DSHS Administrative Policy 7.01

Statewide and Regional Action Plans for Services to American Indian Tribes and Communities

Carla Reyes, Assistant Secretary
Behavioral Health Administration

April 1, 2016-March 31, 2017

The Importance of Government to Government Relationships:

Indian Nations inhabited the North American continent before the birth of the United States of America. Nations, in and of themselves, are sovereign; nations can govern themselves. These Indian Nations were, and are, sovereign. Because of these Indian Nations' sovereignty, the United States began to make nation-to-nation agreements with the Indian Nations for trade and land. These agreements began to form the government-to-government relationship with the Indian Nations. These government-to-government relationships were established through nation-to-nation agreements called treaties. Today, the United States has policies and laws to uphold these government-to-government relationships.

The Governor of Washington State, specifically, formed the Centennial Accord in partnership with the Federally Recognized Tribes of Washington in 1989. The Accord upholds that all Washington State agencies will have a policy to maintain government-to-government relationships and thus form policies that allow the agencies to consult, collaborate, and communicate properly with the Federally Recognized Tribes of Washington State. The Department of Social and Health Services has also adopted a government-to-government policy called Administrative Policy 7.01. This policy gives the consultation, collaboration, and communication protocols when policy, funding, services, and other changes affect American Indians and Alaska Natives. The policy also allows each DSHS Administration and the Tribes to form service delivery plans to ensure quality and comprehensive services.

Behavioral Health Administration
Statewide and Regional Action Plans for Services to American Indian Tribes and Communities
2016

Table of Contents

Behavioral Health Organization Coordination Implementation Action Plans

Additional Items to Note

Department of Social and Health Services
Behavioral Health Administration

2016

Executive Summary

The mission of the Department of Social and Health Services (DSHS) is to transform lives. The Behavioral Health Administration (BHA) supports this mission to transform lives by supporting sustainable recovery, independence, and wellness.

BHA funds, manages and coordinates a range of prevention services with resources from the federal Substance Abuse and Mental Health Services Administration and the federal Office of Juvenile Justice and Delinquency Prevention. Through the BHA Division of Behavioral Health and Recovery (DBHR), we contract with nine Behavioral Health Organizations (BHOs). These agencies provide crisis intervention, community-based outpatient treatment services, inpatient treatment, and recovery support services for both mental health and substance use disorder (SUD). Within the new BHO system, Medicaid-eligible American Indians and Alaska Natives (AI/AN) will be carved out from having to access SUD services from the BHOs. This means that tribal providers will continue to directly refer their Medicaid-eligible AI/AN clients to SUD outpatient and inpatient providers within the fee-for-service system (FFS).

In addition to providing and funding behavioral health services, DBHR licenses, certifies and regulates treatment programs and agencies providing services for SUD, community mental health, and problem and pathological gambling.

To care for people with the most severe mental health needs, BHA operates two state psychiatric hospitals. Eastern State Hospital and Western State Hospital strive to deliver safe, high-quality inpatient psychiatric care to adults who have been committed through the civil or criminal court system (including those found not guilty by reason of insanity) for treatment or competency restoration services. The Child Study and Treatment Center strives to provide safe, high-quality inpatient psychiatric care and education to children ages five to 17 who cannot be served in less restrictive settings in the community due to their complex needs.

Tribal Centric Behavioral Health

In 2013 the Tribal Centric Behavioral Health Workgroup submitted a report to the Legislature describing a Tribal Centric Behavioral Health System and identifying the steps necessary to implement the system. The report was required by Section 7 of Substitute Senate Bill 5732. In the report the workgroup identified the defining characteristics that exemplify a Tribal Centric Behavioral Health System. Those characteristics should demonstrate:

- The value and importance of individual choice.
- The value and importance of AI/AN individuals having access to tribal and urban Indian programs providing behavioral health services.
- Mandatory changes to BHOs and how they relate with tribes and AI/AN individuals.
- Required cultural competency training for BHO and state hospital staff working with the AI/AN population.
- Coordinated and centralized communications between DSHS and Health Care Authority in policy development and designing, and modifying billing and reporting procedures.
- Conducting a feasibility study for structuring one or more residential programs. The study should determine what type of facility would best serve the AI/AN population (freestanding evaluation and treatment (E&T), crisis triage, dual diagnosis beds, or a combination of all three).

The Tribal Centric Behavioral Health initiative works across all aspects of BHA. The DSHS Office of Indian Policy is one of its primary partners. The initiative's work actively involves representatives from the American Indian Health Commission, the Indian Policy Advisory Committee, the Northwest Portland Area Indian Health Board, Health Care Authority (HCA), and Indian Health Services (IHS).

Historically, the workgroup was also used to help shape and design a new mental health system for AI/ANs. The workgroup's recent focus (between the years 2013-2016) was on the implementation of Substitute Senate Bill 6312, which integrated publicly funded SUD treatment programs into the public mental health system, transitioning SUD treatment into a managed care environment, through new entities called Behavioral Health Organizations (BHOs). The BHOs were implemented April 1, 2016. However, following consultation with the Tribes it was decided to carve out the Medicaid-eligible AI/AN population from the BHO SUD services. Tribal providers will continue to directly refer their Medicaid-eligible AI/AN clients to SUD outpatient and inpatient providers within the FFS system.

HCA and BHA have combined their monthly tribal meetings to increase centralized communication between the two agencies to our tribal partners; this transformed the Tribal Centric Behavioral Health Workgroup to the HCA-BHA Monthly Tribal Meeting, and it occurs on the fourth Monday of every month, from 9:00 a.m. to 12:00 p.m. (see page 182). Through the work of all the representatives mentioned above,

the two agencies have formed an issues grid that lists the concerns that must be addressed to better serve AI/ANs within the Washington State Behavioral Health System (see page 183). The two agencies have agreed to make this issues grid a standing agenda item at each monthly meeting, as well as continue to pursue the implementation of other recommendations within the 2013 Tribal Centric Report to the Legislature.

Division of Behavioral Health and Recovery

The former Office of Service Integration (OSI) has merged with the Behavioral Health Organization Transition unit within DBHR to form a new office, within DBHR, called the Office of Federal Programs (OFP). The role of the newly formed office includes operational responsibility for BHO transition, State Innovation Model (SIM), Accountable Communities of Health, Healthier Washington initiatives, and Federal Waivers. OFP is also working on updates to the Medicaid State Plan, the Medicaid Agency Operating Agreement and coordination of responses to the State Auditor's Office. OFP will also have operational responsibility to make sure BHA meets federal and state deadlines.

In implementing the BHO transition, the Washington State Legislature set the date to begin integration of services, and BHOs, on April 1, 2016. Representatives from DBHR met with the HCA-BHA Monthly Tribal Workgroup to gather tribal input on the new behavioral health system. Most recently, DBHR sought tribal input on the 1915(b) Medicaid Waiver Amendment to add SUD treatment services to the mental health system, and transition from Regional Support Networks to BHOs. The dates of the roundtable meetings were held October 30, 2015 and November 10, 2015. A consultation was scheduled November 17, 2015. These meetings were held jointly with the HCA, as the Waiver Amendment includes HCA's portion of the implementation of the Behavioral Health Services Only programs for the Managed Care Organizations within Clark and Skamania Counties.

As a result of these discussions, the Tribes have requested additional meetings to address barriers and concerns that the integration could create. A consultation was scheduled March 9, 2016, with two follow up meetings held March 25, 2016 and March 28, 2016. In response to the concerns expressed by Washington State Tribes and Urban Indian Health Organizations, the Centers for Medicare and Medicaid Services (CMS) and the State agreed that Medicaid enrolled AI/ANs will continue to access SUD services through the FFS system after April 1, 2016. The only exception to this is for Medicaid-eligible residents in the Southwest Region (Clark and Skamania Counties). In the Southwest Region, AI/AN residents who are Medicaid-eligible will have SUD coverage through the two Managed Care Organizations under contract with HCA– either in the Fully Integrated Managed Care program or the Behavioral Health Service Only benefit for AI/ANs who opt out of the Fully Integrated Managed Care program.

This waiver amendment will not change the ability of IHS and Tribal 638 facilities (Tribal Providers) to provide SUD and mental health treatment services, and be reimbursed at the IHS encounter rate. This amendment also does not change Tribal Provider provisions for

billing for SUD services for Medicaid-eligible clients, both AI/AN and others, that they treat. This applies to all Washington State clients who self-identify as AI/AN when they apply or recertify for Medicaid, or by submitting a subsequent change in Healthplanfinder, or through the HCA Medical Customer Service Center. Medicaid-enrolled AI/ANs will be able to request SUD treatment services from any SUD provider who is enrolled with Medicaid as a FFS provider. In the FFS program, these services do not require BHO authorization. SUD providers must continue to meet all requirements of their state-issued license or certification in order to maintain their status as a as a Medicaid FFS provider.

Tribal programs will continue to be able to provide and be reimbursed for IHS encounters for SUD and mental health treatment services for AI/AN consumers. DSHS and HCA do not intend the BHO implementation to impact the ability of tribal providers to bill the IHS encounter rate for either mental health or SUD encounters. It is also the intent of the State that the reimbursement method for non-tribal consumer receiving SUD and/or mental health treatment from tribal providers will not change. Ultimately the decision will rest with CMS. DSHS will consult with the Tribes if there is any indication that CMS is considering changing tribes' ability to bill the IHS encounter rate, and the methodology for providing non-Native encounters.

The 1915(b) Waiver is due for renewal on October 1, 2016, which was discussed at meetings held March 25, 2016, March 28, 2016, and April 25, 2016. HCA mailed an official notification letter to Tribal Leaders on April 8, 2016 of the State's intention to submit a 1915(b) Waiver Renewal application. HCA mailed a second letter to Tribal Leaders on April 22, 2016 to request consultation on the waiver renewal. There are two consultations scheduled for June 3, 2016 and June 22, 2016. DSHS and HCA will work closely with the Tribes to make changes to the waiver.

DBHR will still maintain prevention programs, which cover all segments of the population who may be at potential risk for drug and alcohol misuse and abuse, with a special focus on youth who have not yet begun use or who are still experimenting. DBHR uses a risk-and-protective-factor framework as the cornerstone of all prevention program investment. It is based on a simple premise: by identifying those personal, family, or community characteristics that increase the likelihood of a problem developing, programs can intervene in ways that reduce risk.

DBHR is committed to the establishment of strong inter-governmental relationships with the Tribes of Washington State and to the development and delivery of beneficial services to Indian families and individuals in need. DBHR recognizes the importance of partnering with Tribes and Urban Indian communities across the state to assure that Indian people have access to services that are culturally sensitive and appropriate.

Recent Developments

Tribal Mental Health Program Attestation and Licensure

In conjunction with the American Indian Health Commission and the Office of Indian Policy, DBHR drafted a set of guidelines for an attestation process so that tribal mental health providers could attest to meeting the requirements for licensure as a Community Mental Health Agency. This attestation process will allow tribal mental health providers and the State to comport with the Medicaid State Plan for Rehabilitative Services and related CMS requirements. The attestation process and format were vetted through the Indian Policy Advisory Committee and subsequently signed by the Secretary in December 2011. As of December 31, 2015 all Washington Tribes had either completed licensure and/or the attestation process.

Creation of the HCA-BHA Monthly Tribal Meeting

At the 2015 Centennial Accord, it was requested by Tribes that HCA and DBHR combine their monthly tribal meetings (DBHR's Tribal Centric Behavioral Health Workgroup and HCA's Monthly Medicaid Meeting), as the behavioral health system is shared by the two agencies. Both HCA and DBHR agreed, and beginning November 2015, the two agencies facilitated the first combined meeting. The new meeting is now called the HCA-BHA Monthly Tribal Meeting, and the group meets every fourth Monday of the month from 9:00 a.m. to 12:00 p.m.

Gaps and Challenges

Behavioral Health Organization Implementation and Senate Bill 6312

The most critical gap in the State's behavioral health system, both for adults and for children, continues to be the need to adopt and implement a fully integrated system of care approach. This applies to services that originate with either mental health or SUD services. HCA and BHA are currently working toward a fully integrated managed care approach. Two counties within Washington, Clark and Skamania Counties, became early adopter regions, in which they would be the first to fully integrate mental health, SUD, and physical health services all under a managed care model. The State is working to have all the other counties under full integration by the year 2020.

Over the last two years, BHO implementation has been a standing agenda item on the Tribal Centric Behavioral Health Workgroup agenda, and now the HCA-BHA Monthly Meeting agenda.

Tribal Evaluation and Treatment Center Pilot Project

The 2013 Tribal Centric Behavioral Health Report to the Legislature identified the critical need for a tribally operated and culturally competent inpatient type facility for AI/AN consumers who are in need of mental health crisis stabilization, voluntary psychiatric hospitalization and involuntary psychiatric hospitalization. A possible solution was the formation of Tribal Evaluation and Treatment Centers.

Accordingly, DSHS identified an initial round of funding to begin a pilot project Tribal Evaluation and Treatment Center. A letter was sent to Tribal Leaders to identify any tribes who were interested in hosting the pilot. In March, 2014, five tribes expressed interest. The DSHS Office of Indian Policy and DBHR had conversations with representatives of these tribes to answer questions and explain the scope of the project. After the initial discussion, one tribe continued to express interest in developing an Evaluation and Treatment Center. After a time, the Tribe was no longer interested piloting the project, and DBHR's original funding became no longer available. DBHR has committed to submitting a request for funding to the Legislature for the 2017 Fiscal Year.

Method and Frequency of Communication

Information Sharing

Ongoing communication between DBHR staff and Tribal Governments is important as the division engages more frequently in contractual and technical assistance relationships. DBHR includes Tribal Governments, landless tribes, and off-reservation American Indian organizations in all informational mailings. Additionally, BHA actively teams with the DSHS Office of Indian Policy to facilitate meetings, seek input, and further increase communication to all tribal partners. DBHR hired a Tribal Liaison on July 1, 2015 to also assist in managing consistent communication with the Tribes regarding monthly meetings, policy changes, consultations, funding announcements, 7.01 planning, and other activities.

7.01 Action Plans

For Substance Use Disorder Prevention and Treatment Services

7.01 Plan between the Confederated Tribes of the Chehalis Reservation
And the Division of Behavioral Health and Recovery, DSHS
Substance Use Disorder Treatment and Prevention
Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT PLAN—AWAITING TRIBAL APPROVAL
Meeting occurred February 22, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for FY Starting Last July 1**
Substance Use Disorder Prevention—Currently Chehalis allocated all DBHR Gov. to Gov. funds towards Prevention Activities.				
1. The Chehalis Tribe currently is providing prevention services. *Chehalis Tribe provides substance use disorder treatment services on the reservation.	Prevention program goals, objectives, and activities are identified and in the Performance Based Prevention System (PBPS) reporting system. The Chehalis Tribe will report prevention activities monthly into the prevention system.	Prevention activities will increase the tribal youth's skills and confidence to stay drug free.	Tribal prevention contact Ivon Urquilla, DBHR Prevention Manager *Target Date*: Quarterly reports due to DBHR and Office of Indian Policy on October 31, January 31, April 30, and September 30 of each year.	04/26/2016 Update: Loni Greninger added a *Target Date* and an expected outcome. The Tribe will review the need to have all funding in prevention or move some to treatment. The Tribe will continue identified prevention services and support for community prevention activities. Tribe will implement the Healing of the Canoe (with

				adaptations) in Spring 2016.
2. The Tribe will continue to provide Mental Health Promotion services.	Mental Health Promotion activity, Eye Movement Desensitization and Reprocessing (EMDR), has been identified within the PBPS reporting system, and will be continued. Need to have DBHR update the PBPS system to track EMDR activities.	EMDR activity will help increase the skills of clients who are coping with and healing from trauma.	Barb Sanders, Lead Mental Health Counselor Ivon Urquilla, DBHR Prevention Manager *Target Date*: Quarterly reports due to DBHR and Office of Indian Policy on October 31, January 31, April 30, and September 30 of each year.	04/26/2016 Update: Loni Greninger added a *Target Date* and an expected outcome. 02/22/2016—PBPS updated and available to enter data. 07/30/2015—Trained new staff (Christine) on how to enter MHPP data.
3. Tribe will continue to look for additional resources and funding opportunities that meet the needs of tribal members.	DBHR will continue to share new resources and funding opportunities via email and/or letters to the Tribal Chair as appropriate.	Tribe could potentially have additional resources or funding.	Ivon Urquilla, DBHR Prevention Manager *Target Date:* Ongoing as funding opportunities become available.	04/26/2016 Update: Loni Greninger added a *Target Date*. 04/25/2016 Update: Next funding opportunity available: Dedicated Marijuana Funds application will be sent to tribes in April 2016. Funds are specific for youth marijuana treatment and/or prevention. 04/25/2016 Update: Loni

				Greninger added a *Target Date.* Goal added 02/22/2016.
4. Tribe would like to have Non-Violent Crisis Intervention Training.	Work with Charlene to schedule training.	Staff will gain skill in de-escalating clients supporting more successful outcomes.	Charlene Abrahamson, Chehalis Treatment Director Ruth Leonard, DBHR Treatment Manager *Target Date*: Training to be held in 2016	04/25/2016 Update: Loni Greninger added a *Target Date.* Training has not been scheduled as of yet.

Last Revision Date: April 26, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan between the Colville Confederated Tribes
And The Division of Behavioral Health and Recovery, DSHS
Substance Use Disorder Treatment and Prevention
Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT PLAN—AWAITING TRIBAL APPROVAL
Meeting occurred February 4, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Prevention—Currently Colville as allocated all DBHR Gov. to Gov. funds towards Prevention Activities.				
1. Colville to use DBHR G2G Contract Consolidation funds for prevention activities.	Colville will receive $41,355 for prevention activities for FY 2016 (July 1, 2015-June 30, 2016).	Increase community awareness of prevention against drug and alcohol use.	Erin James, DBHR Prevention Manager jamesea@dshs.wa.gov 360.725.3722 Alison Ball, Colville HHS Director and Behavioral Health Program Manager alison.ball@colvilletribes.com 509.634.2437 Daryl Toulou, DSHS Office of Indian Policy Regional Manager	04/25/2016 Update: Loni Greninger added a *Target Date.* This goal was added on 02/04/2016.

			daryl.toulou@dshs.wa.gov 509.363.3499 *Target Date:* Quarterly reports due to DBHR and Office of Indian Policy on October 31, January 31, April 30, and September 30 of each year.	
2. Education	DBHR to provide presentation regarding Prevention Services.	Increase understanding of DBHR prevention system and programs.	Erin James, DBHR Prevention Manager *Target Date:* 12/30/2016	04/25/2016 Update: Loni Greninger added a *Target Date* and other updates in the Progress Report section. 04/25/2016 Update: Erin James has taken a work opportunity elsewhere. DBHR will be hiring for this position soon. 04/25/2016 Update: Attempts have been made by OIP to schedule a time to present to the Tribe. A date has not been chosen yet by the Tribe. 02/4/2016 Update: Request that DBHR presents the 7.01 Plan to

				the Colville Tribal Council in March 2016. 05/22/2015 Update: Technical assistance on creating prevention plan.
3. Education	Provide technical assistance to Tribal Prevention Coordinator on use of PBPS.	Data will be correctly submitted into PBPS.	Erin James, DBHR *Target Dates:* Technical assistance scheduled as requested by the Tribe. Quarterly reports due to DBHR and Office of Indian Policy on October 31, January 31, April 30, and September 30 of each year.	04/25/2016 Update: Loni Greninger added a *Target Date.* 02/01/2016 Update: MHPP program not implemented during the 2015 FY, tribe plans to implement project for FY 2016 and will enter data into the PBPS system. Lead staff at the Colville Tribe and Lucilla Mendoza in communication to ensure project takes place and activity is documented into the PBPS system. 03/09/2015 Update: The tribe has requested technical assistance and training for their prevention coordinator. Completed.

4. Providing Technical Assistance	DBHR to provide technical assistance to the Tribe Prevention Coordinator regarding what activities and items can be billed if all the consolidated G2G funds were put into prevention only.	Give Tribal Council enough information to decide if they want all the funds allocated to treatment or in prevention activities. Allow the Tribe to make current plan broader to include more activities. Decrease youth substance use. Increase youth abstinence, skills, and confidence to remain drug free.	Erin James, DBHR Prevention Manager	04/26/2016 Update: Loni Greninger added a *Target Date* and expected outcomes. This goal added 03/09/2015. 06/01/2015 Update: Tribal Council approved of placing all Contract Consolidation G2G funds into prevention activities only.
5. Information	The Tribal Council requested to be a part of the process of updating Contract Consolidation through the Office of Indian Policy.	The tribe may be able to provide input and ideas for new tribal consolidated contracts and formula for funding distribution.	Colville Counsel Office of Indian Policy *Target Date:* TBD	04/26/2016 Update: Loni Greninger added a *Target Date.* 02/04/2016 Update: OIP to check on status of this goal. This goal added 03/09/2015.

6. Education, Communication, and Collaboration	Tribal council has requested FAS/FAE information, training, and treatment for their pre-teen or adolescent tribal members who have Fetal Alcohol Syndrome but are not using alcohol or drugs.	To increase tribal members resources, knowledge, and skills in order to help children and adolescent tribal members who are affected with Fetal Alcohol Syndrome.	Sarah Pine, DBHR FAS/FAE Behavioral Health Program Manager PineSJ@dshs.wa.gov 360.725.3807 *Target Date:* 02/04/2016 and as requested.	04/26/2016 Update: Loni Greninger added a *Target Date.* 02/04/2016 Update: MeLinda Trujillo and Loni Greninger presented FAS/FAE resources to Alison and Carmella. Alison expressed collaborating with the educator strategic plan. MeLinda to send UW FAS/FAE trainings to Alison so that tribal educators can access the trainings. This goal added 03/09/2015.
Substance Use Disorder Treatment				
1. Education resources for potential residential treatment facility for adults and adolescents.	DBHR to email information and follow up via phone call on certification requirements.	The Tribe will have updated information to help make decisions on this goal.	MeLinda Trujillo, DBHR Treatment Manager trujims@dshs.wa.gov 360.805.8362 *Target Date:* 02/28/2016	04/26/2016 Update: Loni Greninger added a *Target Date.* Goal added 02/04/2016.
2. Provide training in billing for treatment services.	DBHR to email and follow up via phone call on the ICD-10 Codes.	The Tribe will be able receive the match payment for treatment services.	MeLinda Trujillo, DBHR Treatment Manager trujims@dshs.wa.gov 360.805.8362	04/26/2016 Update: Loni Greninger added a *Target Date.* Goal added 02/04/2016.

	Provider One training; Loni can connect the Tribe to the contact person.		Loni Greninger, DBHR Tribal Administrator GreniAR@dshs.wa.gov 360.725.3475 *Target Date:* 06/30/2016	

Last Revision Date: April 26, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan between the Cowlitz Tribe

And The DSHS Division of Behavioral Health and Recovery

Substance Use Disorder Treatment and Prevention

Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—Meeting Has Not Occurred; OIP to assist in coordinating a meeting (Draft below is from 2015)

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Prevention—Currently Cowlitz allocates some DBHR Gov. to Gov. funds towards Prevention Activities.				
1. Provide prevention activities.	DBHR and Tribe to discuss and identify prevention opportunities for the tribe.		Ivon Urquilla, DBHR Prevention Manager Debbie Norberg, Cowlitz Clinical Supervisor *Target Date:* TBD	04/26/2016 Update: Loni Greninger added a *Target Date.* Cowlitz Tribe will not offer prevention activities with DBHR funds at this time.
Substance Use Disorder Treatment—Currently Cowlitz allocates some DBHR Gov. to Gov. funds towards Treatment Activities.				
2. Work towards developing a residential facility and/or recovery house.	DBHR to provide rules and requirements (WACs/ RCWs) needed to start preliminary steps in this direction will be provided.	Tribe will consider building a residential treatment facility or recovery houses for tribal clients.	Ruth Leonard, DBHR Treatment Manager Jim Sherrill, Cowlitz Tribal HHS Director	04/26/2016 Update: Loni Greninger added a *Target Date.*

			Debbie Norberg, Cowlitz Clinical Supervisor *Target Date:* TBD	
3. Provide Day Treatment Model.	Discuss and identify day treatment opportunities.		Ruth Leonard, DBHR Treatment Manager Jim Sherrill, Cowlitz Tribal HHS Director Debbie Norberg, Cowlitz Clinical Supervisor *Target Date:* TBD	04/26/2016 Update: Loni Greninger added a *Target Date.*

Last Revision Date: April 26, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan between the Hoh Indian Tribe

And The DSHS Division of Behavioral Health and Recovery

Substance Use Disorder Treatment and Prevention

Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—AWAITING TRIBAL APPROVAL

Meeting occurred February 17, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Prevention—Currently Hoh allocates all DBHR Gov. to Gov. funds towards Prevention Activities.				
1. DBHR and the Hoh Tribe will work together to develop a new prevention activity plan.	DBHR and the Tribe to develop a plan with activities to spend Gov. to Gov. prevention funds from Contract Consolidation.	Prevention activities will decrease youth substance use, and increase skills and confidence for abstinence.	Melvinjohn Ashue, Family Services Director Ivon Urquilla DBHR Prevention System Manager *Target Date:* 03/31/2016	04/26/2016 Update: Loni Greninger added a *Target Date.* 04/13/2016: Hoh has had a change in staff. DBHR to work with Lorraine Cress. 02/17/2016 Update: Goal added; The Hoh Tribe is thinking about adding a Big Brother/Big Sister program, a father mentoring program, and possibly a youth council.

2. Create documents and language that can be presented to Tribal Council for quick review and approval.	DBHR and the Tribe to create a one page program definition for prevention programs. Define and clarify expectations for Youth Leadership Program core group. Prevention strategies will be presented to the Hoh Tribal Council.	Increase Tribal Council knowledge on prevention programs. More youth participation and community support.	Melvinjohn Ashue, Family Services Director Ivon Urquilla DBHR Prevention System Manager *Target Date:* 03/31/2016	04/26/2016 Update: Loni Greninger added a *Target Date* and expected outcome. 04/13/2016: Hoh has had a change in staff. DBHR to work with Lorraine Cress.
3. Trainings and conferences accessible by the Tribe.	DBHR will provide PBPS training as requested by the Tribe. DBHR will email other training opportunities to the Tribe as they are scheduled. DBHR will email conference registrations to the Tribe as they are scheduled.	Hoh Tribal staff will become more aware of training opportunities available to them.	Ivon Urquilla DBHR Prevention System Manager Loni Greninger, DBHR Tribal Administrator *Target Date:* Ongoing as trainings and conferences occur.	04/26/2016 Update: Loni Greninger added a *Target Date.* Goal added 02/17/2016. <u>Upcoming Conferences 2016:</u> Co-Occurring Disorder Conference—October 3-4, 2016, Yakima Convention Center WA State Behavioral Health Conference—June 22-24, 2016, Yakima Convention Center Saying It Out Loud—May 27, 2016, Hilton Seattle Airport & Conference Center Prevention Summit—October 2016, TBA

Last Revision Date: April 26, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan between the Jamestown S'Klallam Tribe

And The DSHS Division of Behavioral Health and Recovery

Substance Use Disorder Treatment and Prevention

Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan*

*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP[1]).

