

Tribal MH March 11 2008

Welcome

Blessing – Phyllis Grant – Spokane

Report to Workgroup

**Gap Analysis- Pete Marburger, Tony O’Leary**

Handout- comparison

Goal: RSN Accept the work of the tribal program.

Standards – in IHS Manual higher than the standards of the state.

IHS – requires licensed by DOH and Master’s degree and 2 years

CMH Center- Need to be a qualified mental Health professional working for the center.

Importance- Acceptance of the Tribal providers

If the Standard of the work is comparable

Not many Tribal 638 programs that meet the IHS standard.

IHS – No survey, no

IHS requires that IHS staff need to be licensed at the state license.

For facilities; Jachco & Carff-

Standards do not line up well. Not look at client rights- legal process.

AAAHC- Not accepted to be able to deem.

Puyallup’s facility has CARFF certification so are deemed to be eligible as a CMHC

3 paths -

1) tribal MH programs that meet IHS standard

2) tribal MH programs that DO NOT meet IHS standards:

    If they meet CARFF or JACHCO criteria – can be deemed

    If they don’t ?

What is the benefit to tribes? Tribes can be eligible to contract with the RSN’s

If the tribe had a contract with the RSN could the tribe then -

To become DMHP for ITA commitments.

DMHP – County commissioners or RSN staff.

Spokane – No law and order code no ITA code – tribes follow federal code when it follows. If tribe does not have it within tribes laws

Access to inpatient beds limited for ALL RSN’ limited beds.

If tribe is having trouble accessing inpatient need to contact MHD; Also-

RSN’s have ombudsman that are independent of the RSN webpage.

Follow – up;

Lummi has had a good working relationship with the RSN – Spokane. Colville is working with the RSN to develop a working relationship.

June –agenda – discussion around –

- facility discussions. 1 hr.
- Follow up on three paths.

### **Review of Federal Block Grant- Judy Gosney**

RFP for tribe increased from 80,000- 100,000. Mini grants

Handout: history of the MH Block grant- In reauthorization application for states changed.

PPT handout: Have to support fed definition –very broad

Suppose to be able to provide increase access to employment,

Limitations: Can provide ancillary services for Medicaid dollars i.e... housing.

Community based program

How plan is developed- post it on the website, attends several committees to get input

Grant has to be in Baltimore BY Sept 1

Once approved MH council needs to be approved Needs to be submitted by the Gov. by July 15<sup>th</sup> for all signatures for grant.

RSN plans- FBG contract requires that RSN s work with tribes. Review by the MH Gplanning council. At council June meeting. Feedback t Fran- plans need to follow federal plan. Negotiations

Oct 1 – Sept 30. New requirement

July would be the time to have the most complete 2<sup>nd</sup> Tuesday in July to share draft plan. Will be on line.

Final step. Implementation report. Deadlines are in the fed law. Requirement that 51 % of the planning council is consumers.

There is an application process. 7 subcommittees. HRSA send out application process.

### **Tribal RSN mtg.**

Reviewed agenda.

Commit the Ombudsman to go and visit each tribe. After the training.

### **Federal Block Grant**

#### **Ethnic Minority Specialist**

##### **Beverly Miller–**

Request from the workgroup to have a more robust training for the MH specialists training.

Matrix – Dr. Trupin was agreeable to developing a training in coordination with the tribes. In order to revamp the curriculum.

Issues around tribal membership and RSN data