confederated Tribes led the invocation.

Roll Call

The initial roll call did not reach quorum, however enough people had arrived by 9:00 that quorum was achieved.

Lisa R. Thomas, UW Alcohol and Drug Abuse Institute, spoke briefly about planning a conference on Best Practices for Tribal Communities. The proposed dates for the conference were December 17-18th; however these dates were rejected. Alternatives were November or April 2008. Doug and Colleen will identify potential dates for Lisa.

Health and Recovery Services Administration (HRSA)

Doug Porter, Assistant Secretary

Richard Kellogg, Director, Mental Health Division (MHD), reported the May 24th Tribal/RSN meeting was well attended. Those who attended agreed there were many commonalities between the groups. They identified issues and ways to resolve them, as well as the need for consistency and open communication.

The next monthly Mental Health Workgroup is August 6th at Swinomish. May's meeting focused on billing. The draft agenda for the August meeting includes information about Children's Long Term Inpatient Program (CLIP), reviewing the matrix updated in May, billing instructions update, multiple aspects of HB1088 and how it's being managed across DSHS. The bill expands children's mental health services, benefit aspects and provider types allowed. It will provide expanded capacity for Tribes to serve children.

A Federal Block Grant has made \$80,000 available in an attempt to get more direct mental health funding to Tribes.

The issue of credentialing has long been discussed. MHD will discuss it with Indian Health and will invite representatives from the Department of Health (DOH).

Some Tribes have expressed interest in becoming RSNs. Richard asked for input to help frame the conversation with CMS. Policy revision would involve the state, Tribes and CMS. Discussion followed.

A letter related to the Medicaid Administrative Match (MAM) has been drafted for Governor Gregoire's signature.

Tribes need to provide their NPI numbers for Provider One by August 17th.

Deb Sosa reported on the Home Health Care meeting in June, at which staff from Aging and Disability Services Administration (ADSA) and HRSA discussed home health and personal care services. Tribes have sought direct billing, so HRSA is working with DOH to define the process. Personal care services are provided through ADSA, so two workgroups will work on the issues separately with HRSA and ADSA.

Deb distributed a draft questionnaire for the Foster Care Expansion Program, and requested input for suggested revisions.

Deb asked for volunteers to plan the upcoming HRSA Tribal Gathering.

Brett Lawton discussed Primary Care Case Management, saying the amendments to continue services through December need to be finalized. He is working on a letter to identify multiple issues for a questionnaire with return by mid August.

Introductions

IPAC Delegates, DSHS staff, Tribal members and others introduced themselves. IPSS staff stated their names, the Regions they cover and the IPAC Subcommittees with which they participate:

Bob Brisbois, Region 1, ESA subcommittee

Phillip Ambrose, III, Region 2, Legislative Subcommittee

Sharri Dempsey-Febus, Region 3, HRSA Subcommittee

Carmelita Adkins, Regions 4/5, assists on the ICW Subcommittee

Garnet Charles, Region 6 north, ADSA Subcommittee

Trudy Marcellay, Region 6 south, CA Subcommittee

Youth Foster Care Coverage

Roger Gantz, Legislative and Policy Director, HRSA

HB 1201 expands coverage past age 18 for youth aging out of foster care. Copies of the bill and information about it were distributed. Roger Gantz answered questions and discussed the various documents he provided. In order to be eligible for extended coverage, children must be in foster care and age out on or after July 22, 2007, or in foster care and in school up to age 21. This extension has no income requirement. Roger asked IPAC delegates to work with their Tribes to make sure HRSA is notified of youth who are aging out, in order to maintain their coverage.

A meeting is planned for September to discuss edits to the draft 2SHB1201 Database Form for the foster care expansion program (draft provided at meeting). People should email their suggested revisions to Colleen so the form can be revised by the September meeting.

Also, on July 22 HRSA will introduce the new Children's Health Insurance Program, which increases the family income level from 100% to 250% of the federal poverty level.

The limit will be raised to 300% in 2009. This program also extends coverage to non-citizen children. Discussion followed about the lack of providers willing to accept medical coupons and payment rates. Roger suggested a billing presentation at a future IPAC meeting.

The group discussed adolescent drug treatment covering youth to age 17, even though EPSDT provides coverage to age 20, and Medicaid to age 19. Roger said the state has some flexibility with EPSDT, but the state's policy is to cover only to age 17. He will discuss the issue with Doug Porter.

Break

HRSA Subcommittee Report

Sharri Dempsey-Febus reported about the HRSA subcommittee's conference call July 9th and discussed the HRSA Matrix. There is no date yet for the September HRSA subcommittee meeting; delegates will help set the agenda.

Some people had heard treatment expansion funding will decrease in new contracts; Roger reported the amounts won't change because the formula includes the full biennial amount. County funding amounts may change as contracts are not yet complete.