DRAFT—AWAITING TRIBAL APPROVAL

Meeting occurred February 18, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Prevention—Currently JST allocates all DBHR G2G funds towards Prevention Activities.				
1. DBHR will partner to find additional funding that can be used to enhance services at Jamestown S'Klallam.	JST to Review of Drug Free Communities (DFC) Grant. DBHR staff to provide technical assistance. Tribe will consult with DBHR DFC Liaison in order to determine if Tribe meets the qualifications. Search for funding opportunities that may fit within the scope of the current services. DBHR will keep Tribe apprised of additional funding opportunities available to the Tribe.	Prepare and submit a DFC grant application in 2015.	Ivon Urquilla, Prevention System Manager Sue Maeps, Carmen Maxwell, JST *Target Date:* Ongoing as funding opportunities become available.	04/26/2016 Update: Loni Greninger added a *Target Date.* 02/18/2016: Goal is complete but also want this goal to be ongoing.

2. Determine a better billing and reporting process.	Tribe will request TA from DBHR to set up an annual prevention plan in order to allocate proper funding to the prevention strategies identified in the Performance Based Prevention System (PBPS) therefore ensuring identified prevention strategies to be adequately funded throughout the entire year and reflected on all Quarterly Expenditure Reports. So the prevention strategies identified by the Tribe can adequately be funded throughout the year and reflected on the QER.	A better more comprehensive billing and reporting system to allow for the prevention and mental health promotion strategies to be implemented as the Tribe identifies appropriate.	Rob Welch, JST Social Service Director Ivon Urquilla, DBHR Prevention System Manager Lucy Mendoza, DBHR Prevention System Manager Mental Health Promotion mini-grant *Target Date:* Ongoing as requested.	04/26/2016 Update: Loni Greninger added a *Target Date.*
3. Dedicated Marijuana Funds (Marijuana Tax)	DBHR will provide updates as new information becomes available regarding the use of marijuana tax. JST plans to apply for funding to use for July 1, 2016-June 30, 2017.	Jamestown S'Klallam will apply for marijuana funding. Decrease marijuana use amongst tribal youth. Increase skills and confidence for abstinence.	Jessica Payne, JST Tribal Gov. Association Lucy Mendoza, DBHR Prevention System Manager Loni Greninger, DBHR Tribal Administrator	04/26/2016 Update: Loni Greninger added a *Target Date* and two expected outcomes. 02/18/2016: JST has applied for DMA funding to spend by June 30, 2016. DBHR has not released funds yet. JST plans to use the funds toward a program called

			Target Date: Ongoing as information becomes available.	Keeping it Real.
4. Provide training when needed	Tribe will identify staff training needs and will coordinate with DBHR to provide training. DBHR will send updates and available trainings/conference information to tribal staff.	Tribal staff will be provided with training opportunities to improve their skills.	Rob Welch, JST Social Service Director Ivon Urquilla, DBHR Prevention System Manager *Target Date:* Ongoing as requested and as information becomes available.	04/26/2016 Update: Loni Greninger added a *Target Date.* Carmen and Sue attended MPN conference. <u>Conferences</u> Spring Youth Forum—May 19, 2016, TBA Prevention Summit—November 6-8, 2016, TBA.
5. HCA-BHA Monthly Tribal Meetings	DBHR and HCA will provide minutes and updates from these meetings, as well as legislative updates at these meetings.	Jamestown S'Klallam will use information provided to plan services accordingly.	Liz Mueller, Sue Mapes, Jessica Payne, Rob Welch; JST Loni Greninger, DBHR Tribal Administrator *Target Date:* First Monday of each month.	04/26/2016 Update: Loni Greninger added a *Target Date.*

Substance Use Disorder Treatment				
6. Conferences will be available for Tribes to register.	DBHR will provide conference dates as they are scheduled.	Increase tribal participation in conferences.	Liz Mueller, Sue Mapes, Jessica Payne, Rob Welch; JST Loni Greninger, DBHR Tribal Administrator *Target Date:* On going as information becomes available	04/26/2016 Update: Loni Greninger added a *Target Date.* Goal added 02/18/2016. <u>Conferences:</u> Say It Out Loud—May 27, 2016, Hilton Seattle Airport & Conference Center BH Conference—June 22-24, 2016, Yakima Convention Center COD Conference—October 3-4, 2016, Yakima Convention Center
Mental Health Promotion Project				
7. The Jamestown S'Klallam Tribe will continue to provide youth and community prevention programs.	Jamestown S'Klallam Tribe will continue to provide support and staff for prevention programs. Tribe will search new prevention programs focused on family that may fit within the current goals for Tribe. DBHR will also provide information as requested.	Increase tribal community involvement and inter-agency agency staff collaboration.	Carmen Maxwell, JST Prevention Services Ivon Urquilla, DBHR Prevention System Manager Lucy Mendoza, DBHR Prevention	04/26/2016 Update: Loni Greninger added a *Target Date.* 02/18/2016: A youth retreat was held at Sunset Marine Resort in 2015 where 22 youth participated.

			System Manager, Mental Health Promotion mini grant *Target Date:* Expenditure and data reports are due to DBHR and OIP October 31, January 31, April 30, and September 30 of each year.	
8. The Jamestown S'Klallam Tribe will continue to provide Mental Health Promotion programs.	Tribe will research new prevention programs focused on family that may fit within the current goals for Tribe. DBHR will also provide information as requested.	Increase community involvement and inter-agency agency staff collaboration.	Carmen Maxwell, JST Prevention Services Ivon Urquilla, DBHR Prevention System Manager Lucy Mendoza, DBHR Prevention System Manager, Mental Health Promotion mini grant *Target Date:* Expenditure and data reports are due to DBHR and	04/26/2016 Update: Loni Greninger added a *Target Date.* Goal added 02/18/2016.

			OIP October 31, January 31, April 30, and September 30 of each year.	
9. Focus on suicide prevention activities within the Mental Health Promotion Project (MHPP). *MHPP funding comes from the Mental Health Block Grant.	JST is interested in forming new MHPP activities to increase suicide prevention. DBHR will provide the MHPP application. DBHR will provide technical assistance on filling out and revising the MHPP application.	Increase community involvement and inter-agency agency staff collaboration Increase in suicide prevention skills amongst tribal community members.	Carmen Maxwell, JST Prevention Services Ivon Urquilla, DBHR Prevention System Manager Lucy Mendoza, DBHR Prevention System Manager, Mental Health Promotion mini grant *Target Date:* 06/30/2016	04/26/2016 Update: Loni Greninger added a *Target Date.* Goal added 02/18/2016.

Last Revision Date: April 27, 2016 by Loni Greninger, DBHR Tribal Liaison

Policy 7.01 Plan and Progress Report between the Kalispel Tribe of Indians
And the Division of Behavioral Health & Recovery
Substance Use Disorder Treatment and Prevention
Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP[1]).

APPROVED March 7, 2016
Meeting occurred February 24, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
1. Collaboration and Communication	Tribal staff requested to receive any announcements on state wide trainings, conferences, or materials that would enhance or update the tribal Behavioral Health Programs. Request for open communication with Spokane County and the new forming Behavioral Health Organization in order to build a bridge for	Work together to support Tribal Behavioral Health Programs and to keep communication open and transparent.	Kalispel Tribal Programs and DBHR Staff *Target Date:* Ongoing as conference/training information becomes available; Encourage BHO to have communication with the Tribe at least on a quarterly basis.	04/26/2016 Update: Loni Greninger added a *Target Date.* January 2016 Update: Loni Greninger, Tribal Administrator, attended the Tree of Healing Conference hosted by the Kalispel Tribe on September 30 and October 1, 2015. Also was able to meet with Lisa Guzman and Kelli George to talk about the upcoming TARGET decommission in the future. 03/24/2015: Met with Shannon Thomas, Kalispel Tribe Staff

	services between the Kalispel Tribal Members and the community they serve. Ensure that Ladonna Boyd, Kalispel Prevention Specialist be put on the email list for prevention communication.			Attorney; Raychelle Morrill, Kalispel Tribe Paralegal; Lisa Guzman, Kalispel Healthcare Administrator; Angela Mello, Kalispel Behavioral Health Clinical Director; Ladonna Boyd, Kalispel Prevention Specialist; Chris Imhoff, DBHR (Division of Behavioral Health and Recovery) Director; Lucy Mendoza, DBHR Prevention Manager; and MeLinda Trujillo, DBHR Treatment Program Manager.
Substance Abuse Prevention—Currently Kalispel allocates all DBHR G2G funds towards Prevention Activities.				
2. Education	DBHR to provide information regarding Prevention services as requested.	Increase understanding of prevention system and programs.	Erin James, DBHR Prevention System Manager *Target Date:* Ongoing as requested.	04/26/2016 Update: Loni Greninger added a *Target Date.*
3. Education	Provide technical assistance to CAMAS Path staff regarding prevention program planning. Prevention Plan will be changed due to tribal program shifts.	Prevention programs will be implemented that are appropriate for the needs of the Kalispel Tribe.	Erin James, DBHR Prevention System Manager *Target Date:* Ongoing as requested.	04/26/2016 Update: Loni Greninger added a *Target Date.* 03/24/2015: All programs are in the PBPS and accepted for implementation 2014-2015. Program staff is providing comprehensive services with emphasis on youth education and

	Tribe is interested in moving some prevention funds to treatment. DBHR can provide assistance when the Tribe is ready to change their plan.			traditional culture. Programs include cultural activities and curriculum for youth from pre-school through third grade, cultural activities for all youth and community members, including elders, and implementation of the LifeSkills curriculum for fourth through ninth grade students.
Mental Health Promotion Project				
4. Tribal Mental Health Promotion Project	Tribe is currently implementing the Nurturing Parenting Program.	Help parents build parenting skills Prevent abuse, neglect, and teenage pregnancy Reduce delinquency Decrease drug and alcohol use	Erin James, DBHR Prevention System Manager Ladonna Boyd, Kalispel Tribe *Target Date:* Expenditure and data reports are due to DBHR and OIP on October 31, January 31, April 30, and September 30 of each year.	04/26/2016 Update: Loni Greninger added a *Target Date* and expected outcomes. 02/24/2016: Tribe is currently implementing QPR curriculum. Tribe is requesting technical assistance in reporting into PBPS for MHPP. 3/24/2015: The Tribe will be updating their MHPP plan to implement the QPR curriculum.
Substance Use Disorder Treatment				
5. Integrating Residential Support Services (RSS) to Tribal Plan.	DBHR and Tribe will walk through the process of moving some prevention funds to allocate toward	Increase success in tribal members transitioning from treatment services.	Loni Greninger, DBHR Tribal Administrator	04/26/2016 Update: Loni Greninger added a *Target Date.* Goal added 02/24/2016.

	treatment activities (RSS). DBHR can provide technical assistance in changing the Contract Consolidation Tribal Plan to move funds to treatment services.		*Target Date:* June 30, 2016	This service will be available starting July 1, 2016.
6. Accessing "Access to Recovery" (ATR) funds.	DBHR to provide information on how the Tribe can access ATR funds.	Increase access to support tribal members utilizing treatment services.	MeLinda Trujillo, DBHR Treatment Manager *Target Date:* April 2016	04/26/2016 Update: Loni Greninger added a *Target Date.* 02/24/2016: MeLinda to reach out to Grant Manager at DBHR to research if Tribe can access ATR funds to place patients in need of housing into Oxford Houses if available. Goal added 02/24/2016.
7. Creation of Region 1 Tribal Meeting.	DBHR will attend the Maximizing State Resources for Tribal Communities at the Northern Quest Casino on June 1-2, 2016. DBHR will coordinate with tribal representatives to develop relevant topics and information to provide at the meeting.	Increase collaboration and awareness to resources that are accessible to tribal communities.	Lisa Guzman, Health Care Administrator Loni Greninger, DBHR Tribal Administrator *Target Date:* June, 1, 2016	04/26/2016 Update: Loni Greninger added a *Target Date.* Goal added 02/24/2016. 02/24/2016: Region 1 Tribal Meeting to be scheduled for June 1-2, 2016, hosted at Northern Quest Resort. MeLinda to contact Oxford House to have a table for the two days.

8. Creating tribal services for treatment.	DBHR to provide the Tribe with urinalysis (UA) vendors in local area. Tribe is possibly interested in creating internal UA service.	Increase Tribe's ability to become self-governing.	Lisa Guzman, Health Care Administrator MeLinda Trujillo, DBHR Treatment Manager *Target Date:* April 2016	04/26/2016 Update: Loni Greninger added a *Target Date.* 02/24/2016: MeLinda will provide the Tribe with a list of UA vendors. Goal added 02/24/2016.

Last Revision Date: April 26, 2016 by Loni Greninger, DBHR Tribal Liaison; small items added after tribal approval.

7.01 Plan Between the Lower Elwha Klallam Tribe

And the DSHS Division of Behavioral Health and Recovery

Substance Use Disorder Treatment and Prevention

Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—AWAITING TRIBAL APPROVAL

Meeting occurred February 18, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Prevention—Currently LEK allocates all DBHR G2G funds towards Prevention Activities.				
1. Continue to provide prevention/wellness promotion services	Prevention goals and programs have been identified within the Performance Based Prevention System (PBPS) reporting system. The Tribe will consider other prevention/wellness programs as opportunities become available.	Prevention/wellness promotion activities will be billed in a timely manner and entered into prevention PBPS.	Jessica Egnew, Education Director Aleilah Lawson, Strong Youth Drug Free Initiate Project Coordinator Ivon Urquilla, DBHR Prevention System Manager *Target Date:* Expenditure and data	04/26/2016 Update: Loni Greninger added a *Target Date*. 03/01/2016: Jessica's edits were added to the Plan. 02/18/2016: DBHR will have a follow up meeting with Jessica to see if she would like to add anything to the 7.01 Plan.

			reports are due to DBHR and OIP on October 31, January 31, April 30, and September 30 of each year.	
2. The tribal staff and community will know what treatment services (CD and MHP) are available and where gaps in services exist.	Tribal staff will map out all treatment services provided by the tribe through all fund sources. Tribe will request TA from DBHR staff to review gaps in treatment, prevention, and mental health promotion services and determine if funds exist to meet the unmet treatment need. New funding or reallocation of existing funding will be explored by tribal and DBHR staff.	The Tribe, DBHR, and tribal community will know what treatment services are available and missing. Increase tribal client participation in tribal chemical dependency and mental health services.	Dylan Dressler, LEK Health Director Angie Berglund Clinical Supervisor, Klallam Counseling Services Ivon Urquilla, DBHR Prevention System Manager Ruth Leonard, DBHR Treatment Manager *Target Date:* Ongoing as funding opportunities become available.	04/26/2016 Update: Loni Greninger added a *Target Date* and expected outcome.
Substance Use Disorder Treatment				
3. Maintain TARGET data entry and report generation capacity.	Tribe will request TA on TARGET data entry and report generation as needed.	Tribe will be able to input client data and pull reports for quarterly	Angie Berglund, Clinical Supervisor, Klallam Counseling Services	04/26/2016 Update: Loni Greninger added a *Target Date* and expected outcome.

	DBHR to inform Angie Berglund of TARGET training opportunities.	expenditure reports.	Dylan Dressler, LEK Health Director Ruth Leonard, DBHR Treatment Manager *Target Date:* As requested by the Tribe.	02/18/2016: LEK does not currently need any assistance in TARGET data entry. LEK will be able to continue to use TARGET after April 1, 2016 as they will not be contracting with the Salish BHO.
4. Starting up a tribal residential treatment facility.	DBHR to provide information to assist the Tribe in making decisions regarding the facility (WACs, RCWs, certification requirements, Medicaid rules, IMD rules, co-occurring program, etc.).	Increase culturally competent treatment services for tribal members.	Angie Berglund, Clinical Supervisor, Klallam Counseling Services Dylan Dressler, LEK Health Director Ruth Leonard, DBHR Treatment Manager Loni Greninger, DBHR Tribal Administrator *Target Date:* DBHR to give information to LEK by June 2016.	04/26/2016 Update: Loni Greninger added a *Target Date*. Goal added 02/18/2016.

Mental Health Promotion Project				
5. DBHR and LEK to update Mental Health Promotion Project (MHPP) plan. *MHPP is funded by the Mental Health Block Grant.	DBHR to give technical assistance, as requested by the Tribe, on any application questions.	Increase community participation in prevention activities.	Sydney Soelter, MH Manager Lucilla Mendoza, DBHR Prevention System Manager for Mental Health Promotion Mini Grant *Target Date:* DBHR to give information to LEK by June 2016.	04/26/2016 Update: Loni Greninger added a *Target Date*. 02/18/2016: LEK will continue the current MHPP plan until June 30, 2016 and then look to updating the plan as new staff have been hired.

Last Revision Date: April 27, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan between the Makah Tribe

And The DSHS Division of Behavioral Health and Recovery

Substance Use Disorder Treatment and Prevention

Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan*

*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP[1]).

DRAFT—AWAITING TRIBAL APPROVAL

Meeting occurred February 18, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Treatment—Currently Makah allocates some DBHR G2G funds towards Treatment Activities.				
1. Provide comprehensive wrap-around health and wellness services with high coordination, collaboration, and communication among all clinical providers utilizing a single electronic medical record for documentation of all services received.	Technical assistance to address how to ensure health information is adequately protected when providing substance use disorder counseling, mental health counseling, physician services, and wellness supportive services such as acupuncture, lifestyle coaching, and massage therapy by clinicians under the same umbrella agency	Improved clinical outcomes, improved program efficiency, and reduced number of patients and clients "falling through the cracks".	Beth Seltzer, Integrative Health Director Ruth Leonard, DBHR Treatment Manager DBHR Certification or HCA Provider One staff as needed Anders Edgerton, Salish BHO, will be providing TA for review of HIPAA	04/27/2016 Update: Loni Greninger added a *Target Date.* Protection of substance use disorder under HIPPA is currently being discussed at the HCA-BHA Monthly Tribal meeting and the State is in need of SAHMSA guidance on this issue.

	and utilizing a single electronic medical record		standard of single electronic medical records. *Target Date*: HCA-BHA Monthly Tribal meeting on the 4th Monday of every month, 9am-12pm.	
2. Development of a "family" model of health care delivery for substance use disorder and mental health counseling services to provide families with the tools and resources for self-care and to help family members in need.	Tribe to provide group family services with substance use disorder and mental health counselors. DBHR to provide any technical assistance as needed.	Transparent communication between the client, family, and care providers; improved support systems; and improved treatment outcomes	Beth Seltzer, Integrative Health Director Ruth Leonard, DBHR Treatment Manager *Target Date:* By request of the Tribe.	04/27/2016 Update: Loni Greninger added a *Target Date.* No request for technical assistance to date.
3. Improve local recovery support through development of formal and community-based support systems.	Implement a comprehensive recovery support care plan for substance use disorder clients newly discharged from inpatient treatment, provide community and local agency education regarding recovery coaching, and provide local training for thirty Makah tribal members to become recovery coaches. Will	Reduced relapse rate, improved community awareness of the recovery process, and improved social and community support for those in recovery	Beth Seltzer, Integrative Health Director Ruth Leonard, DBHR Treatment Manager *Target Date:* By request of the Tribe.	04/27/2016 Update: Loni Greninger added a *Target Date.* No request for technical assistance to date. 02/10/2016: Tiffany Villines, Ruth Leonard, Loni Greninger (DBHR), and Brenda Francis-Thomas (OIP) visited with Beth, Theanne, and Isabel and discussed Recovery Support Services. DBHR is allowing this service to be billed beginning

	request TA from DBHR as needed			July 2016.
4. Implementation of a tribal drug court	Technical assistance for streamlining interagency coordination, collaboration, and communication, including addressing legal requirements for information sharing, during implementation of the Makah Healing Court. Will request TA from DBHR as needed.	Increased client participation and graduation rates.	Beth Seltzer, Integrative Health Director Ruth Leonard, DBHR Treatment Manager Earl Long, DBHR Criminal Justice Administrator *Target Date:* Completed.	04/27/2016 Update: Loni Greninger added a *Target Date.* 02/18/2016: The Healing Court is up and running! The Tribe would like to keep this goal as ongoing to allow for any technical assistance as requested.
5. Tribe to optimize coverage for substance use disorder services by enrolling tribal members without health coverage in Medicaid or private insurance.	Tribe will adjust responsibilities of current staff to allow training to begin enrolling clients in Medicaid or helping to choose a health insurance plan at the point of contact for chemical dependency services.	Optimized billing for substance use disorder services will reduce the amount of treatment expenses drawn from the Government-to-Government funding, and these cost savings in treatment can be used for improvements in prevention activities.	Brian Buckingham, Chemical Dependency Administrator *Target Date:* TBD by the Tribe	04/27/2016 Update: Loni Greninger added a *Target Date.*

6. Explore the feasibility for establishment of local Recovery Center	Tribe will identify startup costs, potential locations, sustainability, and community impact. Will request technical assistance from DBHR as needed.	Creation of a formal business plan, including funding sources, approved location, sus-tainability analysis, community impact, and implementation guidelines and schedule	Beth Seltzer, Integrative Health Director Ruth Leonard, DBHR treatment contract manager *Target Date:* TBD by the Tribe; technical assistance as requested by the Tribe.	04/27/2016 Update: Loni Greninger added a *Target Date.*
7. Improved TARGET data entry and report generation capacity.	DBHR will provide TARGET training when requested.	More effective use of the TARGET system.	Beth Seltzer, Integrative Health Director Ruth Leonard, DBHR treatment contract manager *Target Date:* May 2016	04/27/2016 Update: Loni Greninger added a *Target Date.* 02/18/2016: The Tribe has requested TARGET data entry training. Loni (DBHR) will coordinate with Brenda (OIP).
Substance Use Disorder Prevention—Currently Makah allocates some DBHR G2G funds towards Prevention Activities.				
8. Develop and implement a Makah Life Skills for Youth curriculum to be taught in partnership with mental health counselors, high school teachers, and Makah cultural	Tribe to provide classes that teach core cultural values, tools for mental health resiliency, and tradi-tional cultural activities such as storytelling,	Strengthened cultural connectedness, reduced drug and alcohol abuse, reduced suicide, and	Beth Seltzer, Integrative Health Director Brian Buckingham, Program Manager,	04/27/2016 Update: Loni Greninger added a *Target Date.* Tribe working with the UW to adapt Life Skills curriculum to

experts for local Makah high school seniors.	woodworking, weaving, and Makah language.	reduced college dropout rates for Makah youth.	Circles of Care *Target Date:* TBD by the Tribe	the Makah tribe. Implementation plans will be coordination in the Circles of Care planning, and linked with the Strengthening Families program.
9. Development of effective outcomes measures and prevention measures for quality assurance of services and to guide resource allocation for program planning; particularly for culturally relevant therapeutic activities and practices that are currently evidence-based.	DBHR to provide technical assistance, as requested by the Tribe, for selection and development of appropriate tool(s) for ongoing self-assessment of the efficacy of health and wellness services.	Optimization of use of available resources, improved clinical outcomes, and begin working towards establishment of evidence based practices for clinical services provided to members of the Makah Tribe.	Beth Seltzer, Integrative Health Director Ivon Urquilla, DBHR Prevention Manager *Target Date:* As requested by the Tribe	04/27/2016 Update: Loni Greninger added a *Target Date.* No technical assistance requested to date.
10. Trainings and updates regarding PBPS.	DBHR will keep in communication with the Tribe regarding upcoming trainings and update to PBPS as they become scheduled.	Increase tribal staff knowledge on the PBPS system.	Beth Seltzer, Integrative Health Director Ivon Urquilla, DBHR Prevention Manager Lucy Mendoza, DBHR Prevention Manager—MHPP Camille Goldy, DBHR Prevention MIS	04/27/2016 Update: Loni Greninger added a *Target Date.* No technical assistance requested to date.

			Manager *Target Date:* As trainings become available or by request of the Tribe	

Last Revision Date: April 27, 2016 by Loni Greninger, DBHR Tribal Liaison

Policy 7.01 Plan and Progress Report between the Nisqually Indian Tribe
And the Division of Behavioral Health and Recovery, DSHS
Substance Use Disorder Treatment and Prevention
Plan Dates: April 1, 2016-March 31, 2017

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*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—AWAITING TRIBAL APPROVAL
Meetings occurred September 10, 2015 and December 7, 2015

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Treatment and Prevention--Currently Nisqually allocates all DBHR G2G funds towards Treatment Activities.				
1. <u>Information Sharing</u> Work together on how to provide Medicaid Encounters that include cultural/traditional care.	DBHR and Nisqually to meet and discuss how/if cultural and traditional services can be billed to Medicaid.	Tribe's increased knowledge on Medicaid Encounters Tribe's increased knowledge on cultural/traditional care.	Nisqually: Robert Rodgers, Kyra House DBHR: Loni Greninger *Target Date*: May or June 2016	04/27/2016 Update: Loni Greninger added a *Target Date.* 12/07/2015: Possibility that amendment to Contract Consolidation DBHR funding can help with this: Recovery Support Services. This goal added on 09/10/2015.
2. <u>Information Sharing</u> DBHR, the Nisqually Behavioral Health Department, and the Office of Indian Policy	For Treatment: Residential beds, Trainings, Funding Opportunities, Behavioral Health Organization (BHO) Updates	More resources for the Nisqually Tribe to access for their members, more knowledge of	Nisqually: Robert DSHS: Loni Greninger,	04/27/2016 Update: Loni Greninger added a *Target Date.* This goal added on 09/10/2015.

will share resources, via email and/or telephone, with one another for mutual benefit.	For Prevention; Trainings Funding Opportunities For Gov. to Gov. Policy: OIP provide DSHS Administrative Policy 7.01 Training For Tribal Community Awareness: DBHR may have connections for presenters of needed topics at tribal dinner events.	changing health care system. Increased knowledge of DSHS collaboration policy with Tribes. Tribal members can gain more knowledge and healing on issues presented by the Tribe/presenters.	Lucy Mendoza, Larry Lamebull *Target Date*: As information becomes available.	
3. <u>Technical Assistance</u> DBHR will provide technical assistance for Nisqually Behavioral Health Department staff.	Development of new programs, practices. Reporting system training after TARGET is discontinued. PBPS system training for new Nisqually Behavioral Health staff. Consultation/Co-Case management on complicated cases.	The Nisqually BH Dept. will have opportunity to create innovated programs that will benefit their members. The Nisqually BH Dept. will become familiar with the DSHS reporting systems. The Nisqually BH Dept. and DBHR will grow in partnership as resources and information is shared on cases.	Nisqually: Robert DBHR: Loni, Lucy *Target Date*: As information becomes available and as requested by the Tribe.	04/27/2016 Update: Loni Greninger added a *Target Date.* This goal added on 09/10/2015.

4. Attend Quarterly Meetings or Have Meetings As Needed	DBHR and the Nisqually Behavioral Health Department plan to meet quarterly for updates and/or technical assistance.	DBHR and the Nisqually BH Dept. will increase communication and partnership.	Nisqually: Robert, Kyra DSHS: Larry, Loni, Camille, Lucy *Target Date*: March 2016, June 2016, September 2016, December 2016	04/27/2016 Update: Loni Greninger added a *Target Date.* 02/08/2016: Amanda Lewis, Loni Greninger, and Tiffany Villines facilitated an on-site audit. 12/07/2015: Meeting attended by Loni Greninger and Tiffany Villines with John Simmons and Jason Sharp on 12/07/2015 to finalize 7.01 Plan. Plan to meet more often as needed until BH is moved under Community Services. 09/10/2015: 7.01 Meeting. Those in attendance included: Samantha Phillips, Lisa Wells, Robert Rodgers, Marcy Ford, Josette Mendoza, Kyra House, Larry Lamebull, Chris Imhoff, Camille Goldy, Lucy Mendoza, Jason Bean-Mortinson, and Loni Greninger. Next meeting is tentatively scheduled before September 30, 2015 to make final revisions on the 7.01 plan. Next quarterly meeting is tentatively scheduled for January 2016.
5. <u>Increase Tribal-RSN Relationship</u> DBHR will help facilitate	1. DBHR will coordinate a meet and greet meeting between Nisqually Behavioral Health	1. Improved communication between the	Nisqually: Robert	04/27/2016 Update: Loni Greninger added a *Target Date.*

a relationship between the Nisqually Tribe and the Thurston-Mason Regional Support Network (RSN).	Department and Thurston-Mason RSN.	Nisqually Behavioral Health Department and RSN. 2. Nisqually tribal members will have better access to RSN services. 3. Nisqually Behavioral Health Staff will have more in-road access of RSN services due to improved communication.	DBHR: Loni *Target Date*: May 2016	12/07/2015: Loni will coordinate these meetings. 09/10/2015: Loni has contacted Samantha Phillips to see if interested in a meet and greet meeting. Waiting on Thurston-Mason RSN for possible dates to meet.
6. <u>Exploration of forming a prevention plan.</u> The Nisqually BH Dept. is interested in boosting SUD prevention resources and information.	1. The Nisqually BH Dept. and DBHR will meet to discuss plan formation process and funding available for prevention plan.	1. The Nisqually BH Dept. will have more information on DBHR prevention resources.	Nisqually: Robert, Kyra DBHR: Lucy *Target Date*: July 2016	04/27/2016 Update: Loni Greninger added a *Target Date.* 12/07/2015—Nisqually would like to explore moving some G2G funds into prevention program at the Tribe. This goal added on 09/10/2015.
Mental Health Promotion Project				
7. Form an Mental Health Promotion Project (MHPP) Plan for Fiscal Year 2015-2016	DBHR and the Nisqually Tribe will have in-person meetings, and ongoing email communication to form a new MHPP Plan.	The Nisqually BH Dept. will complete the MHPP plan that will bring funding and other benefits to	Nisqually: Robert, Kyra DBHR: Lucy	04/27/2016 Update: Loni Greninger added a *Target Date.* MHPP funds have not been spent to date. 12/08/2015: MHPP funds can only be

		tribal members.	*Target Date*: December 2016	used for an evidence-based practice. Nisqually BH staff have already submitted a plan for the funds. 12/07/2015: Possibility that Nisqually can use funds at their Health Fair? 09/10/2015: Meeting at Nisqually with Kyra House, Robert Rodgers, and Lucy Mendoza to discuss current 2014-2015 plan, and future 2015-2016 plan.

Last Revision Date: April 27, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan Between the Port Gamble S'Klallam Tribe
And the DSHS Division of Behavioral Health and Recovery
Substance Use Disorder Treatment and Prevention
Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—Meeting Has Not Occurred; OIP to assist in coordinating a meeting

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Treatment				
1. Data entry in the DBHR MIS systems for Treatment (TARGET) and Prevention and Mental Health Promotion (PBPS) are reflective of services provided.	DBHR provide training on the PBPS and TARGET as requested by the Tribe. Tribe requests that DBHR Look into data share agreement between Next Gen Software and TARGET.	Tribe will have data entered on a quarterly basis into PBPS and TARGET.	Jolene George, PGST Behavioral Health Director Stephanie Carpenter, PGST Prevention Coordinator Lucilla Mendoza, DBHR Prevention System Manager-Mental Health Promotion mini-grant Amanda Lewis, DBHR	04/27/2016 Update: Loni Greninger added a *Target Date.* 02/2016: PGST has requested that all G2G funds be placed in Prevention activities. 12/03/2015: Amanda and Loni had a meet and greet meeting with Jolene and Courtney. 09/2015: Amanda Lewis has been hired as Jason Bean-Mortinson took another

			Behavioral Health Treatment Manager *Target Date:* Expenditure and data reports due October 31, January 31, April 30 and September 30 of each year; Training as requested by the Tribe.	position. Her contact information is 360-725-3808, lewisae@dshs.wa.gov.
2. Provide resource to fund recovery support services	Tribe to develop support networks with other tribal entities. DBHR and Tribe to explore additional funding sources and other resources. DBHR and Tribe to explore ability to bill for outreach services (i.e., follow-up with clients, missed ap-pointments, out in community; housing and recovery coaches, peer support.	Receive additional information regarding funding opportunities for recovery support services	Jolene George, PGST Behavioral Health Director *Target Date:* July 2016	04/27/2016 Update: Loni Greninger added a *Target Date.* DBHR Treatment has a new activity that can be billed toward the Gov to Gov funds called Recovery Support Services. Loni will email this information to Jolene on 04/27/2016—completed.

3. Increase adult treatment resources.	Tribe to assess needs for this area. Tribe to review expenditure patterns for all tribal services and request funds as needed. DBHR Staff available as a resource to assist with Treatment placement by request from the Tribe.	Have additional resources to provide additional adult treatment.	Amanda Lewis, DBHR Behavioral Health Treatment Manager *Target Date:* TBD by the Tribe; Technical assistance as requested by the Tribe.	04/27/2016 Update: Loni Greninger added a *Target Date.*
4. Improve the effectiveness of treatment services provided.	DBHR to provide more clarifying information to Office of Indian Policy and Tribe about Alerts and Incentives.	Improved planning, development, and effectiveness of treatment services.	Amanda Lewis, DBHR Behavioral Health Treatment Manager Jolene George, PGST Behavioral Health Director *Target Date:* TBD	04/27/2016 Update: Loni Greninger added a *Target Date.* DBHR would like more clarification on this item/goal.
Substance Use Disorder Prevention—Currently PGST allocates all DBHR G2G funds towards Prevention Activities.				
5. Increase prevention resources.	Tribe to assess needs for this area. Develop family activities/direct service prevention plans with SAPT funding to enhance the work of the Drug Free	Continue to seek new additional sources.	DBHR Behavioral Health Administrator Stephanie Carpenter, PGST Prevention Coordinator *Target Date:* As	04/27/2016 Update: Loni Greninger added a *Target Date.*

	Communities Program.		funding opportunities become available.	
6. Utilize community needs assessment data to design and update tribal programs.	Tribe will utilize data sources to assess the needs of the tribe. Tribe will develop resources and pursue funding sources based on the tribal needs assessment. Tribe will develop family activities/direct service prevention plans with SAPT funding to enhance the work of the Drug Free Communities Program.	Increase programs and services that meet the specific needs of the tribal community. Increase abstinence amongst the tribal community.	Stephanie Carpenter, PGST Prevention Coordinator Ray Horodowicz, DBHR Prevention Manager *Target Date:* TBD by the Tribe.	04/27/2016 Update: Loni Greninger added a *Target Date,* expected outcomes, and DBHR staff contact.
7. Tools will be identified and utilized to evaluate prevention services and promote current tribal programs to become Promising Practices and/or Evidence-based Practices (i.e., Parent Retreat, Parent/Teen Retreat).	Tribe to evaluate the data gathered and utilize for further development of prevention services.	Progression towards evidence-based culturally appropriate and traditional prevention programming.	Stephanie Carpenter, PGST Prevention Coordinator Ray Horodowicz, DBHR Prevention Manager *Target Date:* TBD by the Tribe	04/27/2016 Update: Loni Greninger added a *Target Date* and DBHR staff contact.

Mental Health Promotion Project				
8. Tribal application accepted: Mental Health Promotion Mini Grant *Mental Health Promotion Project funds come from the Mental Health Block Grant.	Tribe to implement Within our Reach curriculum	Increase parenting skills for single-parent families Decrease delinquency amongst youth	Lucilla Mendoza, DBHR Prevention System Manager-Mental Health Promotion mini-grant PGST Staff *Target Date:* Expenditure and data reports due October 31, January 31, April 30 and September 30 of each year.	04/27/2016 Update: Loni Greninger added a *Target Date* and expected outcomes.

Last Revision Date: April 27, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan Between the Puyallup Tribe of Indians

And The DSHS Division of Behavioral Health and Recovery

Substance Use Disorder Treatment and Prevention

Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—Meeting Has Not Occurred; OIP to assist in coordinating a meeting

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
DBHR does not have a current or recent plan with the Puyallup Tribe. A letter to request a meeting was mailed to the Chairman on November 3, 2015.				

Last Date of Revision: April 27, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan Between the Quileute Tribe

And The DSHS Division of Behavioral Health and Recovery

Substance Use Disorder Treatment and Prevention

Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

APPROVED ON March 31, 2016

Meeting occurred February 18, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Prevention—Currently Quileute allocates all DBHR G2G funds toward Prevention Activities.				
1. DBHR will meet quarterly with tribal staff to discuss updates and progress to 7.01 plan: first meeting will be face-to-face and reoccur by phone or in person as needed.	DBHR will provide technical assistance to identify second PBPS person to enter and monitor data entry. Partner to work on the prevention plan activities and data entry into PBPS.	Better communication between Tribe and DBHR	Janice Barrera, CD Program Director Nicole Earls, Human Services Director Miss Ann Penn-Charles, Prevention Staff Lucy Mendoza, Prevention System Manager—MHPP	04/27/2016 Update: Loni Greninger added a *Target Date*. 02/18/2016: A second person to do PBPS data entry has been identified. New activity added. Tribe has applied for Dedicated Marijuana funds to use on the Incredible Years curriculum.

			Target Date: February 2016, May 2016, August 2016, November 2016	
2. DBHR will provide training on PBPS to tribal staff.	DBHR will respond to training requests by the Tribe.	Tribal staff will have increased knowledge of how to input data into the PBPS system.	Lucy Mendoza, Prevention System Manager—MHPP *Target Date*: As requested by the Tribe.	04/27/2016 Update: Loni Greninger added a *Target Date* and expected outcome. 02/18/2016: New update to PBPS system coming soon! Training to be announced to Tribes this year.
3. Tribal request for Quarterly Expenditure Report (QER) reporting.	DBHR and the Tribe will partner to schedule training on Quarterly Expenditure Report reporting.	Increase tribal staff knowledge on what is included in QER report.	Lucy Mendoza, Prevention System Manager Loni Greninger, Tribal Administrator Brenda Francis-Thomas, Regional Manager, OIP	04/27/2016 Update: Loni Greninger added a *Target Date*. Training has not been requested to date. Goal added 02/18/2016.

Substance Use Disorder Treatment				
4. Reduce the burden of ongoing certification workload for small clinics.	DBHR and Tribe will explore waiver options available for workload reduction.	Reduced workload for small clinics.	Janice Berrera, CD Program Director Ruth Leonard, DBHR Treatment Manager Tony O'Leary, DBHR, Office Chief, Certification	04/27/2016 Update: This item could be brought to the HCA-BHA Monthly Tribal Meeting. Loni to follow up on this item with the Tribe—04/27/2016 email sent to Andrew.
5. Tribal participation at conferences.	DBHR will email conference dates to the Tribe as they are scheduled.	Increase tribal participation at state conferences.	Janice Barrera, CD Treatment Program Director Nicole Earls, Human Services Director Miss Ann Penn-Charles, Prevention Staff Lucy Mendoza, Prevention System Manager—Mental Health Promotion Project Ruth Leonard, DBHR Treatment	04/27/2016 Update: Loni Greninger added a *Target Date.* Goal added 02/18/2016. <u>Conferences:</u> -Spring Youth Forum—May 19, 2016, TBA -Say It Out Loud—May 27, 2016, Hilton Seattle Airport & Conference Center -BH Conference—June 22-24, 2016, Yakima Convention Center -COD Conference—October 3-4, 2016, Yakima Convention Center

			Manager *Target Date:* As conference opportunities become available.	-Prevention Summit—November 6-8, 2016, TBA.
6. Accessing services for co-occurring youth.	DBHR and the Tribe will partner to find residential placements for co-occurring youth.	Increase access to services for tribal youth and increase success in tribal youth completing services.	Nicole Earls, Human Services Director Ruth Leonard, DBHR Treatment Manager *Target Date:* As requested by the Tribe.	04/27/2016 Update: Loni Greninger added a *Target Date.* Goal added 02/18/2016.
Mental Health Promotion Project				
7. Continue to provide substance abuse prevention and mental health promotion services.	Tribe to identify substance abuse prevention and mental health promotion program goals and objectives. Services have been identified in the PBPS and are currently being implemented.	Increase tribal community engagement.	Miss Ann Penn-Charles, Prevention Staff Lucy Mendoza, DBHR, Prevention System Manager—MHPP *Target Date:* As requested by the Tribe.	04/27/2016 Update: Loni Greninger added a *Target Date* and an expected outcome.

8. DBHR will provide training on PBPS to tribal staff specifically for MHPP activities reporting.	DBHR will respond to training requests by the Tribe.	Increase access to resources for tribal community, and increase overall community wellness.	Lucy Mendoza, Prevention System Manager—MHPP *Target Date:* As requested by the Tribe.	04/27/2016 Update: Loni added a *Target Date* and expected outcome. 02/18/2016: New update to PBPS system soon!

Last Revision Date: April 27, 2016 by Loni Greninger, DBHR Tribal Liaison; small items added after tribal approval on March 7, 2016

7.01 Plan Between the Quinault Indian Nation

And The DSHS Division of Behavioral Health and Recovery

Substance Use Disorder Treatment and Prevention

Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—Meeting Has Not Occurred; OIP will assist in coordinating a meeting

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
DBHR does not have a current or recent plan with the Quinault Indian Nation. A meeting is being scheduled for May or June 2016.				

Last Revision Date: April 27, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan Between the Shoalwater Bay Indian Tribe
And The DSHS Division of Behavioral Health and Recovery
Substance Use Disorder Treatment and Prevention
Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—Meeting Has Not Occurred; OIP to assist in coordinating a meeting (Draft plan from 2015)

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Prevention—Currently Shoalwater allocates all DBHR G2G funds toward Prevention Activities.				
1. The Shoalwater Bay Indian Tribe will continue to provide youth substance abuse prevention programs.	Shoalwater Bay Indian Tribe will continue to provide support and staff for prevention programs. Activities are listed within the Performance Based Prevention System (PBPS).	Increased youth participation and involvement in prevention efforts.	Tony Johnson, Shoalwater Bay Prevention Services Ivon Urquilla, DBHR Prevention Manager *Target Date:* Expenditure and date reports are due October 31, January 31, April 30, and September 30 of each year.	04/27/2016 Update: Loni Greninger added a *Target Date.*

2. Continue positive communication with Tribe and DBHR.	Have quarterly check-ins regarding reporting and billing to continue meeting deadlines in a timely manner. The Shoalwater Bay Indian Tribe will continue to report activities into the PBPS system.	Increase Tribe's skills in data input and in pulling reports when the Tribe would like to see any trends.	Tony Johnson, Shoalwater Bay Prevention Services Ivon Urquilla, DBHR Prevention System Manager *Target Date:* February 2016, May 2016, August 2016, November 2016	04/27/2016 Update: Loni Greninger added a *Target Date* and an expected outcome.
3. Review and research trainings and conferences for tribal staff and tribal youth to participate.	DBHR will notify tribal staff of upcoming prevention and treatment events.	Staff and youth training and education. Participants will learn new ideas and information to bring back and implement on reservation.	Tony Johnson, Shoalwater Bay Prevention Services Ivon Urquilla, DBHR Prevention System Manager Amanda Lewis, DBHR Treatment Manager *Target Date:* As conference dates and trainings become available.	04/27/2016 Update: Loni Greninger added a *Target Date,* expected outcome, and DBHR Treatment Manager contact. 09/2015 Update: Jason Bean-Mortinson has taken a job opportunity elsewhere. Amanda Lewis has been hired in his place.

Last Revision Date: April 27, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan Between the Skokomish Indian Tribe
And The DSHS Division of Behavioral Health and Recovery
Substance Use Disorder Treatment and Prevention
Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—Meeting Occurred April 27, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Prevention				
1. The Skokomish Tribe is currently working to allocate some DBHR Gov to Gov funds toward prevention activities.	Tribe is currently working on choosing activities and finalizing a budget to use the funds for the rest of FY 2016. Activities will include suicide prevention and canoe journey, as well as other cultural activities.	Increased community engagement and education on substance use disorder services.	Jared Langton, Skokomish Behavioral Health Services Manager Ivon Urquilla, DBHR Prevention Manager.	04/27/2016 Update: Skokomish hopes to finalize their plan to spend prevention funds by June 30, 2016. Goal added 04/27/2017.
2. DBHR to keep the Tribe informed of prevention-based trainings and conferences.	DBHR will email training and conference opportunities to the Tribe.	Increase tribal participation at DBHR trainings and conferences. Increase knowledge	Ivon Urquilla, DBHR Prevention Mgr Loni Greninger, DBHR Tribal Liaison	<u>Conferences:</u> Spring Youth Forum—May 19, 2016, TBA Prevention Summit—November 6-8, 2016, TBA.

		on prevention activities for youth and adults.	*Target Date:* As training and conference opportunities become available.	Goal added 04/27/2017.
Substance Use Disorder Treatment				
3. Keep the Tribe informed of treatment-based trainings and conferences.	DBHR will email training and conference opportunities to the Tribe.	Increase tribal participation at DBHR trainings and conferences. Increase knowledge on treatment activities for youth and adults.	Ruth Leonard, DBHR Treatment Manager Loni Greninger, DBHR Tribal Liaison *Target Date:* As training and conference opportunities become available.	<u>Conferences:</u> Say It Out Loud—May 27, 2016, Hilton Seattle Airport & Conference Center BH Conference—June 22-24, 2016, Yakima Convention Center COD Conference—October 3-4, 2016, Yakima Convention Center Goal added 04/27/2017.
4. Tribe will use DBHR Gov to Gov treatment funds on Noloxone Kits.	Tribe will access funding for kits from DBHR Gov to Gov funds. Tribal Behavioral Health and Tribal Medical Clinic will train, educate, and distribute the kits to other tribal departments (Tribal Police, community members, etc.). Skokomish Tribe would be willing to	Connect tribal community members to treatment services, educate the community, collaboration between tribal departments, mitigate opioid	Ed Fox, Tribal Health Clinic Director Jared Langton, Tribal Behavioral Health Services Manager	04/27/2016 Update: the Tribe has currently purchase about 15 kits and has trained the Tribal Police Department. The Tribe also has a tracking system for each kit. Goal added 04/27/2017.

	facilitate a workshop on their experience with the Noloxone kits at the next Co-Occurring Conference in 2017.	overdose, and increase engagement with tribal behavioral health services.	*Target Date:* TBD by the Tribe.	
5. Add Recovery Support Services (RSS) to Contract Consolidation Tribal Plan.	DBHR will provide technical assistance on revising Skokomish's Tribal Plan to include RSS.	Increase access and availability to recovery support services.	Jared Langton, Tribal Behavioral Health Services Manager Ruth Leonard, DBHR Treatment Manager Loni Greninger, DBHR Tribal Administrator *Target Date:* June 2016	Goal added 04/27/2017.
Mental Health Promotion Project				
6. The Skokomish Tribe is interested in applying for the Mental Health Promotion Project (MHPP) Grant. *MHPP funds come from the Mental Health Block Grant.	Tribe will fill out the application, form a plan and budget to begin MHPP activities for Fiscal Year 2017. DBHR to provide technical assistance when requested by the Tribe.	Increase access to mental health wellness activities within the tribal community.	Tiffany Eklund, Tribal Mental Health Clinical Supervisor Lucy Mendoza, DBHR MHPP Manager *Target Date:* May	04/27/2016 Update: Lucy or Loni to email MHPP application to the Tribe. Goal added 04/27/2017.

			2016	
Dedicated Marijuana Account Funds				
7. The Skokomish Tribe is interested in applying for the Dedicated Marijuana Account funds (DMA). *DMA funds come from the Initiative 502 funds.	Tribe will fill out the application, form a plan and budget to begin DMA activities for Fiscal Year 2017. Funds are specifically to be used for youth treatment or prevention activities. DBHR to provide technical assistance when requested by the Tribe.	Increase youth participation in prevention and treatment activities. Increase youth skills and confidence for abstinence.	Jared Langton, Tribal Behavioral Health Services Manager Loni Greninger, DBHR Tribal Administrator *Target Date:* May 2016	04/27/2016 Update: Loni Greninger gave Jared, Leah, and Ed each a copy of the DMA application. Goal added 04/27/2017.

Last Revision Date: April 27, 2016 by Ed Fox, Leah Niccolocci, Tiffany Ekland, Jared Langton (Skokomish), and Ruth Leonard, Teresa Claycamp, and Loni Greninger (DBHR).

7.01 Plan Between the Snoqualmie Indian Tribe, Muckleshoot Indian Tribe,
And The DSHS Division of Behavioral Health and Recovery
Substance Use Disorder Treatment and Prevention
Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—Meeting Has Not Occurred; OIP will assist in coordinating a meeting

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
A letter was mailed to Chairwoman Cross and Chairwoman Lubenau on 12/24/2015. These two tribes were originally part of the larger "Region 2 Tribes" group, but it was decided at the November 2015 meeting that these two tribes might want to form their own meeting as they work more closely with the King County BHO, rather than the North Sound BHO. Both tribes have expressed interest in this idea. The Office of Indian Policy Regional Manager will be reaching out to these tribes, the King County BHO, and DBHR to form a regularly scheduled meeting.				

Last Revision Date: March 31, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan Between the Spokane Indian Tribe
And The Division of Behavioral Health and Recovery, DSHS
Substance Use Disorder Treatment and Prevention

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP[1]).

APPROVED March 23, 2016
Meeting occurred March 22, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for FY Starting Last July 1**
1. Collaborative meetings with Spokane Tribe HHS staff and DBHR Prevention and Treatment staff.	Spokane Tribe HHS and DBHR to meet every six months. DBHR to keep communication open with the tribal programs due to continued changes with the Tribe and state Integration Plan.	Increased communication and information about state behavioral health integration. Continue open communication between the Tribe and state.	Regional Manager, OIP Spokane Tribe HHS Director Tribal Liaison, DBHR *Target Date:* September 2016.	Goal added 03/22/2016. Completed 7.01 Meeting on 03/22/2016 at the Spokane Tribe HHS office. Ann Dahl, Tina Barger-Anderson (Spokane Tribe HHS), Daryl Toulou (DSHS OIP), Michael Langer, Erin James, and Loni Greninger (DSHS DBHR) attended.

Substance Use Disorder Prevention—Currently Spokane allocates all DBHR G2G funds towards Prevention Activities.				
2. Facilitate Health Youth Survey at Spokane Tribal schools.	DBHR to provide Health Youth Survey to the Spokane Tribe if requested by the Tribe.	Increased knowledge on drug and alcohol related use within middle and high school age youth.	Spokane Tribe HHS Director Loni Greninger, DBHR Tribal Liaison Erin James, DBHR Prevention Manager *Target Date:* TBD by the Tribe	04/27/2016 Update: Erin James has taken a job opportunity elsewhere. In the interim the Tribe may contact Lucy Mendoza or Loni Greninger. Goal added 03/22/2016.
3. Application for Dedicated Marijuana Account.	DBHR will provide application materials to the Spokane Tribe HHS. Funds will be awarded either July or September 2016.	Increased prevention against marijuana use amongst youth.	Spokane Tribe HHS Director Loni Greninger, DBHR Tribal Liaison Erin James, DBHR Prevention Manager	04/27/2016 Update: Loni Greninger added a *Target Date.* Goal added 03/22/2016.

			Target Date: July 2016	
4. Conferences and Training opportunities for substance use disorder prevention related issues.	DBHR to provide the Tribe with conference dates and training information as it becomes available.	Increased participation by the Tribe at conferences and other training opportunities.	Spokane Tribe HHS Director Loni Greninger, DBHR Tribal Liaison Erin James, DBHR Prevention Manager *Target Date:* As training and conference opportunities become available	04/27/2016 Update: Loni Greninger added a *Target Date.* <u>Conferences Dates:</u> Spring Youth Forum—May 19, 2016, Great Wolf Lodge, Centralia Prevention Summit—November 6-8, 2016, location TBA.
5. Add Suicide Prevention to prevention plan.	DBHR to provide technical assistance, upon request, to add suicide prevention activities to the Tribe's prevention plan.	Increased education and awareness of suicide prevention resources. Increased participation by tribal community in suicide prevention activities.	Spokane Tribe HHS Director Loni Greninger, DBHR Tribal Liaison Erin James, DBHR	04/27/2016 Update: Loni Greninger added a *Target Date.* Goal added 03/22/2016.