Foster Child 72 Hour Health Screening

Casey Zimmer, Manager, Healthcare Services

The Washington Legislature has funded Centers of Foster Care Health. Children's Administration (CA), Department of Health (DOH), and HRSA are collaborating in this project to enhance health and wellbeing of foster children. Preliminary activities include approaching various health care entities seeking their participation. Tribal facilities are invited to participate and provide the screenings for children and youth in out-of-home placement in their communities.

Screeners will look for any medical or nursing care issues needing addressed, whether the need is immediate or not. The service will be covered by Medicaid and will be indicated on bills in order to track visits. Children should be placed on a coupon as soon as they are removed from their home. To expedite medical coupon access, contact Sylvia Soto at 1-800-547-3109.

Once participating clinics are identified, Healthcare Services will identify the County to pilot the program. Any interested Tribal program can contact Casey Zimmer at 360-725-1850, or at ZIMMECL@dshs.wa.gov.

The State becomes a child's legal guardian when a child is removed from his or her home. Discussion followed about some clinics that won't see a child in out-of-home placement without a court order, due to custody and guardianship issues. Sylvia will investigate.

DASA will hold a consolidated contract meeting in June. There was discussion about DASA's inability to fund prevention activities for people who were ADATSA patients. Individuals can be funded as patients or for prevention, but not both.

Aging and Disability Services Administration (ADSA)
Bill Moss, Director, Home and Community Services (HCS)

Bill Moss hopes to have a one-day conference for Tribes and Area Agencies on Aging (AAA's) to discuss contracting and provision of services. Agenda building will be a shared process.

At a recent meeting about Home Healthcare, some Tribes indicated they want to contract directly with HCS to provide nursing services and Home Healthcare. Infrastructure is already in place with the AAAs, so would need to be created within the Tribes. Bill agreed to review the issue.

Port Gamble S'Klallam has had some issues working with Kitsap County; contracting directly with the Department would bypass the County and resolve this particular issue. The AAAs are federally funded and designated by the Older American Act. Work with Kitsap County continues.

ADSA's Colville Tribal Agreement regarding Adult Protective Services (APS) is going well, and Colville is closer to having access to the Background Check Unit.

ADSA is looking for a representative from IPAC to work on "Money follows the person".

The conversation turned to the Federal Deficit Reduction Act and Home Equity rule. A delegate had seen a presentation about eligibility and asked how a person could be ineligible based on living in HUD home, having no equity and no rent. Bill asked for more information in order to follow up.

The Home Equity limit is \$500,000 in equity, but states are allowed to go up to a \$750K cap. Washington's limit is a policy choice DSHS made, but some exceptions have been made for good cause.

Ronda reported an incident in Snohomish County where the Tribe had to investigate their own APS case because they didn't receive a call back after leaving a message. She recommended the 800 number be staffed around the clock. Bill said the staffing issue is related to available FTEs, but agreed the number should be staffed 24 hours a day.

Rob McKenna, Attorney General, held a vulnerable abuse summit; legislation may result related to financial exploitation of elders and vulnerable adults. Bill will provide a copy of the Summit minutes before the next meeting, and information about the Deficit Reduction Act at the October IPAC meeting.

Lunch

Economic Services Administration (ESA)

Sam Senn, Acting Assistant Secretary

Liz Mueller, IPAC Chair, introduced Deb Marley, outgoing Assistant Secretary of ESA, who is headed to New Orleans to work on disaster relief. Rosi Francis and Sarah Colleen Sotomish each said a few words and presented gifts to Deb.

Sam Senn is the Acting Assistant Secretary while ESA works to replace Deb Marley. ESA has recruited and interviewing nine candidates, hoping to hire by the end of August.

Bill Bergh, Policy Chief for the Division of Education and Assistance Programs (DEAP), provided updates about contracting with tribes to conduct eligibility for medical and basic food. On July 10th, Bill met with Port Gamble S'Klallam Tribe. They scheduled five workgroups: Business & Operations, Contract & Agreement, Policy changes in Medicaid and Basic Food, timeline and labor. Port Gamble S'Klallam Tribe was the only Tribe to express interest in participating in the pilot.

Beginning October first, ESA must verify the number of hours involved in certain Workfirst activities. SSB 6016 changes participation requirements for new parents. They are currently exempt from participating in Workfirst until the child is four months old, and then limited exemptions are available until the child is 12 months. Under SSB 6016, parents can exempt themselves from the program up to 12 months over their lifetime.

One Delegate asked if Tribes could set up their own Workfirst Program and allow non-Tribal members to use it, instead of Tribal and non-Tribal members having to go to an urban office. Bill responded DEAP is working on a Tribal TANF contract, but can no longer afford to run Workfirst grants. He is willing to discuss it, though. Sarah Colleen pointed out that even under the Tribal TANF Agreement a Tribe can serve a limited number of non-Tribal people with state approval.