			Prevention Manager *Target Date:* May 2016	
6. Technical assistance on substance use disorder prevention plan, activities, and issues.	DBHR to provide technical assistance, upon request, on prevention plan creation, changes, or other prevention issues.	Increased collaboration between the Tribe and DBHR.	Spokane Tribe HHS Director Loni Greninger, DBHR Tribal Liaison Erin James, DBHR Prevention Manager *Target Date:* As requested by the Tribe	04/27/2016 Update: Loni Greninger added a *Target Date.* Goal added 03/22/2016.

Behavioral Health Training				
7. Conferences and Training opportunities for substance use disorder treatment related issues.	DBHR to provide the Tribe with conference dates and training information as it becomes available.	Increased participation by the Tribe at conferences and other training opportunities.	Spokane Tribe HHS Director Loni Greninger, DBHR Tribal Liaison MeLinda Trujillo, DBHR Treatment Manager *Target Date:* As training and conference opportunities become available	04/27/2016 Update: Loni Greninger added a *Target Date.* Goal added 03/22/2016. <u>Conference Dates</u>: Say It Out Loud—May 27, 2016, Hilton Seattle Airport & Conference Center BH Conference—June 22-24, 2016, Yakima Convention Center COD Conference—October 3-4, 2016, Yakima Convention Center
8. Technical assistance on substance use disorder treatment issues.	DBHR to provide technical assistance, upon request, on questions or other issues regarding substance use disorder treatment.	Increased collaboration between the Tribe and DBHR.	Spokane Tribe HHS Director Loni Greninger, DBHR Tribal Liaison MeLinda Trujillo, DBHR Treatment	04/27/2016 Update: Loni Greninger added a *Target Date* and a DBHR Treatment contact. Goal added 03/22/2016.

			Manager *Target Date:* As requested by the Tribe	
DBHR Certification				
9. Technical assistance	DBHR Certification Unit to provide technical assistance, upon request, on mental health licensing, manuals, policies/processes.	Increased collaboration between the Tribe and DHBR. Tribe will have mental health licensing, manuals, policies/processes completed.	Spokane Tribe HHS Director Judy Holman, DBHR Mental Health Licensing Supervisor Loni Greninger, DBHR Tribal Liaison *Target Date:* As requested by the Tribe	04/27/2016 Update: Loni Greninger added a *Target Date.* Goal added 03/22/2016. Judy Holman has visited the Tribe to help with manuals and policies. Judy is scheduled to visit again in September 2016.

Last Revision Date: April 27, 2016 by Loni Greninger, DBHR Tribal Liaison; small changes after tribal approval on March 23, 2016.

7.01 Plan Between the Squaxin Island Indian Tribe

And The DSHS Division of Behavioral Health and Recovery

Substance Use Disorder Treatment and Prevention

Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—Meeting Has Not Occurred; OIP to assist in coordinating a meeting

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
DBHR does not have a current or recent plan with the Squaxin Island Tribe. A letter of request was mailed to the Chairman on November 3, 2015.				

Last Revision Date: April 27, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan Between the Suquamish Indian Tribe
And the DSHS Division of Behavioral Health and Recovery
Substance Use Disorder Treatment and Prevention
Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—Meeting Has Not Occurred; OIP to assist in coordinating a meeting (Draft plan from 2015)

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Substance Use Disorder Prevention—Currently allocates all DBHR G2G funds towards Prevention Activities.				
1. Improve prevention/mental health promotion programming; incorporate more community input in plans with programs.	Explore prevention/mental health promotion activities that are applicable to tribal communities.	Increase knowledge of staff competencies.	Barb Santos, Sports and Rec. Director, Suquamish Tribe Camille Goldy, DBHR Pre-vention System Manager	
2. Increase community prevention collaboration by supporting Council	Attend community planning meetings to determine action steps for prevention.	Identify and implement plan and/or strategies for	Barb Santos, Sports and Rec. Director,	

proclamation to eliminate drugs in community.		prevention.	Suquamish Tribe Suquamish Prevention Team	
3. Review DBHR Prevention Programming Plan	Evaluate Suquamish Tribe Planning Worksheet Objectives	Compare to local data in order to evaluate if revisions need to be made.	Barb Santos, Sports and Rec. Director, Suquamish Tribe Camille Goldy, DBHR Pre-vention System Manager	
4. Improve prevention/mental health promotion programming; incorporate more community input in plans with programs.	Explore prevention/mental health promotion activities that are applicable to tribal communities.	Increase knowledge of staff competencies.	Barb Santos, Sports and Rec. Director, Suquamish Tribe Camille Goldy, DBHR Pre-vention System Manager	
Substance Use Disorder Treatment				
5. DBHR Treatment Technical Assistance	Request support for Residential Placement assistance from	Have additional resources to provide	Amanda Lewis, DBHR	12/17/2015: Jason Bean-Mortinson has moved on from DBHR and

	DBHR Treatment Staff when needed. Request information regarding Oxford House availability.	additional adult treatment. Explore placement of Oxford House in community.	Behavioral Health Treatment Manager	Amanda Lewis will be assigned to Suquamish. Amanda, Loni Greninger, and Brenda Francis-Thomas (OIP) came to meet Suquamish Wellness Center staff. 10/06/2015: Ruth Leonard, DBHR Treatment Manager, and Loni Greninger, DBHR Tribal Liaison visited with Suquamish Wellness Center staff to troubleshoot TARGET issues.

Last Revision Date: March 31, 2016 by Loni Greninger, DBHR Tribal Liaison

7.01 Plan Between the Yakama Nation

And the DSHS Division of Behavioral Health and Recovery

Substance Use Disorder Treatment and Prevention

Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—AWAITING TRIBAL APPROVAL

Meetings occurred February 22, 2016 and March 3, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the Fiscal Year Starting Last July 1**
Collaboration				
	DBHR and the Yakama Nation will meet together to discuss services, issues, resources, technical assistance, and other trainings as needed and as requested. Meetings may be requested by the Yakama Nation Tribal Council or Yakama Nation Alcoholism Program staff. 2/23/2016 Janet Gone, OIP, to facilitate a collaborative	To facilitate communication and share information to better understand the needs of the tribal community.	DBHR Director DBHR Behavioral Health Administrator DBHR Treatment Manager	2/22/2015 7.01 Meeting. Meeting with Janet (Office of Indian Policy), HEW Committee, Darryl Scott, Yakama Nation Adult Chemical Dependency Program Director, Chris Imhoff, Stephanie Atherton, MeLinda Trujillo (DBHR), and Ken Roughton, Ph.D., Director for the Greater Columbia Behavioral Health Regional Support Network. Chairman Goudy requested Outcomes and Status Up-Dates to be in the 7.01 Plan.

	meeting between the Regional Support Network and Tribal regarding treatment for co-occurring disorders. 7.01 Meetings to be scheduled around February of each year that the Yakama Nation would like to participate. Participation in 7.01 Planning is at the decision of the Nation.			09/28/2015: Tiffany Villines, Behavioral Health Administrator, and Loni Greninger, Tribal Administrator, met with Darryl, Kathy, Connie, Cynthia, and Janet Gone. Issues discussed: how to interact with the Behavioral Health Organizations and DBHR available services.
Substance Abuse Prevention—Currently allocates all DBHR G2G funds towards Prevention Activities.				
	The Yakama Nation and DBHR will partner to create a plan on what prevention activities the Nation would like to implement. 2/23/2015 The Yakama Tribe plans to continue using prevention funding to go towards the Spring Jam and the Round Dance, scheduled for April 2015 and May 2015 to meet program objective described under expected outcome. 2/22/2016 The Tribal Council expressed how they would like to see more outcome information on prevention	Continue with Prevention Plan in order to meet Tribal. Prevention Program objective: *Increase involvement in traditional cultural activities among families within Yakama Nation.*	DBHR Prevention Manager	3/21/2014 Meeting with Tribal Program staff to discuss any needs or problems. May 2014 Round Dance – 314 individuals participated in 16 hours of traditional Round Dance, singing, and drumming. 2/23/2015 Prevention activities since prior meeting: April 2014 Spring Jam – 507 youth participated in 48 hours of culturally enriched activities including drum making, basket weaving, and medicine/healing bag creation.

	activities the tribal prevention does throughout the year and maybe even what the activity is supposed to accomplish.			
Substance Use Disorder Treatment				
	Increase communication between the YN Alcoholism Program and DBHR in order to keep up with changing events and trainings that could benefit the programs and tribal community. 2/22/2016 DBHR and the Yakama Nation will be in discussion about certifying the Yakama Alcoholism Program to have Intensive Outpatient Treatment for adults if the Yakama Nation Tribal Council approves.	Increased communication and support between the tribal program and DBHR.	DBHR Behavioral Health Administrator DBHR Treatment Manager 2/23/2015: Target Date for 2016.	3/21/2014 Meeting with Tribal Program staff to discuss any needs or problems. 2/23/2015 Meeting with the HEW Committee, Yakama Tribal Programs, Darryl Scott Chemical Dependency Program Director and his Administrative Assistant Mikal Godley. Discussed continued contact with the tribal chemical dependency program about upcoming trainings, any changes with Behavioral Health Organizations, and already scheduled trainings at the adult chemical dependency program throughout the year of 2015. 3/10/2015 Information was requested on getting treatment programs certified beyond level 1. MeLinda sent this information to the program. 2/22/16 The Tribal Council was presented with progress of adult

				substance use disorder program becoming certified for intensive outpatient (IOP) treatment. Certification has been notified and is willing to work with the Yakama Alcoholism Program Director to become certified for IOP for adults. The Director knows he will need to have manuals written for IOP and the lecture series and schedule in accordance with WAC 388-877B-0350 - Level II intensive outpatient services which is a concentrated program of outpatient treatment services of individual and group counseling, education and activities. The Director is also working on getting the youth program certified and getting more prevention programs going in the community.
Education				
	Yakama Nation would like to be kept updated with trainings provided by DBHR. Requested that training for all Chemical Dependency Staff at YN Treatment Center Programs. It has been requested that the Yakama Behavioral Health Program receive the De-	To increase knowledge on ASAM placement criteria for treatment and co-occurring conditions.	DBHR Certification DBHR Treatment Manager	3/21/2014 Technical assistance requested for The American Society of Addiction medicine (ASAM) Trainings, the tribe has requested they host and invite Eastern Washington Tribes. 3/21/2014 Training on De-escalation of violence for the youth program staff.

	escalation training as well and to be scheduled before 2016.			2/23/2015Certification will be conducting an ASAM and Case Management Training in April, 2015. 2/23/2015 Darryl Scott has requested to the Council that he would be working on getting the adult program certified to provide intensive outpatient services and getting the youth program certified to do treatment. 2/23/2015 Completed De-escalation training for all adult program staff and some of the youth program staff. 4/2015 Certification conducted an ASAM and Case Management Training.
	Yakama Nation would like to be kept updated with conferences provided by DBHR.	To increase staff skills for conflict resolution with the youth.	Behavioral Health Program Manager	2/22/2016 Upcoming Conferences: -Saying It Out Loud (geared toward the LBGT population) on May 26, 2016 in Seattle. -Co-Occurring Conference on October 1-3, 2016 at the Yakima Convention Center.
TARGET Data				
	DBHR staff will work with the tribal program staff to access TARGET (Treatment	To get the programs current in TARGET entry and Provider	DBHR Treatment Manager	7/22/2014 task accomplished, TARGET Entry staff has been trained and they are getting the patient

	Assessment Report Generation Tool) and to become current with Medicaid billing.	One billing.		information into TARGET and working on Provider One billing. 8/13/2014 DBHR staff trained the Yakama Chemical Dependency program staff on TARGET. Staff can now fill out the forms for the Administrative Assistant to get the information into TARGET. Adult Program has billed Medicaid back a year and is current with their billing. 2/23/2015 The Adult Chemical Dependency Program is current with TARGET entry and working on getting current with their Medicaid Billing. January 2015-Janurary 2016 treatment and TARGET outcomes: Treatment TARGET outcomes from January 2015 to January 2016: There were 186 admissions into treatment and 156 assessments with a total of 539 hours counselors spent conducting face to face assessments and intakes into treatment. There were a total of 501 patients seen with a total of 2,580.20 hours the counseling staff spent conducting groups or individuals. If you add

				2,580.20 group and individual hours with 539 assessment or intake hours that is a total of 3,119.20 hours the counseling staff has spent counseling and conducting groups, individuals, and assessments, which does not include case management. 80.34% of the patients seen are native American with 49.63% male. The age of patients seen are: 17-17 years of age .49% 19-20 years of age 2.95% 21-30 years of age 27.52% 31-40 years of age 23.1% 41-50 years of age 18.67% 51-65 years of age 11.3% and Over 65 years of age 1.72%
Behavioral Health Services Integration				
	DBHR and the Yakama Nation will meet together to discuss integrating behavioral health services – substance use disorder and mental health – treatment services, resources, communication, and technical assistance. Meetings may be requested by the Yakama Nation Tribal Council, Yakama Nation Alcoholism Program	To facilitate integrating substance use disorder and mental health services into Yakama Nation Behavioral Health. The Yakama Nation Behavioral Health will maintain one license combining all	DBHR Director or Deputy Director DBHR Behavioral Health Administrator DBHR Treatment	7/16/2015: MH Attestation Meeting. Met with HEW Committee, Katherine Saluskin, Darryl Scott, Janet Gone (Office of Indian Policy), and Dennis Malmer (DBHR). Discussion about the process to enact Tribal Attestation for mental health services. 9/11/2015: Meeting between Katherine Saluskin and Dennis

	staff, or Yakama Nation Behavioral Health Services staff.	behavioral health clinical services.	Manager	Malmer. Revised mental health agency policy and procedure manuals to pursue mental health attestation. 02/12/2016: Dennis Malmer, Deputy Director met with Janet Gone, and a number of Tribal Representatives to discuss behavioral health services integration. Recommendation to move forward exploring advantages to structure substance use disorder and mental health services into an integrated behavioral health program. 02/15/16: 7.01 meeting with Yakama Nation Tribal Council. Dennis Malmer presented information about integrating substance use disorder and mental health services into a behavioral health program. Discussion about the process to provide integrated services and the vision to provide services at a single location.

Last Revision Date: March 1, 2016 by Janet Gone (OIP), Dennis Malmer, MeLinda Trujillo, Erin James, Loni Greninger (DBHR), and Yakama Nation Tribal Council

7.01 Plan Between the Lummi Tribe, Nooksack Tribe, Samish Tribe, Sauk-Suiattle, Tribe, Stillaguamish Tribe, Swinomish Tribe, Tulalip Tribes, and Upper Skagit Tribe

And the DSHS Division of Behavioral Health and Recovery

Substance Use Disorder Treatment and Prevention

Plan Dates: April 1, 2016-March 31, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

DRAFT—AWAITING TRIBAL APPROVAL

Meetings occurred August 5, 2015, November 3, 2015, and February 3, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
1. Encourage governmental partnering activities with counties, cities, and legislators to form a positive working relationship.	Continue annual 7.01 meetings and discussions b/w Tribes, counties, and DBHR.	Improved working relationships w/Tribes, counties, and DBHR.	Tribal Representatives County Representatives Aimee Gone, OIP Aimee.gone@dshs.wa.gov MeLinda Trujillo, DBHR Melinda.trujillo@dshs.wa.gov Lucy Mendoza, DBHR Lucilla.mendoza@dshs.wa.gov Loni Greninger, DBHR Loni.greninger@dshs.wa.gov	02/03/2016: As of August 2015 Harvey Funai has taken on a different position. DBHR is working on filling the position. 11/04/2015: Loni to reach out to Muckleshoot and Snoqualmie to see if there is interest in regularly scheduled 7.01 meetings with the King County BHO. SIHB is interested. Muckleshoot and Snoqualmie have been removed from the title of this plan.

				<u>2015-2016 7.01 Meeting Dates</u> <u>Meeting time: 9:30am-3:00pm</u> 08/05/2015-Pioneer Center North hosted; Completed 11/04/2015-Swinomish hosted; Completed 02/03/2016-Stillaguamish hosted; Completed 05/04/2016-Sauk-Suiattle to host 08/03/2016-Upper Skagit to host 11/02/2016-host TBD 02/01/2017-host TBD <u>2015-2016 RTCC Meeting Dates</u> 12/08/2015-Upper Skagit to host 03/08/2016-Sauk-Suiattle to host 06/14/2016-Tulalip to host 09/13/2016-DSHS DCS Everett to host 12/13/2016-host TBD
	Attend workgroup and committee meetings.	Improved working relationships between partners.	Aimee Gone, OIP Jennifer Davenport, DBHR MeLinda Trujillo, DBHR Lucy Mendoza, DBHR Loni Greninger, DBHR Region 2 Tribes	

	Invite county representatives from the five northern counties to the November 7.01 meetings.	Improved working relationships b/w Tribes and counties.	Aimee Gone, OIP	This item added 11/04/2015.
	Invite Accountable Communities of Health representatives to November 7.01 meetings. Joe Valentine is the Chair of the local ACH.	Improved working relationships b/w Tribes and ACHs.	Aimee Gone, OIP Loni Greninger, OIP	This item added 11/04/2015.
2. Ensure communications with Tribal Governments for sharing joint planning and problem solving.	Upon tribal request, DBHR local office will coordinate with the Tribe to provide technical assistance.	Effective communication between Region 2 Tribes and DBHR staff.	Tribal Representatives: Helen Fenrich, Tulalip Gina Skinner, Tulalip Bill McKay, Tulalip DBHR: Loni Greninger, MeLinda Trujillo, Lucy Mendoza	
	Upon tribal request, North Sound Mental Health Administration Behavioral Health Organization will coordinate with the Tribe to provide technical assistance.	Effective communication between Region 2 Tribes and the NSMHA BHO staff.	For Behavioral Health Organization: Joe Valentine	

	Utilize TARGET to track treatment outputs until decommission date. *See Appendix A.* Technical assistance for TARGET can be scheduled through the MeLinda or Loni.	Better understanding of issues and opportunities to identify possible alternative services.	For Treatment (Tulalip): MeLinda Trujillo For Treatment (other Region 2 Tribes): Jennifer Davenport	01/13/2016: Tribal TARGET Workgroup had its second meeting to continue discussions on new data elements that will be required of Tribes who continue to receive Contract Consolidation G2G funds. 11/04/2015: Tribes who choose to not contract with a BHO can continue to use TARGET after April 1, 2016. The new data collection store within DBHR is called the Behavioral Health Data Store. 11/18/2015: The Tribal TARGET Workgroup had their first meeting to discuss questions and transition from TARGET for Tribes and RAIOs. Contact Loni Greninger if you would like to participate or receive meeting minutes: loni.greninger@dshs.wa.gov.
	Use PBPS to track prevention data. DBHR to offer training to Tribes when PBPS system updates. Trainings for PBPS can be	Better understanding of issues and opportunities to identify possible alternative services.	For Prevention: Lucy Mendoza For PBPS: Lucy Mendoza For Mental Health Promotion Project: Lucy Mendoza	11/04/2015 update: Lucy Mendoza hosted two webinar trainings on data entry in PBPS on [insert dates here].

	webinar/one-on-one/ regional.			
	DBHR to ensure all DBHR staff has attended G2G and Centennial Accord/7.01 Training.	DBHR staff will have an improved understanding of G2G communication protocols and tribal sovereignty and history.	For G2G and 7.01 training: Aimee Gone	11/04/2015 update: Aimee Gone will be coordinating with DBHR for 7.01 Trainings soon.
	DBHR to mediate if a Tribe or BHO feels that mediation is necessary. If Tribe is having an access issue, please contact Loni Greninger or Joe Valentine right away.	Agreement reached and conflict resolved between Tribe and BHO.	For issues between a Tribe and BHO: Aimee Gone, Loni Greninger, Joe Valentine.	This item added 11/04/2015.
3. Service Enhancements and Contract Efficiencies.	Tribes and DBHR will continue to maximize contracting process efficiencies. DBHR needs to improve process of getting Contract Consolidation funds to Tribes in a timely manner. Description of Contract Consolidation and reporting requirements—*see Appendix B.*	Improved and timely contracting process, with reasonable reporting requirements and performance expectations.	Tribal Representatives Aimee Gone, OIP Loni Greninger, DBHR	11/04/2015: There were some issues that needed to be worked out in the DBHR Fiscal department. Fiscal and program staff are working on getting the funding amounts for each Tribe to the Office of Indian Policy, and OIP will send the funds to the Tribes.

	Advocate for improvement of billing procedures to create and maintain meaningful partnerships throughout the contract process.	Work collaboratively to improve billing procedures.	Aimee Gone, OIP Loni Greninger, DBHR Jessie Dean, HCA	02/03/2016: HCA Tribal Billing Workgroup is hosted via webinar, teleconference, and in person in Olympia at HCA every 2nd Wednesday of the month from 9am-10am. To be added to this workgroup please contact Jessie Dean, HCA Tribal Liaison at Jessie.dean@hca.wa.gov.
4. Training and Support: Improve Training and Support for Region 2 Tribes.	Develop process to notify Tribes of trainings in the areas of prevention, intervention, treatment, after-care, contract management, MIS, and cultural diversity.	Tribal staff will be able to access information on training opportunities.	Aimee Gone, OIP Loni Greninger, DBHR Lucy Mendoza, DBHR Jennifer Davenport, DBHR MeLinda Trujillo, DBHR	
	Tribal Sharing: What is working or not working.	Improved understanding between Tribes on what everyone is doing with DBHR and other funding. A "Learning Community".	Tribal Representatives	
	DSHS staff to be trained via Policy 7.01 or GOIA's G2G. Suggest BHO's also have Policy 7.01 or GOIA's G2G training.	DBHR staff will have an improved understanding of G2G communication protocols and tribal sovereignty and	Aimee Gone, OIP	11/04/2015 update: Aimee Gone will be coordinating with DBHR for 7.01 Trainings soon.

		history.		
	Training for DBHR's new data system: Behavioral Health Data Store.	Tribal staff will be able to enter data into the new DBHR data system.	Loni Greninger, DBHR	This item added 11/04/2015.
	Training for Provider One.	Tribal staff will be able to enter data into the Provider One system.	Jessie Dean, HCA	This item added 11/04/2015.
5. Behavioral Health Conference Planning.	North Sound Mental Health Administration BHO to facilitate conference planning meetings with Tribes.	Networking and improved relationships between community partners.	Tribal Representatives Joe Valentine, NSMHA BHO	11/04/2015 Update: Tribes would like to add some training tracks to the conference: Integration, WISe, and Children's Mental Health. <u>Other Conferences:</u> COD Conference—October 3-4, 2016, Yakima Convention Center BH Conference—June 22-24, 2016, Yakima Convention Center Say It Out Loud—May 27, 2016, Hilton Seattle Airport & Conference Center Prevention Summit—October 2016, TBA

Behavioral Health Organization

Mental Health Coordination of Services

Implementation Plans

Coordination of Services Implementation Plan Between the Cowlitz Indian Tribe
And The Great Rivers Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred (Draft plan from 2015)

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Have you scheduled regular meetings with the tribes to discuss the Collaboration Plan and/or Progress Report? When and how often do you meet?	TRSN, Southwest RSN, and Clark RSN meet with Cowlitz Tribe representatives annually to discuss the 7.01 plan and as needed to maintain meaningful collaboration.	Meaningful collaboration to develop consensus on content and implementation of 7.01 plan.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	Meetings with Cowlitz Indian Tribal Health Services began on November 14, 2009, at the Tribal Health Services offices in Longview, WA. Previously, there had not been any formal rela-tionships established with TRSN. The TRSN Administrator has attended meetings in collaboration with Southwest RSN and Clark RSN to discuss the 7.01 plan.

Have your RSN administration staff, contractors, i.e. CMHA administrators, supervisors, or their pro-gram staff met with the tribes in your area and identified issues that need to be addressed? What were the topics of the issues? What were the agreeable solutions? Has your RSN identified for the tribes one or two contact people with the RSN?	Attend meetings with Cowlitz Tribe representatives as needed to identify goals and objectives and receive input from the tribe on solutions for those issues identified.	Increased understanding of tribal member mental health service need and service availability; update contact information.	Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator Trisha Young, TRSN Quality Manager	Cowlitz Tribe has shared the following historical information: the Cowlitz Tribe is not reservation based and is not a recognized tribe by the federal government. Tribal members are assimilated into the culture and typically have higher education and lower Medicaid rates. Past meetings have identified concerns related to services for Cowlitz Tribal members that reside in East Lewis County. Tribal Health and Human Services. Individuals expressed an interest in meeting with the RSN contracted mental health provider in Lewis County to discuss access and services. The previous TRSN administrator was in the process of facilitating this meeting when he retired. The TRSN Administrator, Brian Cameron, is the

				identified con-tact for TRSN. A secondary contact is identified as Trisha Young, quality manager.
Have your RSN administration and contracted providers included tribal con-tacts in your information sharing, problem-solving, and planning activities? Who are your contacts at the tribe for consultation? For service delivery?	TRSN providers include tribal contacts in information sharing. Representatives are also included on distribution lists at the TRSN.	Increased understanding by tribal represen-tatives of issues related to planning services within TRSN; Increased awareness and under-standing by TRSN and provider staff of specific tribal needs and planning activities.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	TRSN providers include tribal contacts in information sharing. Representatives are also included on distribution lists at the TRSN. The director of the Cowlitz Indian Tribe Health Clinic, Jim Sherrill, is the primary contact for TRSN.
Have you notified tribes of funding opportunities, available grants, or training opportunities, including from the RSN and/or your contracted providers? What were they?	TRSN staff will notify tribal representatives of specific funding opportunities that may come available to the tribe.	Increased information sharing, sense of collaboration and opportunity to pursue resources on behalf of American Indian populations.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	Tribal contacts are on TRSN mailing lists and so receive funding notices from a variety of sources as well as training opportunities.
Do you have any special/pilot projects that include tribal participation or need to have tribal participation? What are they?	The tribe will be invited to participate in any special/pilot projects that occur in TRSN.	Increased involvement of tribe within the RSN and provider network to increase efficient	Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron,	RSN continues to look for special/pilot projects that could involve the Cowlitz Tribe in a more active role.

		and culturally competent mental health services	Interim TRSN Administrator	
Are your employees, RSN administration, and contracted providers trained to address culturally sensitive issues, given access to culturally relevant resources, or provided tribal contacts?	TRSN providers are required to provide training on cultural issues and obtain mental health specialist consultation for ethnic minority clients. TRSN supports staff in accessing training through the statewide mental health conference and other available resources.	Increased cultural awareness and sensitivity among TRSN employees, provider net-work staff.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Trisha Young, TRSN Quality Manager Brian Cameron, Interim TRSN Administrator	TRSN providers are required to provide cultural sensitivity training to employees. Providers are also required to obtain specialist consults when appropriate. TRSN will continue to look for ways to expand the option of working with providers within the network to utilize tribal consultation as needed and appropriate. Currently, providers are re-quired to obtain specialist consults for their American Indian clients There have been discussions at meetings regarding having Cowlitz Tribe mental health staff be available to provide consultations to network providers. Currently there is only one staff person and it was felt that she would not have the time to provide

				consultations for the three RSNs that have tribal members residing in their service areas. TRSN will continue to look for ways to expand the option of working with providers within the network to utilize tribal consultation as needed and ap-propriate.
of the tribes? How? If not, have services gaps been identified and discussed?	Attend meetings as needed to identify opportunities to ad-dress gaps in access, re-sources, and coordination of culturally competent services. Respond to identified gaps with collaborative solutions.	Increased understanding of tribal needs by TRSN and its contracted mental health provider in Lewis County.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Matt Patton, Clinical Director, Cascade Mental Health Center Trisha Young, TRSN Quality Manager Brian Cameron, Interim TRSN Administrator	Previous meetings have identified concerns related to services for Cowlitz Tribal members that reside in East Lewis County. Tribal representatives expressed interest in meeting with the RSN contracted mental health provider in Lewis County to discuss access and services. The previous TRSN administrator was in the process of facilitating these meetings when he retired. TRSN will confirm a continued interest in a meeting with Cascade

				Mental Healthcare to dis-cuss concerns related to services for Cowlitz Tribal members that reside in East Lewis County.
Did your RSN and contracted providers participate in 7.01/Indian law/tribal relations training? Which staff? What kind of training was provided?		Increased understanding of tribal needs by TRSN	Trisha Young, TRSN Quality Manager	Jan Kashmitter, participated in the training and subsequent meeting at the Great Wolf Lodge in Thurston County. TRSN will continue to explore ways to learn and educate staff and providers re: AI/AN culture and incorporate into our services.
Did your RSN or contracted providers provide training to the tribes? Which tribes? What kind of training was provided?		Increase understanding of tribal needs and RSN roles and responsibilities.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Trisha Young, TRSN Quality Manager	No specific training was con-ducted by TRSN during this past year. TRSN did not dis-cuss mutual training topics during this past year.
Do you have current working agreements with the tribes? What are they? Are they current?			Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	There are currently no plans to develop a working agreement with the Cowlitz Tribe beyond the Collaboration Implementation Plan.
Do you contract directly with			Jim Sherrill,	TRSN does not currently

the tribes? What are these contracts? Include amounts, brief description, and contract dates.			Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	con-tract with the Cowlitz Tribe.
Do you have a plan for recruiting Native American providers, contractors, or employees?	The RSN does not currently have any staff positions open for recruitment. When the RSN does have positions open, it encourages applications from all qualified individuals regardless of race, religion, color, or ethnic back-ground.	Diverse recruitment increases the RSNs overall understanding of service needs and cultural issues that influence those needs.	Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator	There is no specific plan for recruiting Native American providers or contractors or employees. Recruitment notices are sent to local newspapers and the tribes when the RSN has a vacant position to fill.
Did you inform and seek input from MHD when developing policies and procedures that will have a unique effect on tribes?			Trisha Young, TRSN Quality Manager Brian Cameron, Interim TRSN Administrator DBHR Tribal Liaison	TRSN policies and procedures were refined and reviewed during this past year. TRSN did not directly seek input from DBHR on these projects.
Do you have issues or concerns that require assistance from the Mental Health Division's tribal liaison or staff? Have you discussed these with MHD staff?			Jim Sherrill, Director, Cowlitz Indian Health Clinic Brian Cameron, Interim TRSN Administrator DBHR Tribal Liaison	
Has any tribe asked to have a	TRSN maintains a place on the	Tribal	Trisha Young,	The Cowlitz Tribe does not

member on your governing board? Advisory board? Is any tribe member currently serving on your governing board? Advisory board?	governing board for a tribal representative. TRSN maintains a place on the RSN Advisory Board for a tribal representative.	representation on the boards increases cultural awareness and provides input from a tribal representative on plans, budgets, and policies	TRSN Quality Manager Brian Cameron, Interim TRSN Administrator	currently have a representative on the TRSN Governing Board. The Cowlitz Tribe does not currently have a representative on the TRSN Advisory Board. Darlene Rhodes was previously on the TRSN Advisory Board in 2010-2011. She was appointed per a letter from Jim Sherrill. She subsequently had to resign due to health issues. TRSN recently had an advisory board recruitment meeting to provide information and opportunity for prospective new members to which the Cowlitz Tribe was invited. The meeting was not attended by a Cowlitz Tribe representative. TRSN plans to discuss the possibility of staff participating on the TRSN Quality Management Committee in the coming year.

Last Revision Date: 2015

Coordination of Services Implementation Plan Between the Shoalwater Bay Indian Tribe

And The Great Rivers Behavioral Health Organization

Mental Health Treatment Services

Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The DBHR Tribal Liaison will work with the BHO and Tribe to schedule a meeting. Below is the 2015-2016 plan submitted last year with the Grays Harbor RSN.				
				Staff from OIP, DBHR and Timberlands RSN met with representatives of the Shoalwater Bay Tribe to begin a new 7.01 Plan. Meetings and planning activities will continue and a new plan will be collaboratively drafted between the RSN and Shoalwater Bay Tribe.

Last Revision Date: March 2015

Coordination of Services Implementation Plan Between the Confederated Tribes of the Chehalis Reservation And The Great Rivers Behavioral Health Organization

Mental Health Treatment Services

Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred (Draft plan from 2015)

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The DBHR Tribal Liaison will work with the BHO and Tribe to schedule a meeting. Below is the 2015-2016 plan submitted last year with the Grays Harbor RSN.				
Create a plan to provide timely and responsive crisis services and evaluations for inpatient services.	Awaiting reply to correspondence requesting contact to schedule.	Carefully listen to the concerns expressed by the behavioral health and public safety staff. Identify barriers that can be addressed through improved Crisis Response to the Tribe.	Mike McIntosh June 30, 2015	In progress.

Tribal Planning Checklist – Chehalis Tribe 2015

1. *Have you scheduled regular meetings with the Tribes to discuss Policy* 7.01 *Implementation Plan and/or Progress Report? When and how often do you meet?*
   GHRSN has not convened meetings with tribes specifically for the purpose of discussing Policy 7.01, however GHRSN continues to reach out to and engage with our valued tribal partners on a host of issues affecting our shared customers and healthcare systems.

2. *Have your Administration, Region, Division, Program, Contractors or Grantees met with the Tribes and Recognized American Indian Organizations in your area and identified issues that need to be addressed? What were the topics of the issues? What were the agreeable solutions?*

   GHRSN contracted with Behavioral Health Resources to provide Crisis Intervention Training for Chehalis Tribal Law Enforcement and First Responders. The manager of the Crisis Clinic continues to engage the Tribe in conversation about a date, time and location for this event.

   GHRSN has continued to reach out to the Chehalis Tribe in an effort to create a plan to provide timely and responsive crisis services and evaluations for inpatient services. The RSN has sent a draft concept for these services based on one developed with the Quinault tribe for their consideration.

   GHRSN entered into a unique partnership with Chehalis Tribal Family Services to provide residential treatment for a youth in a culturally competent facility in Oregon. The RSN and Tribal Family Services staff worked with the youth, her family, and the provider in Oregon to stabilize crisis situations and promote recovery. The RSN has dispatched workers from our new Children's High Intensity program to go to Oregon to begin discharge planning with the youth and her family.

   The RSN is in conversation with DBHR and Thurston/Mason RSN about the possibility of funding a tribal DMHP that would respond to Chehalis Tribal Members. These talks are in their beginning stages.

3. *Have you included Tribal and Recognized American Indian Organizations contacts in your information sharing, problem-solving and planning activities? Who are your contacts at the Tribe?*

   Charlene R. Abrahamson , Director of Behavioral Health

4. *Have you notified Tribes and Recognized American Indian Organizations of funding opportunities, RFPs, available grants, or training opportunities from DSHS? What were they?*

   GHRSN began notifying our tribal contacts about all funding opportunities, RFPs, available grants, or training opportunities from DSHS in the summer of 2013.

5. *Do you have any special/pilot projects that include tribal participation or need to have tribal and Recognized American Indian Organizations participation? What are they?*

   Yes the RSN is hosting a quarterly training on underserved populations and best practices for serving them. To date the RSN has hosted one on services to Tribal enrollees and persons with developmental disabilities.

6. *Are your employees trained to address culturally sensitive issues or have access to culturally relevant resources?*

   As described above, we are actively creating improved competence with services to local tribes in collaboration with the tribes themselves.

7. *Is your program/division able to respond to current needs of the tribes and Recognized American Indian Organizations? How is this achieved?*

   Based on a recurrent theme of dissatisfaction with Crisis Response to individuals in the Chehalis Tribal Jail, GHRSN appears unable to adequately address the needs of tribal behavioral health and public safety officials when it comes to responding to individuals in their custody who have mental illness or co-occurring disorders. Since 2011 we have continually strived to preserve good communication and partnership with the Chehalis Tribe in an effort to improve our response. Analysis of the concerns expressed by the Chehalis Tribe seem to indicate that he narrow applicability of RCW 71.05, coupled with barriers to delivering high-intensity outpatient services to GHRSN enrollees in general propagates a cycle of incidents that has not been adequately addressed. GHRSN understands that Tribes are working with DBHR on some of these issues as systemic barriers. GHRSN supports that initiative and welcomes any opportunity to be involved. GHRSN has also received funding to improve the availability of High Intensity services. GHRSN has ensured that these services are available to Tribal members.
   The RSN is in conversation with DBHR and Thurston/Mason RSN about the possibility of funding a tribal DMHP that would respond to Chehalis Tribal Members. These talks are in their beginning stages.

8. *Did your program or division provide training to the Tribes and Recognized American Indian Organizations? To which tribes and Recognized American Indian Organizations did you provide this? What kind of training was provided?*

   GHRSN did not provide any specialized training to the Chehalis Tribe in 2014, though as mentioned above we did host a training on best practices for the delivery of services to Tribal members facilitated by a trainer identified for GHRSN by the Quinault Indian Nation.
9. *Was technical assistance provided to the Tribes and Recognized American Indian Organizations? If yes, in what capacity?*

   GHRSN has continued to reach out to the Chehalis Tribe in an effort to create a plan to provide timely and responsive crisis services and evaluations for inpatient services. The RSN has sent a draft concept for these services based on one developed with the Quinault tribe for their consideration.

10. *Do you have Local Area Agreements or current working agreements with the Tribes? What are they? Are they current?*

    None at this time.

11. *Do you contract directly with the Tribes? What are these contracts?*

    None at this time.

12. *Do you have a plan for recruiting Native American providers, contractors, or employees?*

    GHRSN does not have a formal plan for this item.

13. *Did you inform and seek input from IPSS when developing policies and procedures that will have a unique effect on Tribes or Recognized American Indian Organizations?*

    GHRSN did not seek input form IPSS in 2014.

14. *Do you have issues or concerns that require assistance from the Office of Indian Policy and Support Services (IPSS)? Have you discussed these issues with IPSS?*

    Service from IPSS on this topic may be helpful: “GHRSN has continued to reach out to the Chehalis Tribe in an effort to create a plan to provide timely and responsive crisis services and evaluations for inpatient services. The RSN has sent a draft concept for these services based on one developed with the Quinault tribe for their consideration.”

Last Revision Date: 2015

Coordination of Services Implementation Plan Between the Quinault Indian
And The Great Rivers Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred (Draft plan from 2015)

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The DBHR Tribal Liaison will work with the BHO and Tribe to schedule a meeting. Below is the 2015-2016 plan submitted last year with the Grays Harbor RSN.				
Grays Harbor Regional Support Network Crisis Services.	The RSN has is developing and MOU with Quinault Tribe to coordinate response to our mutual clients during crises.	Signed MOU	Mike McIntosh 5/1/2015	GHRSN is finalizing the procedures for exchanging PHI between the crisis provider and tribal staff.
Improve RSN services to Tribal members.	Coordinate another cultural competence training with the Tribe	Training event Fall 2015 or Spring 2016	Merja Kehl 4/2016	New project

Tribal Planning Checklist – Quinault Tribe 2015

1. *Have you scheduled regular meetings with the Tribes to discuss Policy 7.01 Implementation Plan and/or Progress Report? When and how often do you meet?*

   We haven't met for the purpose of discussing Policy 7.01

2. *Have your Administration, Region, Division, Program, Contractors or Grantees met with the Tribes and Recognized American Indian Organizations in your area and identified issues that need to be addressed? What were the topics of the issues? What were the agreeable solutions?*

   GHRSN has regular meetings with the Quinault Tribe. The Quinault Tribe Behavioral Health program sends a representative to the Grays Harbor Regional Support Network Children's Policy Team.

   GHRSN has an open invitation to The Quinault Indian Nation Health and Wellness Director to be joining our Health and Human Services Advisory Board. Thus she will be completely informed about all aspects of GHRSN operations.

   GHRSN is in the final stages of completing an MOU with the Quinault Indian Nation for the delivery of crisis and inpatient evaluation services to the persons on the Quinault Indian Reservation.

3. *Have you included Tribal and Recognized American Indian Organizations contacts in your information sharing, problem-solving and planning activities? Who are your contacts at the Tribe?*

   Dorothy Flaherty, Director of Behavioral Health

4. *Have you notified Tribes and Recognized American Indian Organizations of funding opportunities, RFPs, available grants, or training opportunities from DSHS? What were they?*

   The RSN has done less of this in recent years, having observed that our Tribal partners already receive notice of these opportunities through multiple channels, and our correspondence on them was duplicative.

5. *Do you have any special/pilot projects that include tribal participation or need to have tribal and Recognized American Indian Organizations participation? What are they?*

   Yes the Quinault Tribe, in partnership with the Chehalis Tribe hosted a cultural competence training for GHRSN staff and network CMHA's in this series is in development, possibly for the Fall of 2015.

6. *Are your employees trained to address culturally sensitive issues or have access to culturally relevant resources?*

   As described above, we are actively creating improved competence with services to local tribes in collaboration with the tribes themselves.

7. *Is your program/division able to respond to current needs of the tribes and Recognized American Indian Organizations? How is this achieved?*

   GHRSN maintains contact with leaders in the Tribal Behavioral Health community. We respond to current needs of the tribes upon request by the behavioral health program leadership. With the addition of the Quinault Indian Nation Director of Health and Wellness on our Advisory Board, we will be better able to respond to needs as they arise.

8. *Did your program or division provide training to the Tribes and Recognized American Indian Organizations? To which tribes and Recognized American Indian Organizations did you provide this? What kind of training was provided?*

   None in 2014.

9. *Was technical assistance provided to the Tribes and Recognized American Indian Organizations? If yes, in what capacity?*

   Yes, GHRSN is in the final stages of completing an MOU with the Quinault Indian Nation for the delivery of crisis and inpatient evaluation services to the persons on the Quinault Indian Reservation.

10. *Do you have Local Area Agreements or current working agreements with the Tribes? What are they? Are they current?*

    Grays Harbor RSN does not have local area agreements or working agreements with the Quinault Tribe however our largest outpatient provider does maintain an MOU with the Quinault Tribe Behavioral Health Program, and the new MOU on crisis and inpatient services will likely be completed in the coming months.

11. *Do you contract directly with the Tribes? What are these contracts?*

    GHRSN does not have any contracts with the Tribes.

12. *Do you have a plan for recruiting Native American providers, contractors, or employees?*

    GHRSN does not have a formal plan in place for this item.

13. Did you inform and seek input from IPSS when developing policies and procedures that will have a unique effect on Tribes or Recognized American Indian Organizations?

    GHRSN has not sought input from IPSS in 2014.

14. Do you have issues or concerns that require assistance from the Office of Indian Policy and Support Services (IPSS)? Have you discussed these issues with IPSS?

    None have been identified by our Quality Management Program at this moment

Last Revision Date: 2015

Coordination of Services Implementation Plan Between the Snoqualmie Indian Tribe

And The King County Behavioral Health Organization

Mental Health Treatment Services

Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The DBHR Tribal Liaison will work with the BHO and Tribe to schedule a meeting. Below is the 2015-2016 plan submitted last year with the King County RSN.				

Last Revision Date: March 31, 2016 by Loni Greninger, DBHR Tribal Liaison

Coordination of Services Implementation Plan Between the Muckleshoot Indian Tribe

And The King County Behavioral Health Organization

Mental Health Treatment Services

Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The DBHR Tribal Liaison will work with the BHO and Tribe to schedule a meeting. Below is the 2015-2016 plan submitted last year with the King County RSN.				

Last Revision Date: March 31, 2016 by Loni Greninger, DBHR Tribal Liaison

Coordination of Services Implementation Plan Between the Northern Regional Tribes
And The North Sound Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—AWAITING TRIBAL APPROVAL
Meetings Occurred Meetings occurred August 5, 2015, November 3, 2015, and February 3, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
1. Ensure that American Indians are receiving the services they need within counties through participation in NSMHA Board of Directors meetings.	**1.1** • Tribal membership on NSMHA Board of Directors. (and standing committees): • Board of Directors (BOD) • Planning Committee • Strategic Planning Committee • Quality Management Oversight Committee • Tribal Committee • Annual letter will go out to Tribes to invite them to NSMHA Board of Directors and/or Advisory Board.	Tribal members on NSMHA Board of Directors at meetings and other committee meetings. Tribal Representatives appointed to the NSMHA Advisory Board	NSMHA Executive Director Target Date: Ongoing NSMHA Executive Director	There is currently one seat on the NSMHA Board of Directors representing the following Tribes: • Tulalip Tribes • The Nooksack Tribe • The Samish Tribe The issue of having separate seats on the NSMHA Board for each of the 8 North Sound Tribes has never been resolved. **August, 2015 Update**

				Begin discussion with 7.01 Committee regarding Tribal representation on the 2016 Behavioral Health Organization [BHO] Board **November, 2015** The NSMHA Board of Directors approved the new Inter-Local agreement which continues to set aside one seat on the Board of Directors for Tribal Representation, and 8 seats, one for each Tribe, on the Advisory Board. Once all the counties have signed the new Inter-Local, a letter will be sent to Tribal Leaders inviting them to designate representatives to the new BHO Board of Directors and Advisory Board. **February, 2016** The new Interlocal agreement is expected be signed by end of January. Once signed, Dear Tribal letters will go out.
	1.2 Follow Centennial Accord Communication and Consultation Protocol.	Collaborate with Tribes on the interpretation and implementation of the Centennial Accord Communication Protocol. Implement	NSMHA Executive Director / Tribes Target Date:	Information about 7.01 Trainings provided by the DSHS Office of Indian Affairs are forwarded to NSMHA staff and providers on an ongoing basis.

		Centennial Accord Communication and Consultation Protocol. Work with the Tribes to educate and train all NSMHA funded subcontractors and providers on the 7.01 Plan, Centennial Accord and Tribal Government to Government Relations.	ongoing DSHS Office of Indian policy – Region 2 Manager/ NSMHA Executive Director	
2. Optimum access to and inclusion in NSMHA contracted programs and/or culturally appropriate services for which Tribal members are eligible.	**2.1** Collect, record, and provide access data: Identify census of Tribal communities and individuals receiving mental health services by NSMHA PHP contractors. • Collect data to support Tribal statements of need. • Provide information to Tribes during Tribal/NSMHA	• Number of PHP Provider Encounters • Primary/secondary diagnoses • Referring Tribes – Non- Indians • Data Dictionary to Tribes • Provide suitable reports of access data to Tribes for program planning	NSMHA Data Analyst Target Dates: Ongoing NSMHA Executive Director & Tribes, Target Date Revised: 12-31-2016	1. Data reports include: • Provider agency. • Age Groups ○ 0-17 ○ 18-59 ○ 60+ • Number people served. • Number of Service Hours. • Number of Services Provided. • List of Services provided.

	monthly meeting. • Create opportunity for Tribes to identify service gaps. • Plan to collect Tribal specific data related to Crisis Services Use data to identify services needs related to the planning for the BHO implementation of BHO	and evaluation • NSMHA UR reviews will report on culturally appropriate services NSMHA can limit this to American Indian numbers. This should be an aggregate number. • Elements of plan incorporated into NSMHA planning, to include Strategic Planning. • Comprehensive Final Plan to address outstanding issues and gaps that is funded, supported by data, endorsed by Tribal Councils and NSMHA Board of Directors, published and distributed?		Updated data from NSMHA reviewed at the February 6, 2013 meeting. Discussion took place regarding whether this data could be combined with data on the number of persons being served in Tribal Behavioral Health programs. Tim will research to see what data might be available from DSHS. **August, 2015 Update** NSMHA will urge DBHR to include a field in the new state BHO Integrated Data Base for identification of Tribal members. NSMHA will also continue to work on including a field in its own data base to identify Tribal members once we receive the data layout for the new state BHO data base that can be used to identify Tribal members receiving Crisis Services. **November, 2015 Update** The new BHO state

				integrated data based ["Behavioral Health Data Store"' will include a field to note self-identified tribal members. This will allow us to run report in the future on tribal members receiving BHO funded services. **February, 2016 Update** This new Behavioral Health Data Store will not include a field to identify Tribal membership. We'll need to continue to work on strategies to collect Tribal specific data.
	2.2 Initiate process to enhance traditional healing through Federal Block Grant Funds Tulalip Tribes use FBG funds for youth engagement and tribal traditions	Tribal proposals which go to NSMHA Board of Directors for use of Federal Block Grant Funds NSHMA will continue to set aside FMHBG funds for Tribal treatment services. New SAMSHA requirements call for targeting BG services to the seriously mentally	Tribes and NSMHA Ongoing	NSMHA currently has a traditional healing contract with the Tulalip Tribe utilizing Federal Block Grant Funds.An RFP for FBG funding is released every two years. Current providers must reapply every two years. .

		ill.		**August 2015 Update**: The contract with Tulalip for healing programs will be for providing "wrap-around" services to high risk Tribal youth. November 2015 Update The new contract with the Tulalip Tribe for "wrap-around" services is in place.
	2.3 Tribal Mental Health Depts. have the capacity to initiate certification for voluntary admissions to inpatient services. • The initiation of certification for and admission to inpatient services will be provided to those Tribal community members receiving services at a Tribal mental health facility through the Tribe. Implement new state contract requirements for RSNs to develop coordination agreements with each tribe regarding Crisis Services and Psychiatric Hospitalization	Tribes will provide aggregate reports of inpatient initiation. This will include: • Admission criteria consistent with Tribal evaluation criteria • The number of initiated referrals. • Response times to initiation. • Outcome of certification. • Current status Inpatient outcome sheet on voluntary admissions will be developed.	NSMHA Executive Director in collaboration and partnership with the Tribes. Target Date for written coordination agreements revised: 3-1-2015 for Crisis Agreements. November 2015 for BHO Coordination	Tribal Mental Health Departments have the capacity to initiate certifications for voluntary hospitalizations. This process has been working with no major problems Crisis Services agreements will be developed with each Tribe. **November 2015 Update** Meetings have now been held with six of the North Sound Tribes: Upper Skagit, Lummi, Sauk-Suiattle, Stillaguamish, Nooksack, and Tulalip. NSMHA has drafted and

	New: 2014 Involve Tribal input into the development of a North Sound Behavioral Health Organization	• Consensus on this new protocol • Review at Tribal Mental Health Provider meetings Written coordination agreements developed with each tribe regarding Crisis Services and Psychiatric Hospitalization	Plans	provided to the Tribes it has met with draft guidelines for how Tribal Behavioral Health Professionals can access Mental Health Crisis Services. Sometime in 2016, we will arrange for a training session for North Sound crisis agencies and Tribal behavioral health professionals on improving coordination around crisis services. **February, 2016 Update** We have met with a 7th Tribe – Swinomish. We are still planning to provide training on Tribal Crisis Services protocols sometime in 2016. We have also initiated conversations with interested Tribes regarding the possibility of NSMHA contracting with Tribes to provide cost-reimbursement to Tribal Mental Health professionals who assist

				with a crisis service response to a Tribal member.
	NEW **2.4 Develop a coordination agreement with Tribes related to Tribal ITA Court Orders for Substance Use Disorder Treatment Services**	• Initial discussions with Tribes that use Tribal ITA Court Orders	NSMHA Director and Tribes 12/31/2016	Coordinating with Tribes related to Tribal ITA Court Orders for Substance Use Disorder Treatment Services will be a new requirement for BHOs. **November 2014 Update** An initial discussion meeting was held with Tulalip Family Services. NSMHA will draft a protocol then offer to meet with all 8 tribes on how to obtain authorization for BHO funded SUD residential services for Medicaid-eligible Tribal members. **February, 2016 Update** Preliminary discussion regarding coordination with Tribes on placement into SUD Residential Facilities took place at the Tribal/NSMHA meeting. We are working with Tribes and the Office of Indian Policy Liaison on a draft MOU that can be used regarding authorization of placements.
3. Provide culturally appropriate treatment for all Tribal consumers, and collaborative	**3.1** Support and encourage NSMHA providers to incorporate Tribal resources when treating Tribal individuals. Review appropriate NSMHA polices. Support and encourage NSMHA providers	• Revise Tribal MH brochure, list contacts by Tribal position and contact number	NSMHA Executive Director Ongoing October 2016	Related NSMHA Policies: 1521 – Cultural & Linguistic Competency 1530 – Cross System Coordination 1545—Vol. Hosp. Cert-Tribal members

relationships between Tribes and PHP's in the treatment of Tribal individuals. (2003)		and review brochure yearly. • Revise Tribal Brochure to include references for Substance Use Disorder Treatment services		1558 – Mental Health Specialist 6001 – 7.01 Plan Related NSMHA Training Modules: NSMHA 7.01 Administrative Policy/American Indian Training Module NSMHA Cultural Competence Training Module **August 2015** NSMHA is currently updating its Cultural Competency Plan. The following policies and Training Modules will need to be updated to incorporate BHO requirements and goals from the Cultural Competency Plan: 1521 – Cultural & Linguistic Competency 1545—Vol. Hosp. Cert-Tribal members 1558 – Mental Health Specialist 6001 – 7.01 Plan NSMHA 7.01 Administrative Policy/American Indian Training Module NSMHA Cultural Competence Training Module **November 2015** The Cultural Competency Plan and related policies will be updated for implementation under the

				new BHO. **February, 2016 Update** A new BHO cultural competency plan is still being drafted.
	3.2 Encourage providers to offer Tribal consumer's traditional cultural treatment options as part of the intake process. Encourage Tribal consumers to seek cultural options as part of the intake process.	• All NSMHA providers routinely offer Tribal clients referrals to Tribal traditional cultural treatment, using contacts listed in the Tribal Mental Health Brochure.	NSMHA Executive Director Audit of Tribal files yearly Completed: ongoing	Providers are audited for compliance during NSMHA Administrative audits. **August 2015:** NSMHA will consult with Tribes on how to continue to meet this goal when transitioning to a BHO.
	3.3 Develop and implement a plan with contracted NSMHA providers for incorporating traditional/cultural Tribal mental health services when treating Tribal consumers. This will include developing educational programs for provider staff on working with Tribal healing resource programs and people that identifies outstanding issues and/or gaps in services identified by Tribes. See 4.1	• Provider staff will notify Tribal mental health when a self-identified Tribal consumer presents for treatment and will routinely collaborate with Tribal Mental Health providers when treating a member of that Tribe.	NSMHA Executive Director in partnership with Tribes Ongoing	Training on incorporating traditional/cultural Tribal mental health services is included in the annual NSMHA/Tribal Mental Health Conferences. **August** The Annual Tribal Mental Health Conference was held on May 12 and 13 – See 4.1. **November 2015 Update** The NSMHA/Tribal Mental Health Committee has begun identifying themes and topics for the 2016 conference. Some of the suggested topics include: addressing suicide intervention in a culturally sensitive way, how modern