A meeting is planned July 19th at Quinault to develop WACs for Tribal TANF. Bill asked for responses to the announcement letters in order to plan for food and name tags.

We heard a summary of the three Tribal Child Support meetings held with Tribes. The three top issues are:

- How can the state better work with Tribes/members?
- What to focus on next year?
- How better communicate /collaborate with Tribes?

Effective July 1, Brady Rossnagle and a half-time position moved from the ESA State Tribal Relations Unit (STRU) to the Division of Child Support (DCS) Headquarters.

David Johnson announced a new data sharing contract between DSHS and Employment Security. Under the new agreement, ESA will transmit employment information to Tribal IV-A and IV-D programs.

Liz took a minute to thank the DSHS staff who attend IPAC, saying it strengthens the Government to Government relationship.

Children's Administration (CA)

Nancy Dufraine, Program Manager, Indian Child Welfare (ICW)

Nancy Dufraine and Trudy Marcellay reported on yesterday's monthly ICW meeting, where a number of issues were addressed. Secretary Arnold-Williams has not yet decided about the distribution of the new ICW funds. Tribes will be notified once she does. Nancy is working to assure that amendments go out within 5 business days. She stated contracts ended June 30th.

The local agreement will move forward with two additions: dispute resolution and timeline. Nancy asked Delegates to forward information to their Tribes' legal staff once they receive it. A meeting or two will be needed between Tribal legal staff and the Attorney General's Office; conferencing accommodations will be available. After that, the recommendations can be made. Nancy will contact the Delegates to schedule meetings with the Tribal Attorneys.

CA is developing a DVD for foster parents who are caregivers for Native American/Alaskan Indian children. The DVD will address eastern and western culture within the state. Nancy asked for volunteers and input for this project. Carolyn Ford is the project coordinator; Nancy will provide her number in an email.

Federal emergency guidelines changed after Hurricane Katrina; most of the Tribes have received the new plan. CA will update emergency plans, specifically to children in care. One issue is how to track children in care. DSHS will coordinate with Tribes about the new regulations. Each region has a designated contact. Some Tribes (IV-B) already have plans. Nancy will email all of this to Delegates.

Region X States and Canada have discussed coordination with other states. The Administration for Children and Families (ACF) has made a strong effort to coordinate with Homeland Security.

DSHS has collaborated with the Department of Health (DOH) over the past six years to develop a prenatal policy in response to Washington's failure to comply with Child Abuse Prevention and Treatment Act (CAPTA). The new policy will be reviewed at September's ICW meeting and will take effect in October. IPAC will coordinate with NICWA to request extending the implementation date in order to resolve some details, such as jurisdiction and reporting. Nancy has a call in to NICWA. Nancy will also email the Adam Walsh Bill to Delegates.

New information on a new legislative mandate about foster children and education will be emailed to Delegates. The designated staff from CA will work with Tribes about how to access foster care to college programs, how to use advocates, how to access school records and help foster families ease through the education system and remain in their school.

When asked why someone higher in the CA administration had not attended the IPAC meeting, Nancy explained they were at a management meeting in Kent. CA's Assistant Secretary, Cheryl Stephani, presents at IPAC twice annually. She can also have people from the various divisions present to the delegation.

The timeline has not yet been set for contracting. CA hopes to have it completed by June 2008. Some tribes have completed theirs. The Department is willing to move forward with the current draft; some tribes already have.

Juvenile Rehabilitation Administration (JRA)

Monica Reeves, Transition Program Specialist

JRA met with interested Tribes June 13th at Echo Glen to discuss Tribal agreements. Agreements can include programming and rehabilitation for youth in an institution. The Tribe can remove the youth from the program, and there are "step down" programs in community settings, as well as treatment for mental health, sex offender, etc. JRA can partner with a tribe that has a Tribal Court. JRA hopes to finalize some agreements by winter. The next meeting will be in September. To reach Monica, call 360-902-8102.

Eighteen Tribes or RAIOS have applied and received the 2 year CJAA grant. JRA is currently trying to find ways to increase the dollar amount.

American Indian Caregiver Health Study

Dr. Rudolph Ryser, Center for World Indigenous Studies.

Dr. Ryser discussed a study conducted over the past two years about reducing stress and stress related maladies for caregivers for people with Alzheimer's and dementia. Briefly, the study evaluated the helpfulness of Polarity Therapy (a type of touch therapy) for the identified group members, which would approximate traditional ways of caring for family/community caregivers. The study showed significant reduction of stress, depression and pain, improved sleep and vitality.

Dr Ryser also discussed the need for de-specialization in the medical field. There is need for a provider who knows the patient holistically, and is better able to coordinate care for the whole individual.

Dr. Ryser provides Polarity Therapy at the Center for Indigenous Studies at 1015 4th Ave. W., Suite AB.

The meeting adjourned at 4:15.