	[moved to 4.1]			trauma unites with historical trauma; a youth panel facilitated by a clinician who has worked with youth contemplating suicide; 'trauma bonding', individuals who do not want to let trauma go; community awareness, responsibility, and involvement in monitoring/surveillance; drug addiction and the heroin epidemic. **February, 2016 Update** The Tribal/NSMHA Committee has begun identifying topics for the 2016 Tribal Mental Health Conference. These include: historical trauma, suicide, the opioid epidemic, residential services, how crisis services will work, spirituality and clinical self, harmony between the people who work with the tribal members inside the communities and caring for those that are from outside agencies. It was decided to schedule the 2016 conference sometime in the fall due to the amount of work necessary to implement the new BHO in April.
	3.4 Foster collaborations between Tribes and NSMHA providers,	• A working procedure is in place to notify	NSMHA Executive Director	Related NSMHA Policies: 1521 – Cultural & Linguistic Competency 1530 – Cross System

	County Mental Health, DMHPs, staff & case managers of Tribal consumers, and other components of mental health that result in culturally appropriate treatment. Encourage linkages among Tribes, DSHS agencies and County Health Programs that promote seamless services and inclusive treatment access for Tribal individuals.	Tribes when a self-identified service population member presents for services. • Tribal Mental Health Specialist is called in for consultation/ therapy within 30 days of access appointment. • Revise protocol at Tribal Mental Health Provider Meetings.	Target Date: Ongoing	Coordination 1558 – Mental Health Specialist 1545—Vol. Hosp. Cert-Tribal members 6001 – 7.01 Plan Related NSMHA Training Modules: NSMHA 7.01 Administrative Policy/American Indian Training Module NSMHA Cultural Competence Training Module **August 2015** The above NSMHA Policies will be reviewed and revised for the transition to a Behavioral Health Organization
4. All Stakeholder Training (2003)	**4.1** Provide training opportunities that address cultural sensitivity to Tribal Mental Health Workers and the public.	• Workshops, trainings seminars, and conferences held each year.	NSMHA Executive Director Ongoing	**August 2015 Update** The Annual Tribal Mental Health Conference was held on May 12 and 13. Over 180 persons attended representing a broad spectrum of Tribal and non-Tribal behavioral health providers, other public and private sector agencies, and students. Conference evaluations were very

				positive and there was strong support for continuing the focus on tribal health practices and critical issues such as suicide and drug addiction. **February, 2016 Update** See update under 3.3
	4.2 Workshop, training, seminar and conference need and subject matter are directed by Tribes who attend the NSMHA/Tribal meetings.	• Joint NSMHA/Tribal workshops, trainings, seminars and conferences to address specific Tribal mental health issues. • Tribes direct Tribal- specific design and presentation of workshops, trainings, seminars and/or conferences. • Provide two workshops/trainings annually.	NSMHA Executive Director & Tribes Ongoing	The Themes for each year's conference are selected by the NSMHA/Tribal Mental Health workgroup by reviewing the evaluations from each year's conference and consulting with the tribal representatives to the mental health 7.01 group. See updates under 4.1

	4.3 Continue to hold bi-monthly joint Tribal/NSMHA meetings to identify common issues and goals and to collaborate on addressing them.	• Continued collaboration on mental health issues of concern between Tribes and NSMHA. Expand the existing Tribal-NSMHA Mental Health Committee into a Tribal "Behavioral Health Committee" to include representative from Tribal Substance Use Disorder Treatment programs.	NSMHA Executive Director & Tribes Ongoing December, 2016	*NSMHA has conducted monthly Tribal/NSMHA Meetings and our intention is to continue these meetings.* **August 2015 Update** Regular meetings of the Tribal Mental Health Committee have continued. In 2015, these meetings have focused on: planning the May Tribal Mental Health Conference, Tribal-NSMHA Crisis Services agreements, and NSMHA planning for the Behavioral Health Organization. **February, 2016 Update** The Tribal/NSMHA Meetings have transition to Tribal/BHO meetings and representatives of Tribal Substance Use programs began attending in January.
5. Increase in census of enrolled Tribal members employed by NSMHA-contracted PHP providers by county.	**5.1** NSMHA providers include Tribal employment on mailing lists/publicity for job announcements. NSMHA will examine provider hiring process to make sure the American Indian communities as well as non-Native Tribal mental health specialists are involved.	• Tribal employment offices routinely receive job announcements from providers. • Tribes are included in PHP provider recruitment; i.e., employment opportunity announcements. • NSMHA will	NSMHA Executive Director & Tribes DSHS Office of Indian Policy – Region 2 Manager Ongoing Activity	*Tribes are notified of all NSMHA Advertised Staff Openings via email/direction to posting on NSMHA website.* **August 2015 Update:** NSMHA will be recruiting to fill its vacant Tribal Liaison position and will be restructuring this position a Tribal Crisis Services Liaison position.

		evaluate the use of tribal interns • Tribes are included in recruitment for training opportunities and internships • Tribes provide mailing lists of individuals from their Tribes be notified when training and internships are available. • Increase in the amount of American Indians employed by provider agencies.		**November 2015 Update:** Recruitment for the Tribal Liaison position is still underway. NSMHA will also be hiring into new positions for the BHO and these announcements will also be sent to the Tribes. **February, 2016 Update** NSMHA will be changing the Tribal Liaison position to a Tribal CD Quality Specialist position to work with tribes on coordination with SUD Residential Services and other BHO funded SUD services.
6. Broad knowledge and understanding of the concepts in the Centennial Accord and of 7.01 planning throughout Region II North, especially among all NSMHA stakeholders, including NSMHA staff, contractors, Governing Board, and Advisory Board members.	**6.1** Incorporate awareness and oversight of special needs of AI/AN consumers into the NSMHA process of governance, to include Board of Directors, the Quality Management Oversight Committee and Children's Policy Executive Team (CPET)	• Outstanding issues and/or gaps in services identified by Tribes appear on Board and Committee agendas and are addressed routinely. • Tribes are appropriately	NSMHA Executive Director & Tribes Target Date: Ongoing activities	Three Tribal representatives on NSMHA Board of Directors, a member of the Tulalip Tribe has been actively attending meetings. One Tribal Representative on the Quality Management Oversight Committee (QMOC), vacant-6/2009 In addition, the Children's

		represented on NSMHA Boards and Committees.		Policy Executive Team (CPET) charter shows one spot for a Tribal Liaison**.** 3 new slots have been created on the NSMHA Advisory Board. Appointments from the Tribes are pending. **August 2015** Sherry Guzman has been actively participating in Board of Director meetings. When she retires, we will need to ask the Tribes to appoint a new representative. **February, 2016 Update** A letter will be sent out to Tribal Leaders requesting representatives for the BHO Board of Directors and BHO Advisory Board.
	6.2 Incorporate North Sound Region 7.01 Plan in all NSMHA contracts. Incorporate provisions of 7.01 Plan in NSMHA and Provider	• Execute contract revisions that include 7.01 Plan. • Review NSMHA and contractor Policy & Procedure	Contracts/Fiscal Manager Target Date: Ongoing NSMHA Executive	7.01 Plan is incorporated in State and Medicaid funded contracts. **August 2015** New State contract requirement for RSN coordination with Tribes,

	Policy & Procedure Manuals, and all other planning and procedure documents.	Manuals along with all planning and procedure documents.	Director & Tribes Target Date: Ongoing activities	especially for Crisis Services, have been updated in the July 2015 State-RSN Contracts. **February, 2016 Update** The April BHO contract amendments with providers will continue to require provider coordination with Tribes, especially regarding treatment plan consultation.
7. Mental Health Community awareness and understanding of outstanding issues and/or gaps in services identified by Tribes.	**7.1** NSMHA will work with Tribes to identify the most effective way to obtain Tribal customer satisfaction input on NSMHA funded services.	• Elements of plan incorporated into NSMHA BHO planning •	NSMHA Executive Director & Tribes Target Date: 12-31-16	MHD Adult Consumer Survey & Child Consumer Survey in 7.01 Plan folder. **August 2015:** A new process for customer satisfaction surveys will be developed as part of the BHO plan.

Completed, Tabled, or Continued Goals/Activities in FY 2015 Coordination Implementation Plan		
Goal/Activity/Outcome	**Date**	**Outcome**
Goal 1: Ensure that American Indians are receiving the Services they need within counties through participation in NSMHA Board Meetings		
1.1 Tribal membership on NSMHA Board of Directors	February, 2009 and November, 2011	• Membership letters were sent to every Tribe in the North Sound granting a full vote with the acceptance of financial risk. • No Tribe responded accepting financial risk. Samish Tribe responded for Board of Directors' membership. • There is currently one seat on the Board of Directors representing the Tulalip, Nooksack, and Samish Tribes
1.1 Tribal membership on NSMHA Advisory Board	September, 2012	• On September 13, 2012 NSMHA Board approved adding 3 Tribal Seats to the NSMHA Advisory Board with one shared seat. • An invitation to Tribes to submit names for representatives for the 3 new NSMHA Advisory Board Tribal seats was discussed at the December, 2012, and March, 2013 and March, 2014 RTCC meetings.
2.1 Collect, record, and provide access data: Identify census of Tribal communities and individuals receiving mental health services by NSMHA PHP contractors.	Ongoing	Data reports presented and reviewed at the May 1, 2012 and November 7, 2012 at 7.01 meetings October 2013 Update New NSMHA contracts for outpatient services went into effect on October 1. These expand services to rural areas and add two new providers for Children's Mental Health Services. August, 2014 Update Update on NSMHA's plan to try and collect data on Tribal member affiliation as part of the NSMHA/Tribal Crisis Services Coordination Agreements

2.2 Initiate process to enhance traditional healing through Federal Block Grant Funds Tulalip Tribes use FBG funds for youth engagement and tribal traditions	Ongoing	• Discussed at September 10, 2012 Tribal/NSMHA Meeting. Tribal representatives will check with Tribal Program Staff. • Reviewed again at October 22, 2012 Tribal NSMHA meeting; no additional issues identified. • The need to improve coordination of discharge planning to tribal members being discharged from psychiatric hospitalization was discussed at the February 6, 2013 meeting. This issue will be referred to the Tribal MH provider group for discussion at future meetings. October 2013 2013-2014 Federal Mental Health Block Grant funds have been allocated. This includes continued funding for The Tulalip Tribes cultural activities program for youth. May 2015 NSMHA has carved out of its June 2015-March 2016 FMHBG allocation the same proportion of funds for tribal healing programs
	2.3 Tribal Mental Health Depts. have the capacity to initiate certification for voluntary admissions to inpatient services.	November 2014: Preliminary briefing provided on the requirements for a Behavioral Health Organization (BHO) plan. February 2015 NSMHA is meeting individually with each tribe to develop crisis services coordination agreements. Will continue to consult with tribes regarding coordination with future BHO programs. May 2015 Initial meetings have been held with Upper Skagit, Lummi, Stillaguamish, and Sauk-Suiattle. We have also provided additional instructions to mental health crisis line and have drafted guidelines to assist Tribal behavioral health professionals

3.1 Support and encourage NSMHA providers to incorporate Tribal resources when treating Tribal individuals. Review appropriate NSMHA polices. Support and encourage NSMHA providers	Ongoing	September 2012 update Tribal representatives will review the draft brochure for needed updates; the updated brochure will be distributed and posted on the NSMHA website. Current brochure handed out at the November 7, 2012 7.01 Meeting. Send any corrections to the NSMHA Executive Director. Brochure reviewed again at February 6, 2013 meeting. No additional corrections were noted. NSMHA will re-distribute brochures to provider agencies with a reminder to hand it out to self-identified Native Americans who are served by RSN contracted providers. Lead Staff and Target Date: NSMHA Director: October 2013.
3.2 Encourage providers to offer Tribal consumer's traditional cultural treatment options as part of the intake process. Encourage Tribal consumers to seek cultural options as part of the intake process	Ongoing	February 6, 2013 update: NSMHA will strengthen the requirement in future contracts with provider agencies to make Native American consumers aware of services available through Tribal Behavioral Health providers. NSMHA will conduct a focused review in 2013 of a sample of Native American consumer charts to determine the extent to which this requirement is being met. February 2014: Data on the extent to which special population consultations involve Native American will be collected by NSMHA staff during their 2014 provider reviews. [not completed-new fields need to be added to collect this data]
3.3 Develop and implement a plan with contracted NSMHA providers for incorporating traditional/cultural Tribal mental health services when treating Tribal consumers.	Ongoing	Training on incorporating traditional/cultural Tribal mental health services is included in the annual NSMHA/Tribal Mental Health Conferences. Themes from the last 3 years were: 2011 Conference: "Wraparound in Indian Country." 2012 Conference: "Tribal Needs & Healthcare Reform" 2013 Conference: "Canoe Journey – Life's Journey August 2014 The Annual Tribal Mental Health Conference, entitled "Listening with

		an Open Heart" was held on May 13 and 14. It focused specifically on understanding and using Tribal cultural and spiritual traditions. Over 200 participants attended.
3.4 Foster collaborations between Tribes and NSMHA providers, County Mental Health, DMHPs, staff & case managers of Tribal consumers, and other components of mental health that result in culturally appropriate treatment.	Ongoing	September 2012 update: Tribal representatives will check with Tribal program staff on how well this protocol is being followed. February 2013 update: NSMHA staff will continue to review whether its providers are consulting with Tribal Mental Health Specialists as part of their utilization reviews of provider agencies.
4.1 Provide training opportunities that address cultural sensitivity to Tribal Mental Health Workers and the public.	Tribal/NSMHA Annual Mental Health Conferences are provided every year.	2011 Conference: "Wraparound in Indian Country." 2012 Conference: "Tribal Needs & Healthcare Reform" 2013 Conference: "Canoe Journey – Life's Journey" August 2014 The Annual Tribal Mental Health Conference, entitled "Listening with an Open Heart" was held on May 13 and 14. It focused specifically on understanding and using Tribal cultural and spiritual traditions. Over 200 participants attended.
4.3 Continue to hold bi-monthly joint Tribal/NSMHA meetings to identify common issues and goals and to collaborate on addressing them.	Ongoing	2009 Meetings: Feb.9th, Mar. 31st, May 18th, Jul 13th Sep 22nd, Oct 19th & Nov. 16th 2010 Meetings: Jan. 25th, Feb. 22nd, Mar. 8th, Jun. 3rd, Sep. 13th, Nov. 8th 2011 Meetings: Jan 10, March 14, Oct 10, Nov 21 2012 Meetings: Jan 9, Feb 13, Mar 12, May 14, July 9, Sept 10, Nov: TBD November 2012 update: monthly meetings have resumed. Meetings were held in August, September and October.

		February 2013 update: Schedule for 2013 shared. Meetings will continue on the 2nd Monday of every other month, with monthly meetings up to the May conference. May 2013 Update: Meeting will continue to be scheduled every other month.
5.1 NSMHA providers include Tribal employment on mailing lists/publicity for job announcements	Ongoing	• No open positions at NSMHA in 2009. • 2010 Advertised and hired Operations Manager • 2011 2 positions (1.5 FTE) for Western State Hospital Liaison • 2011 Notified of 1 FTE Executive Director for NSMHA • 2012 Notified of one FTE Quality Specialist position.
6.1 Incorporate awareness and oversight of special needs of AI/AN consumers into the NSMHA process of governance, to include Board of Directors, the Quality Management Oversight Committee and Children's Policy Executive Team (CPET)	Ongoing	
6.2 Incorporate North Sound Region 7.01 Plan in all NSMHA contracts	•	May, 2014 Update The new draft state contact requirements for individual RSN/Tribal Coordination agreements related to Mental Health Crisis Services and psychiatric hospitalizations reviewed. The new contract requirements are scheduled to go into place on July 1, 2014 and NSHMA will have 120 days to develop agreements with the Tribes. To be discussed at the June RTCC meeting.
6.3 NSMHA should conduct case reviews to determine	• Audits reveal that provider Policy & Procedure Manuals contain these procedures and	Contracts/ Fiscal Manager Target Date:

whether contracted agencies are consulting with Tribal Mental Health Specialists when serving Native American Consumers.	clinical records show compliance. Review at Tribal Mental Provider meetings	• Ongoing activities. The intent of activity 6.3 was clarified. This activity is identical to 3.2 and updates will be provided under that section.
7.1 NSMHA will jointly develop satisfaction surveys with all Tribes	Ongoing	Subcommittee to develop survey formed at July 09 meeting. Survey Tool Never Completed September 2012 update: NSMHA is currently developing a new consumer survey. A copy was shared at the September 10, 2012 Tribal/NSMHA meeting. Tribal representatives will review and send suggestions for changes to create a more tribal specific survey. November 2012 Update: NSMHA Director will send the NSMHA Consumer Survey to Region 2 OLP Manager for forwarding to 7.01 Members for their information. February 2013 update: results of the 2012 consumer survey will be shared and discussed at the next 7.01 meeting. **February 2015:** NSMHA is redesigning its consumer survey to focus more on individual outcomes. Questions will be added to the survey to allow respondents to self-identify as AI/AN and Tribal Members. [not yet completed]

Last Revision Date: February 3, 2016 by Joe Valentine, Director of NSMHA BHO

Coordination of Services Implementation Plan Between the Puyallup Tribe of Indians (Kwawachee Counseling Center)
And The Optum Pierce Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The BHO has not yet had a meeting with the Puyallup Tribe regarding this plan. The BHO has met with the Tribe for other reasons including the establishment of a new relationship and coordination of services. The Office of Indian Policy Regional Manager is working to coordinate a meeting. Below is the draft 2016-2017 plan that Optum submitted to the Puyallup Tribe for review.				
A. Increase awareness of public mental health services to members of the Puyallup Tribe of Indians and all persons served by the Tribal Health Authority (PTHA) / Kwawachee Counseling Center (KCC).	Optum Pierce Regional Support Network (OPRSN) to invite PTHA / KCC to provider and stakeholder activities / events as applicable to PHTA / KCC.	PTHA / KCC will have the opportunity to participate, collaborate and provide suggestions and input to OPRSN on the local behavioral health	**PTHA / KCC:** Danelle L. Reed **Optum PRSN:** Kara Knaebel **DBHR Liaison:** Alonah Greninger	Ongoing

	OPRSN-sponsored "Community Conversation". OPRSN Cultural Competence Subcommittee Meetings. Consumer and Family Advisory Subcommittee Meetings	system of care.	Annually Quarterly Quarterly	Invite PTHA / KCC annually. Invite PTHA / KCC Invite PTHA / KCC
B. Ensure quality and comprehensive service delivery to Native Americans.	OPRSN collects demographic and services data from Community Mental Health Agencies (CMHAs) that provide services to Native Americans and others. Committed to OPRSN-PTHA/KCC quarterly in-person meetings	OPRSN to continually monitor and report Native American access and utilization of medically necessary services. Quarterly status review of efficacy and quality of services provided to Puyallup Tribe members	**OPRSN:** Alicia Franklin Monthly Quarterly	03/01/2016: DBHR Tribal Liaison to coordinate another meeting between OPRSN and KCC in March 2016. 12/10/2015: OPRSN and DMHP's met with Danelle Reed and other KCC staff to discuss coordination with local DMHPs. Daisy Abreu (OPRSN) designated as contact if

	Designated a OPRSN Care Manager to support the PTHA/KCC operations	In-the-moment problem solving of access or service challenges	Daily as needed	KCC is having issues with Fife Recovery Response Center. Silvia Riley and Nathan Hinrichs designated as local DMHP contacts. At MultiCare. 11/02/2015: OPRSN met with Danelle Reed, Will Jones, and Jennifer LaPointe to discuss the current relationship between OPRSN and KCC. OPRSN designated Alicia Franklin as a direct contact for KCC. Ongoing
C. Crisis Service Coordination Plan between PTHA/KCC and Optum Specialty Networks Washington.	Invitations sent to PTHA/KCC to meet and discuss a Crisis Service Coordination Plan between PTHA/KCC and Optum Specialty	Delineate access to and the provision of culturally competent crisis, Involuntary	**PTHA / KCC:** Danelle L. Reed **OPRSN:** Alicia Franklin	The Crisis Service Coordination Plan is currently in review with PTHA/KCC. OPRSN is receiving assistance from

	Networks Washington. Five meetings were held between PTHA/KCC and OPRSN to discuss and finalize the Crisis Coordination plan.	Treatment Act (ITA) evaluation, voluntary inpatient authorization and discharge planning services to Tribal members on Tribal lands.	**DBHR Liaison:** Alonah Greninger **Target Date:** 3/31/16 November 12, 2014 November 18, 2014 January 28, 2015 November 2, 2015 December 10, 2015	DBHR Tribal Liaison to finalize agreement with Puyallup Tribe. The Crisis Service Coordination Plan draft was submitted to Washington State DSHS DBHR on 1/29/2015.
D. Promote communications and collaborations between OPRSN and the Puyallup Tribe to maximize Tribal members' access to culturally appropriate mental health services.	Tribal participation at various OPRSN advisory committee meetings or other forums as Tribe deems applicable to their needs / as resources permit.	Collaboration to best serve Tribal members and provide readily available services to meet their mental health needs. Obtain signatures	**PTHA / KCC:** Danelle L. Reed **OPRSN:** Alicia Franklin Raetta Daws **DBHR Liaison:** Alonah Greninger	OPRSN provides PTHA / KCC with *OPRSN Consumer Handbooks* as needed.

	Development and maintenance of Memoranda of Understanding between OPRSN and Puyallup Tribe on behalf of Puyallup Tribal Police Department (PTPD) / Puyallup Tribal Detention Facility. (Note: MOU and any amendments are signed by Chair of Puyallup Tribe.)	on amendment to extend duration of MOU with Puyallup Tribal Police Department and Puyallup Tribal Detention Facility through December 31, 2015.	MOU Amendment Signed: October 30, 2013.	Amendment signed in October 2013 continued duration of MOU through December 31, 2015. New MOU amendment to extend duration submitted to Puyallup Tribe & PTPD in August 2015. OPRSN is receiving assistance from DBHR Tribal Liaison to finalize new amendment to extend duration of MOU.
	OPRSN Quality Assurance / Performance Improvement Committee meetings.	PTHA / KCC's suggestions, input and recommendations will be heard and ideas shared.	Monthly	Invite PTHA / KCC. Meeting minutes emailed monthly.
	OPRSN Behavioral Health Advisory Board Meetings.	Participate, collaborate and provide suggestions and input to OPRSN	Monthly	OPRSN Advisory Board is actively recruiting members from the Puyallup Tribe. Anticipate selection of applicants by

		on the local mental health system of care.		March 31, 2016

Last Revision Date: March 1, 2016 by Loni Greninger, DBHR Tribal Liaison

Coordination of Services Implementation Plan Between the Jamestown S'Klallam Tribe
And The Salish Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—AWAITING TRIBAL APPROVAL
Meeting Occurred February 18, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Promote coordination of mental health services.	A. Establish local MOU with network provider (JMHS) and Tribe. • MOU will identify roles and responsibilities of each system/party when services are provided and/or barriers arise. • Tribe's role in discharge planning for Tribal members is clearly understood/ outlined. • Protocols for resolution will be incorporated. B. Schedule annual 7.01 and cultural sensitivity training for PRSN network (see Goal #4) C. Tribal Staff will be invited to attend PRSN Designated Mental Health	A. Execute local MOU between Jamestown and JMHS. B. Improve working relationships and coordination efforts for individuals served by both systems. C. Meetings between Tribe and public mental health include: • Local PBH staff &Tribal Admin.	PRSN- Anders Edgerton Richard VanCleave Jamestown – Rob Welch, Jessica Payne, Vicki Lowe, PBH- Wendy Sisk JMHS- Adam Marquis & Erik Nygard Target date: On-going	Executed MOU between Jamestown and PBH. Local meetings have occurred between Tribe, PBH, JMHS and PRSN. Executed Interlocal Agreements for $10,700.00 for CY 2011-2012.

	Professional meeting.	meetings • PRSN Inter-Tribal meetings • Scheduling a meeting with JMHS, Tribe, and PRSN D. Ability to track system/ service barriers and trends; discussions of complex cases. E. Tribal staff will attend		
Continue Interlocal Agreement funding of $10,700 (minimum) per year to the Tribe	A. Identify Interlocal Agreement contracting terms that honor G2G relationship (such as MHD/RSN Terms & Conditions definitions). B. Request DBHR to increase direct funding to Tribes (such as through established "Mental Health Promotion" funds).	A. Continue funding to Tribe. B. Unanticipated PRSN state funding revenue reductions could impact funding of Agreements C. Participate in discussions between DBHR and Tribes to increase direct funding to Tribes.	PRSN- Anders Edgerton Jamestown –Jessica Payne, Rob Welch PBH- Wendy Sisk JMHS- Adam Marquis OIP- Brenda Francis-Thomas Target date: On-going	A. Executed Interlocal Agreement extended through December 2016. Collaboration for update of Interlocal Agreement will begin in Fall 2016.
Improve access to mental health services.	Identify one contact for access to services liaison at each network provider to assist Tribe with access	A. Improve working relationship and access to available	PRSN- Anders Edgerton Jamestown –	Established agency/Tribal contacts at each network public mental health

	concerns/ issues.	resources. B. PRSN will facilitate a meeting between Jamestown, JMHS, and PRSN.	Jessica Payne, Rob Welch, Vicki Lowe PBH- Wendy Sisk JMHS- Adam Marquis OIP- Brenda Francis-Thomas	provider agency. Meeting with Jamestown and JMHS has to be scheduled
Participate in cultural competency trainings for PRSN and network contractors	A. OIP offered to provide local 7.01 training to PRSN and network contractors. B. Prepare 7.01 training materials, registration, and related training activities.	A. PRSN will have robust participation from network. B. Increase understanding of sovereignty and treaty rights as it relates to health care, education, and human services.	PRSN- Anders Edgerton Jamestown – Jessica Payne, Rob Welch, Vicki Lowe OIP- Brenda Francis-Thomas Target date: Fall 2014	7.01 Training for PBH was a great success. Plan for another training in 2016
Increase cultural sensitivity at the local public mental health agencies	A. Use Tribal training information in the orientation of new staff at the local agency (ies). B. Local agency (ies) staff participate in traditional tribal events, such as canoe journey and Lake Crescent activities. C. OIP will provide a cultural sensitivity training for PRSN, PBH and JMHS staff.	A. Local agency (ies) will utilize tribal information in the orientation of new staff. B. Local agency (ies) staff will attend 1-2 local Tribal events in the next year. • Vicky can provide a list of annual Tribal activities.	Jamestown – Jessica Payne, Vicki Lowe, Rob Welch PBH- Julie Calabria JMHS- Sam Markow Target date: On-going	Tribal information has been added to PRSN network agency new staff orientation material. 7/22/2016 Canoe Landing @ Jamestown Beach. 7/30/2016 Canoe Landing @ Nisqually Landing.
Provide Tribal cultural	Plan for 2016 training provided by	Training scheduled	Jamestown –	New

training to local providers	Jamestown Tribe for MH providers in Jefferson and Clallam counties.	for first half of 2016	Jessica Payne, Rob Welch PBH – Wendy Sisk PRSN – Anders Edgerton JMHS – Adam Marquis	
Improved relationship between Tribe and Western State Hospital (WSH)	A. PRSN will participate in the face to face meetings at WSH for shared Tribal members. B. The Tribe or PBH will contact PRSN as issues arise or lack of responsiveness from WSH for shared Tribal members.	A. Improve relationship between WSH and Tribe. B. Improve discharge planning and care coordination for Tribal members.	PRSN- Richard VanCleave Jamestown- Rob Welch PBH- Sara Perry Target date: on-going	New goal identified January 2014
Provide unimpeded access to Substance Use Disorder Residential Treatment beds.	A. Tribe will complete Residential Authorization form B. Tribe Faxes form to CommCare for authorization. C. SBHO instructs CommCare to approve all Tribal requests without impediment. D. CommCare authorizes stay. E. Residential provider invoices SBHO, which pays bill.	A. Tribe is able to continue to access residential services unimpeded.	SBHO – Anders Edgerton	

Last Revision Date: February 18, 2016 by Anders Edgerton and Martha Crownover (Salish BHO), Rob Welch (Jamestown)

Coordination of Services Implementation Plan Between the Lower Elwha Klallam Tribe
And The Salish Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—AWAITING TRIBAL APPROVAL
Meeting Occurred February 18, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Access to Crisis Response & Inpatient Services Provide better communication between PBH crisis response services and Tribal mental health staff.	A. Tribe, PRSN, and PBH openly discuss successes and target barriers in providing crisis response and inpatient evaluation services. • PBH Crisis staff will contact Tribal MH staff immediately following a crisis service/ evaluation regarding a Tribal member. B. Improve communication/ coordination for discharge planning of Tribal members	A. Improve communication regarding crisis response and inpatient evaluation services for Tribal members. B. Improve coordination of care between Tribal MH program and PBH for Tribal members. C. PBH staff will meet with Tribal staff outside of PRSN meeting.	PRSN- Richard VanCleave PBH- Wendy Sisk Lower Elwha- Diane Johnson Anji Berglund Target date: on-going	February 2015: 1. Participated in 7.01 Planning meeting with Tribal Mental Health staff. 2. Held first meeting to develop crisis protocol

Continue Interlocal Agreement funding of $10,700 per year to the Tribe	A. Identify Interlocal Agreement contracting terms that honor G2G relationship (such as MHD/RSN Terms & Conditions definitions). B. Request DBHR to increase direct funding to Tribes (such as through established "Mental Health Promotion" funds).	A. Continue funding to Tribe. B. Unanticipated PRSN state funding revenue reductions could impact funding of Agreements C. Participate in discussions between DBHR and Tribes to increase direct funding to Tribes.	PRSN- Anders Edgerton Lower Elwha- Diane Johnson DBHR – David Reed OIP- Brenda Francis-Thomas Target date: on-going	Interlocal provided to Tribe which extends funding through 2016. Collaboration for update of Interlocal Agreement will begin in Fall 2016.
State & Regional Tribal Updates Provide an on-going forum to share information and impacts of policy changes related to the systems relationship and local service coordination.	A. At the meetings held twice per year, PRSN will provide an overview of PRSN local system and policy changes B. Mutually share information related to the statewide reforms/ policies, such as the System Transformation grant, DBHR Transformation Initiative, and Tribal Centrics	Local systems will keep one another informed of systems changes and local impacts.	PRSN- Anders Edgerton Lower Elwha- Sydney Soelter PBH- Peter Casey & Wendy Sisk OIP- Brenda Francis-Thomas Target date: on-going	Local systems will keep one another informed of systems changes and local impacts.
Participate in cultural competency trainings for PRSN and network contractors to take place every other year	OIP provided local 7.01 training to PRSN and network contractors in 2014, and will plan on doing so again in 2016.	A. PRSN will have robust participation from network. B. Increase understanding of importance of 7.01	PRSN- Anders Edgerton Lower Elwha- Diane Johnson PBH- Peter Casey & Wendy Sisk	OIP provided training in 2014, plan is to do this every other year.

		Plans and cultural competence when working with Indian people.	OIP- Brenda Francis-Thomas Target date: Fall 2014	
Provide unimpeded access to Substance Use Disorder Residential Treatment beds.	A. Tribe will complete Residential Authorization form B. Tribe Faxes form to CommCare for authorization. B. SBHO instructs CommCare to approve all Tribal requests without impediment. D. CommCare authorizes stay. E. Residential provider invoices SBHO, which pays bill.	A. Tribe is able to continue to access residential services unimpeded.	SBHO – Anders Edgerton	

Last Revision Date: February 18, 2016 by Anders Edgerton and Martha Crownover (Salish BHO), Angie Berglund and Sydney Soelter (Lower Elwha Klallam)

Coordination of Services Implementation Plan Between the Makah Indian Tribe
And The Salish Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—AWAITING TRIBAL APPROVAL
Meeting Occurred February 17, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Continue Interlocal Agreement funding of $10,700 per year to the Tribe.	Identify ongoing PRSN funding streams.	Provide on-going funding to Tribe	PRSN- Anders Edgerton Makah- Beth Seltzer OIP- Brenda Francis-Thomas Target date: completed	Executed Interlocal Agreement extended through December 2016. Funding increased Collaboration for update of Interlocal Agreement will begin in Fall 2016.
Develop crisis service coordination between Tribal services and WEOS	Participate in local meetings to discuss current crisis system structures, identify gaps, and target areas for improvement.	A. Active participation in local meetings B. With recent staff changes, establish communication between local systems regarding	PRSN- Anders Edgerton Makah- Beth Seltzer WEOS- Pam Brown Target date: On-going	Modified continued goal. Meeting to be scheduled

		crisis services (such as system capabilities, complementary approaches, and sharing of client-specific information).		
Increase collaboration and coordination of care for individuals served by Tribal and PRSN mental health system (WEOS	A. Makah Wellness Program is developing a Tribal Centric integrated system of care approach. The restructured service delivery model will include MH, CD, physical, and community ancillary partners. B. Participate in local meetings to discuss current system structures, identify gaps, and target areas for better services.	A. Makah will inform local partners as new services are expanded and developed. B. Increase understanding of Tribal and PRSN network providers services and resources.	PRSN- Anders Edgerton Makah- Beth Seltzer WEOS- Pam Brown OIP- Brenda Francis-Thomas Target date: On-going	Continue goal
Increase Tribe's knowledge regarding Peer Support Services and support incorporation of Peer into Tribal care system	A. Provide information regarding Peer services B. Notify of training opportunities	Increased Peer services provided by Tribe	PRSN – Anders Edgerton Makah – Beth Seltzer WEOS – Pam Brown	Continue goal
Provide unimpeded access to Substance Use Disorder Residential Treatment beds.	A. Tribe will complete Residential Authorization form B. Tribe Faxes form to CommCare for authorization. C. SBHO instructs CommCare to approve all Tribal requests without	A. Tribe is able to continue to access residential services unimpeded.	SBHO – Anders Edgerton	

	impediment. E. CommCare authorizes stay. E. Residential provider invoices SBHO, which pays bill.			

Last Revision Date: February 17, 2016 by Anders Edgerton and Martha Crownover (Salish BHO), Beth Seltzer and Robin Denny (Makah)

Coordination of Services Implementation Plan Between the Port Gamble S'Klallam Indian Tribe
And The Salish Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—AWAITING TRIBAL APPROVAL
Meeting occurred April 20, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Increase Interlocal Agreement funding from $10,700 per year	A. Identify Interlocal Agreement contracting terms that honor G2G relationship (such as MHD/RSN Terms & Conditions definitions). B. Request DBHR to increase direct funding to Tribes (such as through established "Mental Health Promotion" funds). C. Agreed to rolling unused Suquamish Interlocal funds from the previous year to the next year's total available funds.	A. Continue funding to Tribe. B. Unanticipated SBHO state funding revenue reductions could impact funding of Agreements C. Participate in discussions between DBHR and Tribes to increase direct funding to Tribes. D. Strengthen prevention and treatment services at the Tribe. (JMHS providing psychiatric services).	SBHO- Anders Edgerton Port Gamble – Jolene George DBHR- David Reed Target date: on-going	In process to execute Interlocal Agreement CY 2015-2016.

Develop a non-Native Medicaid reimbursement mechanism for MH services provided by the Tribe	A. Support Tribal Centric strategies to increase funding opportunities for direct Tribal services provided. B. Explore possible Third Party Liability (TPL) reimbursement for Tribal services.	A. Participate in discussions between DBHR and Tribes to increase direct funding to Tribes. B. SBHO (KMHS & JMHS) and Tribe share service data and cost analyze of MH services provided. • KMHS will verify current availability of system report(s). • PGST will identify what service data they would like to review	SBHO- Anders Edgerton Port Gamble – Jolene George KMHS- Stacey Devenney DBHR- David Reed Target date: on-going	Ongoing Activity: PGST staff will identify and report what kind of service data they are interested in reviewing. Initial request –that SBHO provide service data reports for total number of Tribally affiliated clients served in Crisis and Outpatient for 2014-2015.
Continue to develop communication between Tribal representative on the SBHO Executive Board and PGST program staff	SBHO will include SBHO Executive Board meeting notes in the local meeting agenda.	A. Develop a communication process for Tribal input to the SBHO Executive Board meetings. B. Continue communication flow of information from the SBHO Executive Board to the Tribe.	SBHO Executive Board SBHO Executive Board Tribal Representative- Liz Mueller SBHO- Anders Edgerton Port Gamble – Jolene George Target date: on-going	On 4/20/2016 Tribe confirmed current communication process is satisfactory.

Last Revision Date: April 20, 2016 by Anders Edgerton and Martha Crownover (Salish BHO), and Jolene George (Port Gamble S'Klallam)

Coordination of Services Implementation Plan Between the Quileute Indian Tribe
And The Salish Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

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DRAFT—AWAITING TRIBAL APPROVAL
Meeting Occurred February 18, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Continue Interlocal Agreement funding of $10,700 per year to the Tribe	A. Identify Interlocal Agreement contracting terms that honor G2G relationship B. Request DBHR to increase direct funding to Tribes (such as through established Mental Health Promotion funds). C. Continue SAD project, diabetic support group, or begin family support groups (1:1 and group activities)	A. Continue with funding to Tribe B. Unanticipated PRSN state funding revenue reductions could impact funding of Agree-ments C. Participate in discussions between DSHS and Tribes to increase direct funding to Tribes. The Tribe has experienced the State's approach to	PRSN- Anders Edgerton Quileute- Andrew Shogren & Norm Englund DBHR- David Reed OIP- Brenda Francis-Charles Target date: completed	PRSN provided new Interlocal agreement to the Tribe for the period January 2015 – December 2016. Collaboration for update of Interlocal Agreement will begin in Fall 2016.

		funding MHPP as neither culturally relevant nor respectful. They could do more for the Tribal people if the funding received was flexible and allowed for unique cultural needs of each community.		
Work on language to include in next Interlocal Agreement that includes Sovereign Immunity for Tribe	A. Tribe provided acceptable language to the PRSN B. PRSN will include proposed language in next set of Interlocal agreements with Tribe.	If Kitsap County cannot accept language respecting Tribal Sovereignty, funding may flow through West End outreach if that can be arranged.	PRSN – Anders Edgerton Quileute Tribe – Andrew Shogren	
Maintain a strong working relationship with the network provider, WEOS.	A. Formal and information meetings to discuss system issues and direct services to Tribal people and community. • Participate in a formal meeting at least once a year. • Tribe has requested a designated WEOS female counselor to balance the Tribal	A. Continue to promote activities and strengthen communication channels between Tribe, WEOS, and PRSN. B. Quileute will explore a dedicated	PRSN- Anders Edgerton Quileute- Andrew Shogren & Norm Englund WEOS- Pam Brown OIP- Brenda Francis-Thomas Target date: on-going	WEOS network agency continues to experience significant staff turnover. Efforts are under-way to re-establish effective communication and local partnerships.

	male MH counselor. B. Tribal program is expanding prevention and recovery services.	space for WEOS staff to provide services. C. WEOS will designate a female counselor(s) for Tribal members.		
Explore various funding streams available to the Tribes, such direct funding from DBHR/ DSHS.	A. Request DBHR to increase direct funding to Tribes (such as through established Mental Health Promotion funds). B. At local meetings, request other Tribes to describe their various funding/ revenue streams for MH and CD services.	A. PRSN and Tribe will attend state sponsored meetings and request a direct funding relationship between the state and Tribe. B. The May 2014 PRSN local meeting will include item on meeting agenda.	PRSN- Anders Edgerton Quileute- Andrew Shogren & Norm Englund DBHR – David Reed OIP- Brenda Francis-Thomas Target date: on-going	
Expand ability of Tribes to participate in RSN Meetings	Establish phone access for Executive and Advisory Board meetings, and other meetings as appropriate.	Phone access established	PRSN – Anders Edgerton	
Provide unimpeded access to Substance Use Disorder Residential Treatment beds.	A. Tribe will complete Residential Authorization form B. Tribe Faxes form to CommCare for authorization. C. SBHO instructs CommCare to approve all Tribal requests without impediment. E. CommCare authorizes stay.	A. Tribe is able to continue to access residential services unimpeded.	SBHO – Anders Edgerton	

	E. Residential provider invoices SBHO, which pays bill.			

Last Revision Date: February 16, 2016 by Anders Edgerton and Martha Crownover (Salish BHO), and Andrew Shogren (Quileute)

Coordination of Services Implementation Plan Between the Hoh Indian Tribe
And The Salish Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—AWAITING TRIBAL APPROVAL
Meeting Occurred February 17, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
1. Continue Interlocal Agreement funding of $10,700.00 per Tribe/year.	Identify on-going PRSN funding streams Request DSHS to increase direct funding to Tribes (such as through established "Mental Health Promotion" funds).	PRSN continue funding to Tribe Unanticipated PRSN state funding revenue reductions could impact funding of Agreements Increase number of Tribal direct service (developing a variety of providers).	PRSN- Anders Edgerton Hoh- Melvinjohn Ashue DSHS- David Reed OIP- Brenda Francis-Thomas	Executed Interlocal Agreement extended through December 2016. Collaboration for update of Interlocal Agreement will begin in Fall 2016.
2. Maintain a strong working relationship with the network	Continue formal and information meetings to discuss system issues and	Continue to promote activities	PRSN- Anders Edgerton	PRSN and Hoh staff have met during local meetings,

provider, WEOS.	direct services to Tribal people and community. WEOS staff will provide groups, as designated by Tribe, to assist with decreasing stress amongst Tribal members/program staff. PRSN staff meet with Hoh social services staff at least once a year.	and strengthen communication channels between Tribe, WEOS, and PRSN. Increase consistency of face to face meeting between PRSN and Tribal staff.	Hoh- Melvinjohn Ashue WEOS- Pam Brown OIP- Brenda Francis-Thomas Target date: on-going	as well as during 7.01 Planning meetings. The past 2 years, Hoh have sent a representative to local meetings.

Date of Last Revision: March 31, 2016 by Loni Greninger, DBHR Tribal Liaison

Coordination of Services Implementation Plan Between the Suquamish Indian Tribe
And The Salish Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT— Meeting is Currently Being Scheduled by BHO

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
BHO has reached out to the Suquamish Tribe to schedule a meeting.				

Date of Last Revision: March 31, 2016 by Loni Greninger, DBHR Tribal Liaison

Coordination of Services Implementation Plan Between the Spokane, Colville, and Kalispel Tribes

And The Spokane Behavioral Health Organization

Mental Health Treatment Services

Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The BHO has reached out to the DBHR Tribal Liaison with an interest in establishing a better relationship. The DBHR Tribal Liaison will work with the BHO and Tribe to schedule a meeting. Below is the 2015-2016 plan submitted last year with the Spokane County RSN.				

Date of Last Revision: March 31, 2016 by Loni Greninger, DBHR Tribal Liaison

Updated Spokane County Regional Support Network//Tribal Collaboration Plan,
Spring 2015

LIST OF ACTIVITIES

Activity: Invite Tribes and RAIO representatives to be a Mental Health Board Member and Substance Abuse Board Member
Outcome: Native Project has a representative on the Mental Health Advisory Board that meets in Spokane. Beginning one year ago, the Spokane Tribe has a representative that is on the Mental Health Advisory Board that meets in Davenport and represents the North Central Counties. For two years, the Kalispel Tribe has had a staff member on the Substance Abuse Advisory Board. The Colville and Kalispel Tribes have been invited and have both stated they would like to join the board when they have ample staffing. We are in the process of combining the Mental Health and Substance Abuse Advisory Boards.

Activity: Learn more about the Tribal Programs
Outcome: In July 2015, the Spokane County Regional Support Network's (SCRSN) six clinical staff toured the Kalispel CAMAS Center and met with the Kalispel Behavioral Health Staff to see their facilities and better understand their programs. This was an exchange, as the Kalispel Behavioral Health staff met with the RSN prior in Spokane to understand what the RSN does. The Spokane Tribe mental health staff have met with NEW Alliance Counseling and the RSN to identify issues regarding ITA detainment and tribal involvement. The Tribe reported that this process worked well. The Colville Tribe will meet with RSN staff on February 4, 2015 to further collaborate.

Activity: Spokane RSN contracts with Tribes
Outcome: The SCRSN has a contract with the Spokane Tribe and the Kalispel Tribe. The Tribes decide how they will use the funding, and last year the funding was increased. Much of the funding is utilized for staff training. Native Project has had a long standing contract with the SCRSN and Substance Abuse for co-occurring treatment for youth. The Mental Health Contract was increased 14% this year. In addition, several new staff were added throughout the year. The Colville Tribe indicates that although they have chosen not to contract with the SCRSN for funds, they are willing in the next funding cycle.

Activity: Suicide panel discussion February 26, 2015 with the Tribes
Outcome: Tribes are organizing the panel, and the following will be included: SCRSN Children's Mental Health Care Coordinator, Colville, Kalispel, Yakama, Coeur d' Alene, Spokane, and Nez Pearce Tribes representatives.

Activity: The American Indian Community Center has a new Executive Director, and we have a meeting scheduled on January 29, 2015.

Activity: Over the past year, the SCRSN Mental Health Care Coordinators have collaborated with each Tribe on any client issues to help resolve them and to do proper placement. The Tribes have been very helpful.

Activity: The SCRSN trainings have been frequent, and the Tribes are always invited. They are also always invited to attend the Eastern State Hospital Consortium with the RSNs.

Activity: In 2014, the SCRSN release several Requests for Proposals, which also went to the Tribes. They were given the opportunity to apply, but no responses were received.

Coordination of Services Implementation Plan Between the Confederated Tribes of the Chehalis Reservation And The Thurston Mason Behavioral Health Organization

Mental Health Treatment Services

Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The BHO has reached out to the DBHR Tribal Liaison with an interest in establishing a better relationship. The DBHR Tribal Liaison will work with the BHO and Tribe to schedule a meeting. Below is the 2015-2016 plan submitted last year with the Thurston Mason RSN.				
Invite the Tribe to attend TMRNS Mental Health Advisory Board and/or AB meetings.	TMRSN has sent AB meeting notices to the Tribe.	Have Tribal representation at the AB meetings.	Lead: Luke Unis Target Date: Ongoing	No Tribal member has attended the AB meetings or shown interest in sitting on the AB.
				In conjunction with DBHR, Thurston Mason RSN has agreed to work with the Chehalis Tribe to create a Tribal DMHP to serve on Tribal lands. 2016 Update: The Chehalis Tribal Business

				Committee has given permission to begin this project. DBHR will coordinate meetings between the Tribe and BHO.

Last Revision Date: March 31, 2016 by Loni Greninger, DBHR Tribal Liaison

Coordination of Services Implementation Plan Between the Nisqually Indian Tribe
And The Thurston Mason Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The BHO has reached out to the DBHR Tribal Liaison with an interest in establishing a better relationship. The DBHR Tribal Liaison will work with the BHO and Tribe to schedule a meeting. Below is the 2015-2016 plan submitted last year with the Thurston Mason RSN.				
Invite the tribe to at-tend TMRNS Mental Health Advisory Board and/or advisory board meetings.	TMRSN has sent advisory board meeting notices to the tribe.	Have tribal representation at the advisory board meetings.	Lead: Luke Unis Target Date: Ongoing	No tribal member has attended the advisory board meetings or shown interest in sitting on the advisory board.

Last Revision Date: March 31, 2016 by Loni Greninger, DBHR Tribal Liaison

Coordination of Services Implementation Plan Between the Skokomish Indian Tribe
And The Thurston Mason Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The BHO has met with the Skokomish Tribe to establish a Crisis Coordination Implementation Plan. The DBHR Tribal Liaison will work with the BHO and Tribe to schedule a meeting. Below is the 2015-2016 plan submitted last year with the Thurston Mason RSN.				
To reestablish collaborative efforts between TMRSN and the Skokomish Tribe with a new liaison.	• Since the last contact left the Tribe, they did not follow through with the contract that was established and funding (MHBG) was not utilized.	• Determine if there is a program the Tribe would like to collaborate with the RSN for children or adults, like the previous EBP TF-CBT or the last program Connect 4 for adults that fell through.	Lead: Children's Care Manager Target Date: Ongoing	Progress during this reporting period includes: • The Tribe has opted not to develop another contract with us at this time.
Invite the Tribe to attend TMRN'S Mental Health Advisory Board and/or AB meetings.	TMRSN has sent AB meeting notices to the Tribe.	Have Tribal representation at the AB meetings.	Lead: Luke Unis Target Date: Ongoing	To date, Tribe has not attended the AB meetings or expressed an interest in sitting on the AB.

Last Revision Date: March, 31, 2016 by Loni Greninger, DBHR Tribal Liaison

Coordination of Services Implementation Plan Between the Squaxin Island Indian Tribe
And The Thurston Mason Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

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*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The BHO has reached out to the DBHR Tribal Liaison to assist in coordinating a meeting. Below is the 2015-2016 plan submitted last year with the Thurston Mason RSN.				
To reestablish collaborative efforts between TMRSN and the Skokomish Tribe with a new liaison.	• Since the last contact left the Tribe, they did not follow through with the contract that was established and funding (MHBG) was not utilized.	• Determine if there is a program the Tribe would like to collaborate with the RSN for children or adults, like the previous EBP TF-CBT or the last program Connect 4 for adults that fell through.	Lead: Children's Care Manager Target Date: Ongoing	Progress during this reporting period includes: • The Tribe has opted not to develop another contract with us at this time.
Invite the Tribe to attend TMRN'S Mental Health Advisory Board and/or AB meetings.	TMRSN has sent AB meeting notices to the Tribe.	Have Tribal representation at the AB meetings.	Lead: Luke Unis Target Date: Ongoing	To date, Tribe has not attended the AB meetings or expressed an interest in sitting on the AB.

Last Revision Date: March, 31, 2016 by Loni Greninger, DBHR Tribal Liaison

Coordination of Services Implementation Plan Between the Yakama Nation
And The Greater Columbia Behavioral Health Organization
Mental Health Treatment Services
Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*
*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—AWAITING TRIBAL APPROVAL
Meeting Occurred March 16, 2016

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
Maximize the efficiency of communication between GCBH and its provider network, and the Yakama Nation	• GCBH and its provider networks will comply with the 7.01 Communication Protocols when corresponding with the Yakama Nation. • GCBH and/or provider network, will meet annually, quarterly and when requested with Yakama Nation leadership, administration and program staff including Office of Indian Policy staff to develop/update a 7.01 plan. • The Yakama Nation has a voting seat on the GCBH Board of Directors and can bring	• Improved and ongoing relationship between GCBH, including its network providers, and the Yakama Nation. • Provide a forum where issues/concerns are identified and addressed. • Improve the	GCBH Contracts Coordinator Yakama Nation provider staff Office of Indian Policy Regional Manager Target Date: Immediately and ongoing	Yakama Nation, DSHS, GCBH, CWCMH attendees: Lottie Sam, Secretary, HEW and Leland Bill, HEW Committee Member; Katherine Saluskin, YNBH Program Manager, Joy Heemsah, YNBH; Darryl Scott YNCCAP Program Manager, Mikal Gadley, YNCCAP; Jack Maris, CWCMH; Julie LaPierre, GCBH, Vonie Aeschliman, GCBH; Loni Greninger,

	issues/concerns to their attention at any time. Meetings are held the first Thursday of every month from 9-11. • The Yakama Nation has a voting seat on the GCBH Regional Advisory Board which meets the fourth Tuesday of every month from 10-12. • GCBH and its provider network will participate/attend Yakama Nation Tribal Council meetings, when requested. • GCBH will notify the Yakama Nation of all Committees so that the Yakama Nation and/or its provider staff can determine if they would like a seat on the Committees.	Yakama Nation's understanding of how GCBH and its provider network are structured and how they operate. • Improve GCBH's understanding of how the Yakama Nation and its provider network are structured and how they operate.		DBHR, Amanda Lewis, DBHR; and Janet Gone, Regional Manager, OIP met for annual 7.01 Meeting on 03/16/2016. Regional Manager, OIP will offer to do 7.01 Training with GCBH to go over 7.01 Policy including Government to Government relationship, communication protocol, etc. GCBH and/or provider network will hold Quarterly Meetings in order to coordinate services with tribal members. First meeting to begin in June 2016. The HEW Committee will assign two staff from YNBH and YNCCAP to serve as board member and alternate on GCBH Board of Directors. HEW requesting that both

				YNBH and YNCCAP both attend GCBH meetings and report back to HEW Committee.
Ensure efforts are made to recruit/hire Native American staff reflective of the service population	• GCBH and will distribute recruitment bulletins and job announcements to the Yakama Nation, when they are made available. • YN will send job announcement to GCBH. GCBH will send YN job announcements to its provider networks.	• More opportunities for the hiring of Native Americans within the GCBH service area. Wider area for YN job announcements to circulate.	GCBH Office Manager YNBH YNCCAP Target Date: Immediately and ongoing	
Ensure trainings are made available to the Yakama Nation	• GCBH will collaborate with the Yakama Nation to provide relevant training to Yakama Nation behavioral health and chemical dependency staff, when requested. • GCBH will distribute all training notices to the Yakama Nation. • GCBH will submit requests to the Yakama Nation for their participation in the annual Multi-	• Increased knowledge regarding available services and programs in the YN community. • Educate Yakama Nation provider staff about relevant practices and/or	GCBH Community Support/Customer Service Coordinator CWCMH Target Date: Immediately and ongoing	

	Cultural Competency Committee training. *GCBH will be checking on this. • GCBH offers a variety of trainings, including but not limited to, Grievance and Fair Hearing Processes, Consumer Rights, Advanced Directives, Stigma, Recovery, Wellness Recovery Action Plan, Mental Health First Aid and Co-Occurring Disorders. GCBH will provide trainings to the Yakama Nation and/or its provider staff, when requested. • CWMH will consult and share EBP's resources with YN.	processes.		
Ensure the Yakama Nation is notified of funding opportunities and available grants	• GCBH will distribute funding opportunities and grant notices to the Yakama Nation.	• Increase funding opportunities for the Yakama Nation.	GCBH Contracts Coordinator Target Date: Immediately and ongoing	
Identify and resolve gaps in service delivery	• GCBH and/or provider network will meet quarterly with the Yakama Nation to discuss service delivery issues/concerns. • GCBH and its provider network will collaborate with the Yakama Nation to identify and make best efforts to resolve gaps in service	• Improved understanding of access criteria for service provision to Yakama Nation members. • Improved	GCBH Care Coordinators Yakama Nation provider staff Office of Indian Policy Regional Manager	

	delivery. • GCBH will keep DSHS informed of all activities with the Yakama Nation.	communications between GCBH including its provider network and the Yakama Nation provider network. • Improved accessibility to appropriate GCBH, including its provider network, staff who can resolve issues in a timely manner.	Target Date: Immediately and ongoing	
Ensure the provision of medically necessary services to the Yakama Nation	• GCBH, through its provider network, will provide services to Yakama Nation members who meet State-approved criteria and for whom services are medically necessary and clinically appropriate. • GCBH and/or provider network will work with the Yakama Nation as partner in providing appropriate services including consultation, staffing on treatment plans after patient is released from care from provider	• Increase the number of Yakama Nation members being provided services. • GCBH, including its provider network and Yakama Nation will collaborate	GCBH Care Coordinators Yakama Nation provider staff Office of Indian Policy Regional Manager Target Date: Immediately and ongoing	

	network. • GCBH and its provider network will assist in providing psychological and psychiatric testing to YN members and I.H.S. eligible patients. ? GCBH will research. • GCBH and/or provider network will assist Yakama Nation with finding clinical provider who can provide medication management to patients.	and develop plan to work together.		

Last Revision Date: March 17, 2016 by Janet Gone, Office of Indian Policy Regional Manager

Coordination of Services Implementation Plan Between the Colville Confederated Tribes

And The North Central Behavioral Health Organization

Mental Health Treatment Services

Plan Dates: July 30, 2016-February 28, 2017

**This Plan is not considered approved until the Tribe's delegated authority approves this Plan.*

*Annual Due Date: July 30, 2016; and then March 1 of every year after (Submit to the DBHR Tribal Liaison).

DRAFT—Meeting Has Not Occurred

Implementation Plan				Progress Report
(1) Goals/Objectives	**(2) Activities**	**(3) Expected Outcome**	**(4) Lead Staff and Target Date**	**(5) Status Update for the FY Starting Last July 1**
The DBHR Tribal Liaison will be working with the BHO to research if there are tribal lands within the service area.				

Last Revision Date: March 17, 2016 by Loni Greninger, DBHR Tribal Liaison

Other Items to Note

HCA-BHA Monthly Tribal 2016 Meeting Schedule

**All meetings are accessible via in person, via teleconference, or via webinar.*
Meetings are hosted at the Health Care Authority,
626 8th Avenue SE, Olympia, WA 98501, Sue Crystal Conference Center

**All meetings are scheduled from 9:00 a.m. to 12:00 p.m.*

January 25, 2016

February 22, 2016

March 28, 2016

April 25, 2016

May 23, 2016

June 27, 2016

July 25, 2016

August 22, 2016

September 26, 2016

October 24, 2016

November 28, 2016

December T.B.D

Statewide Tribal Health Care Delivery Issues Log by Authority—Working Copy as of 04/22/2016			
#	**Issue Description/Analysis**	**Next Steps—Authority Over the Issue**	**Timeframe/Target Date**
Legislation Required to Address			
1	Enable Medicaid to pay for treatment at ITUs of clinical family members for all Medicaid-covered services	HCA/BHA will research this request. This request requires legislative and Governor support.	To be addressed in Monthly Tribal Meeting (MTM).
2	Give tribes the funds that were given to BHOs for AI/ANs.	BHA is willing to have this conversation with the HCA-BHA MTM workgroup. DSHS does not have the statutory authority to move dollars from BHOs to anyone else. This would require legislative and Governor support.	Legislative cycle
3	Define and clarify role and scope of governing boards. Require BHOs to include Tribal representatives in their decision and policy making boards. • BHO boards are excluding Tribes and instead inviting Tribes to have a representative on the BHO advisory committee; this is not government-to-government relations. • AIHC has asked that the contract language be consistent with RCW 71.24.300 (1-3). • Tribes have requested one seat per tribe on the BHO governing boards • BHOs have said their existing funding is not sufficient for them to give full faith and credit to Tribal court orders. *AIHC Recommendation, TCBH Workgroup* ADD case mgmt pmts to ITUs for non-AI/ANs? (AIHC Nov recommendations)	With the advice of legal counsel, BHA has interpreted the legislation to prevent it from requiring BHOs to have tribal representation on their governing boards. Tribes may want to seek legislation to clarify the Legislature's intent. BHO funding is sufficient to provide medically necessary behavioral health treatment services. This item should be explored and discussed through MTM.	DSHS will present topic at June MTM.

4	Interest in a Tribal BHO.	BHA is committed to having this conversation; this conversation could start at the HCA-BHA MTM workgroup meetings, but will require DSHS/HCA and tribal leadership involvement as well. Any discussion should keep in mind full integration in 2020. A Tribal BHO would require legislative and Governor support. Consider different models: • Tribal MCO • Tribal BHO • Tribal ASO Possibility of BHO or ASO as interim step to larger integrated ITU model in Medicaid?	Legislative cycle
5	DSHS/HCA should contract with adult and child consulting psychiatrists to provide medication consultation services to Tribal and urban Indian health programs (State funded). *State Response: For children, the state funds the Partnership Access Line (PAL); for more information, see http://www.palforkids.org/. PAL is a telephone based child mental health consultation system for primary care providers funded by the Washington State legislature. PAL employs child psychiatrists and social workers affiliated with Seattle Children's Hospital to deliver its consultation services.*	For adults (and for children – if UW contract ended), this request requires legislative and Governor funding support. Timeframe to be discussed at MTM.	TBD
6	DSHS and HCA should establish an ongoing project with Tribes and urban Indian health programs to develop and reimburse for AI/AN culturally appropriate evidence-based practices (EBPs) and promising practices (State funded).	<u>Developing AI/AN EBPs</u> – To develop AI/AN EBPs, funding will require legislative and Governor support.	TBD

7	Obtain necessary statutory and/or regulatory changes that will allow Tribal Courts to make ITA commitments for Tribal members.	Currently, RCW 71.05 states that commitments required from Superior Court. Would require statutory change to include jurisdiction of a tribal court. In addition, ITA hearings must be held where the facility is (where the client is being treated), not where the client was detained. This would require legislative and Governor support. Timing and prioritizing to be discussed at MTM. Deadline: July 31 for steps to be taken (DSHS working with AGO) (Note: In Arizona, tribal court makes decision with state court reviewing the decision)(Consider researching Alaska – BHA is looking for other state models)	Legislative cycle
8	DSHS should seek **state funds to pay Tribal programs for chemical dependency services provided to non-AI/ANs** (State funded; Medicaid funded with Medicaid expansion).	This would require legislative and Governor funding support.	Legislative cycle
9	State will work with ITUs to **analyze complications for ITU behavioral health programs and AI/AN health care needs** due to (1) the integration of SUD services with mental health managed care (BHOs), and (2) the coordination of the BHO system with physical health care. *State Response: State Plan and covered services for Medicaid enrollees are not changing. IHS and Tribal facilities will continue to bill HCA directly for MH/SUD services and will continue to receive the IHS encounter rate.*	BHA will review legislative authority to require BHOs to coordinate care with physical health care providers for AI/ANs. Concerns: • Continuity of care with different authorities/payers • How is the state capturing data and ensuring that data on culturally relevant services are being captured?	TBD

10	Obtain **state funding to conduct a feasibility study for one or more E&T facilities to service AI/AN people needing inpatient psychiatric care** (State funded). *State Response: Original state funding is no longer available.* CHANGE TO: Obtain **state funding to support construction and implementation one or more Tribal Evaluation & Treatment facilities to service AI/AN people needing inpatient psychiatric care?**	This would require legislative and Governor support. BHA will look at 2017-19 budget. Tribes might also consider going to the Legislature for funding of construction of a tribal E&T facility as an investment for future savings due to the transfer of inpatient mental health expenses from the state budget to the federal budget due to the AI/AN 100% FMAP.	Legislative cycle
CMS Authority Required to Address			
11	**Need to reinvest savings** from Medicaid Transformation Waiver to prevent federal and state recoupment of savings and to support non-project/community reinvestment.	HCA: Work with CMS to ensure that savings can be reinvested to sustain transformations.	
SAMHSA Authority Required to Address			
12	Inconsistent confidentiality rules for HIPAA and SUD services	1. HCA/BHA are reviewing the changes proposed for 42 CFR Part 2 (https://www.federalregister.gov/articles/2016/02/09/2016-01841/confidentiality-of-substance-use-disorder-patient-records). 2. Changes to this rule require federal (SAMHSA) action.	
DSHS-BHA Capacity to Address			

13	DBHR use 2SSB 5732 appropriations to contract or employ a dedicated FTE to assist with implementation of the report's recommendations (State and Medicaid funded).	This funding for this ended. IPAC and AIHC agreed to re-purpose the funds to pay for Suicide Prevention Conference.	Completed. Funds expended and returned.
14	DBHR dedicated FTE to provide technical assistance to Tribes and monitor Tribal relations in BHO contracts (State funded).	Loni Greninger hired on July 1, 2015.	Completed.
15	Continue to allow Tribal and urban Indian health program mental health services to clinical family members of Tribal members (Medicaid funded).	State Response: The rules are staying the same for clinical family members – Medicaid will continue to pay for mental health treatment of non-AI/AN family members of AI/ANs by IHS and Tribal facilities.	Completed.
16	Tribes want to make sure BHOs follow Gov. to Gov.	BHA is requiring BHOs to develop and implement a tribal coordination implementation plan under Section 15.2 of the BHSC. The plan must include service delivery goals/outcomes, activities to implement service delivery, expected outcomes of the service delivery goals, lead staff from the BHO and ITU, and a progress report throughout the year. This is very similar to the 7.01 Plan. BHA will work with ITUs on this.	In BHO Contracts. DBHR will monitor. If need for clarifying language, July 2016 is the next opportunity to amend the contract.
17	BHOs not reaching out to Tribes/RAIOs for governing boards, advisory boards, crisis coordination plans, or information on how to access services	The BHSC requires BHOs to reach out to Tribes for all aspects listed. BHA will continue to follow up with the BHOs to assist and monitor. DBHR Tribal Liaison can attend meetings between BHOs and ITUs to assist in coordination and ITU access to medically necessary care. DBHR also plans to work with HCA-BHA MTM workgroup on training curricula for Ombuds trainings.	In BHO Contracts. DBHR will monitor. If need for clarifying language, July 2016 is the next opportunity to amend the contract.
18	Require each BHO to identify BHO staff member as Tribal liaison.	This is required in the BHSC and PIHP contracts.	In current contract. BHOs have turned in contacts and Loni will distribute.

19	Develop protocols, in conjunction with each tribe in their catchment area, for accessing tribal land to provide crisis and ITA services. These protocols would include coordinating the outreach and debriefing the crisis/ITA review outcome with the I/T/U mental health provider within twenty four hours.	This is required in the BHSC and PIHP contracts.	In BHO Contracts. DBHR will monitor. If need for clarifying language, July 2016 is the next opportunity to amend the contract.
20	Tribes being asked to waive sovereign immunity or partial immunity in BHO contracts.	Tribes do not have to contract with a BHO. If a tribe would like to contract with a BHO, BHA expects BHOs to not require Tribes to waive sovereign immunity. The BHOs are required to sign the BHO Indian Addendum when they contract with Tribes.	BHA sent a communication to the BHOs to remind them that Tribes do not have to contract. American Indian Addendum required in BHO contracts; bring to MTM. Explicit instructions re: Medicaid coverage for Tribal members to be in July amendment.
21	Remedial action for BHOs, including reduction of funding to BHOs.	BHA can place a BHO on a corrective action plan if the BHO does not meet its contractual obligations.	In BHO Contracts.
22	**Require BHOs to provide timely and equitable access to crisis services for AI/AN.** This would include BHOs to contract with Tribal and urban Indian health programs that are willing and able to provide crisis services. • BHOs to develop protocols, in conjunction with each Tribe with CHSDA in BHO's RSA, for accessing Tribal land and providing crisis and ITA commitment services (including protocols for coordinating outreach and debriefing the crisis/ITA review outcome with the ITU mental health provider within 24 hours) *AIHC Recommendation, TCBH Workgroup*	BHO contract requires that each BHO develop and implement a BHO-Tribal Crisis Coordination Plan, which includes: 1. How non-tribal DMHP can access tribal land 2. How to coordinate services between the BHO contracted facility and ITU 3. How BHO will respond to tribal ITAs and SUD ITAs BHA: Look at HCA's language on MCO requirement to contract with IHS; check on BHO contracting requirement with FQHC (UIHOs). Already in BHO contracts: related to crisis coordination plans	

23	Request to change the DSHS 7.01 policy to include RAIOs (Urbans). [Consider clarification of request]	This will need to go through IPAC, and other approval processes. Update: IPAC Executive Committee will consider IHS Confer Policy with urbans to see if it should be added to the DSHS 7.01 Policy.	Sunset review date of the 7.01 policy is March 31, 2019
24	Care coordination; BHOs and subcontractors should notify tribes to coordinate client discharge planning and care coordination.	In BHO contracts under crisis planning and discharge requirement – BHOs need to push these into sub-contracts For providers to coordinate discharge planning with other providers, they need to obtain a release of information.	BHA will add this to the HCA-BHA MTM workgroup to discuss this request further.
25	Require BHOs to submit to mandatory mediation in the event that tribes and the BHO disagree in regard to (1) an individual's assessment for the provision of crisis services; or (2) the tribal and BHO plan for coordination of crisis services.	DBHR's Tribal Liaison is available to respond to concerns regarding access and timeliness of service. For Medicaid services, access standards are identified in the PIHP contract. Each BHO must follow the federal regulations for managing the grievance process. This includes timeliness of notice of actions, denials, notification of rights, appeals process and access to the Ombuds office in each BHO. DBHR will work with the participants in the MTM to develop a training for the BHO Ombuds so that they can appropriately respond to requests for advocacy from AI/AN. DBHR will also request that the Ombuds Office for each BHO notify the DBHR Tribal Liaison, with the approval from of the Tribal member, whenever there is an advocacy issue involving AI/AN individuals.	July 2016 (training for Ombuds)

26	MCOs and BHOs will be required to contract with all I/T/Us and use the Indian Addendum.	DBHR does not have the authority to require BHO/PIHPs to contract with Tribes or other provider types. DBHR does have the authority to require that BHOs meet network adequacy requirement and have a sufficient array of providers and that the BHO has policies and procedures for purchasing out of network services when a medically necessary specialty services is requested. If a BHO and Tribe/UIHO do enter into a contract, the BHO must use the Indian Addendum. BHA to consider good faith negotiation requirement and to review BHO contract language in sections addressing culturally appropriate providers and choice of providers	
27	Require BHO-contracted and DBHR-credentialed licensed psychiatric care hospitals, including state psychiatric hospitals, and Evaluation & Treatment (E&T) facilities to notify and coordinate AI/AN discharge planning with the Tribes and urban Indian health programs.	For providers to coordinate discharge planning with other providers, they need to obtain a release of information. BHA will add this to the HCA-BHA MTM workgroup to discuss this request further. BHOs need to take care individuals if ITU cannot (e.g., AI/AN who is not eligible to receive care from IHS or Tribal clinic)	
28	Require that BHOs and their provider networks who provide Medicaid encounters to AI/AN consumers meet minimal cultural competency standards to be established through a joint AIHC/OIP/Washington Behavioral Health Council and departmental Workgroup. *AIHC Recommendation, From Consultation 3/9/16*	BHA and HCA will to participate in this workgroup. Consider collaboration between BHO and local tribes/UIHOs for cultural competency training curricula and delivery for all CMHA providers. We should include care coordination/discharge planning in this training. Next Step: Develop guidelines for CMHAs, including those contracted with BHOs.	Discuss next steps.

29	Require BHOs to accept, full faith and credit, tribal MH and SUD assessments. *From Consultation 3/9/16, TCBH Workgroup*	For an individual to receive Medicaid Behavioral Health Services through a BHO, the BHO must determine that there is *current* medical necessity for the requested service. In making this determination the clinician conducting the assessment should use all other information available, this would include assessments conducted by other behavioral health providers. At a minimum, the BHO has to verify that at the point in time services are requested medical necessity for the treatment is present. The certified agency must assure that assessments used meet the all licensure requirements. Tribes are attested or licensed, so their assessments should be viewed equally with non-Tribal provider assessments. This will be further discussed at the HCA-DBHR Monthly Tribal Meeting.	TBA
30	Information required by BHOs from subcontractors for authorization or extension of a residential treatment stay (e.g., progress notes). *From Consultation 3/9/16*	CMS requires BHOs to comply with Medicaid requirements including determining that there is medical necessity for services provided. As risk-bearing entities, BHOs develop their own procedures for managing provider compliance with these requirements. BHA is looking into the possibility of forming a workgroup to standardize the procedures BHOs use for authorizations and extensions – with carve out, BHA is focused on gaining FFS access. Still need standardized process.	TBD
31	Require BHOs to contract with Tribal DMHPs to serve AI/AN people on Tribal Land (if Tribal DMHPs are available and willing to contract with the BHO). *AIHC Recommendation, TCBH Workgroup*	This is currently not required in the BHO contract. BHA will research whether DSHS has the authority to require this in the BHO contacts. BHA has drafted contract provision to be include in July amendment to BHO contract.	7/16

32	DSHS should assist Tribal programs to train and have DMHPs who can detain AI/AN for ITA commitments (State funded).	1. BHA is currently working on a tribal DMHP project with the Chehalis Tribe. This tribal DMHP will be funded by the BHO, and serve four different tribes within the BHO service area. Other BHOs and tribes could implement a similar agreement if they choose. BHA would be happy to provide technical assistance. i. Tribe would need to provide the MHP to be certified as a DMHP by the BHO. ii. Tribal attestation vs. state licensing. Look up MHP WAC. iii. BHO would need to designate the MHP. iv. BHO and tribe would clarify who pays for the DMHP. v. DMHP would have authority to detain under state court. Tribe would need to consider this. For more information, please contact David Reed. BHA will check with Jessica Shook on upcoming DMHP training opportunities provided by DBHR.	BH-TCBH*
33	Data that BHOs can require of subcontractors for authorization or extension (e.g., progress notes). *From Consultation 3/9/16*	CMS requires BHOs to comply with Medicaid requirements including medical necessity for services provided. As risk bearing entities, BHOs develop their own procedures for managing provider compliance with these requirements. BHA is looking into the possibility of forming a workgroup to standardize the procedures BHOs use for authorizations and extensions. (Consolidate with comment #30 above)	
34	Need to ensure that the payment methodology for Medicaid Transformation Waiver Initiative 3 (foundational community supports) services is compatible with ITUs	BHA: Work with ITUs on this.	TBD

35	Need to ensure AI/AN and ITU exception to the integration into MCO and BHO rates of the cost of the benefit and delivery of foundational community supports under Medicaid Transformation Waiver Initiative 3	BHA: Work with ITUs on this.	TBD
	HCA Capacity to Address		
36	**No auto-assignment** for AI/ANs into managed care.	HCA policy is not to auto-assign AI/ANs into MCO plans. For ICW and foster care, need better communication between tribe and foster parents – tribe has custody. [TRIBAL SUB-GROUP ENDED HERE – PICK UP AT MTM]	Completed.
37	**Continue to use IHS encounter rate** to reimburse Tribal mental health and chemical dependency programs (Medicaid funded). *State Response: This is not changing for IHS or Tribal facilities. For UIHOs, they will continue to get the FQHC encounter rate, but will need to contract with the BHO to receive payment for SUD services. BHO will pay the contract rate, and HCA will pay the enhancement.*	1. HCA is updating the Tribal Billing Guide to include the current SUD billing instructions that will no longer apply with BHO/BHSOs. 2. HCA will give UIHOs guidance on how to bill for SUD services starting on April 1, 2016.	1. HCA still working on billing guide. 2. ASAP
38	Increase access to primary and specialty care in FFS • Rent a network/MCO acceptance of ITU referrals for FFS clients • Work through ACHs • Idea for Medicaid System Transformation Project	HCA/BHA are researching how to increase access to primary care and specialty care in fee-for-service, potentially under existing rules or under an 1115 Waiver demonstration project.	To be addressed in MTM.

39	Billing manual; tribes want to make sure that there no any changes to the billing manual that causes barriers. *From Consultation 3/9/16*	HCA is currently revising the tribal billing guide to include SUD FFS billing. HCA will share with the Tribes. Access to care standards is being expanded to cover SUD diagnoses (~110 diagnoses).	4/1/16
40	**Require MCOs to:** • **Contract with every ITU** on request and to use the Indian addendum • **Participate in training on ITU system** and to participate in tribal roundtables	1. HCA has amended all of the HCA-MCO contracts (except for the Foster Care MCO contract), starting April 1, 2016, requiring an MCO Indian Addendum and adding a mechanism to support MCO-ITU contracting – as HCA presented during the HCA-BHA MTM on February 22, 2016. 2. HCA will amend the Foster Care MCO contract with the same provisions – effective July 1, 2016. 3. HCA will send a Dear Tribal Leader Letter with the Tribal provisions in the HCA-MCO contracts and the MCO Indian Addendum.	1. Completed 2. 7/1/16 3. ASAP
41	ITUs should have the same opportunity as other providers and ACHs to receive incentive payments for transformation activities	HCA will work with the ITUs on this.	TBD
42	Need to develop separate measures methodology to determine supplemental payments to ITUs	HCA will work with the ITUs on this.	TBD
43	Need to ensure that State will not require ITUs to participate in the value-based payment system	HCA will work with the ITUs on this.	TBD
44	**Uncompensated care waiver** for the following services provided by ITUs: • Chiropractic • Adult vision hardware The state restored non-emergent dental and adult vision exams in 2014.	**1. ITUs – Please confirm that chiropractic care and adult vision hardware are the two benefits that are not covered by the State Plan but available as optional benefits under CMS rules.**	TBD

45	Need **full Tribal consultation in design and implementation of the 1115 waiver**	1. HCA/DSHS: Create workgroup (or use MTM?) to advise on formal consultation needs 2. HCA/DSHS: Email to ITUs/Harbage the minutes of Medicaid Transformation Tribal workgroup meetings, with running list of highlighted issues 3. HCA/DSHS: Email to each ITU with their own specific issues and status updates	TBD
46	**Exclude AI/ANs from 1115 waiver projects unless they opt in** (under managed care exemption in Section 1932 of SSA), with notices explaining this to AI/ANs *State Response: AI/AN managed care exemption under Section 1932 will continue; 1115 waiver will complement – not override – State Plan*	HCA will work with the ITUs on this.	TBD
47	Require coordination of care and prior authorization **MCO requirements to be consistent with ITU requirements** for coordination of care and referrals	HCA/BHA: Work with ITUs on "Medicaid System Transformation Project" (and supportive rule changes) to support: • Better coordination of care with ITUs; • Alignment of MCO prior authorization/IHS referral requirements between ITUs and MCOs; • Better cultural competence at MCOs through training on ITU system and tribal roundtables with MCOs; • [OTHER COMPONENTS TO BE DETERMINED]	TBD
48	**Use GPRA measures or other IHS clinical data** to reduce duplication and over-reporting by ITUs	HCA: Work with ITUs to use existing ITU measures for any Medicaid transformation project.	TBD
49	**Need to reinvest savings** to prevent federal and state recoupment of savings and to support non-project/community reinvestment	HCA: Work with CMS to ensure that savings can be reinvested to sustain transformations.	TBD

50	**Improve Medicaid reimbursement system** to reduce administrative burden on ITUs	1. HCA is currently working on reconfiguring ProviderOne to support HCA reimbursement to MCO payments of the IHS encounter rate. 2. After (1) is completed: (a) HCA will develop a process to reimburse MCOs for their payments of the IHS encounter rate. (b) MCOs will need to reconfigure their systems to enable correct payment of the IHS encounter rate for claims submitted by IHS and Tribal facilities. 3. After (2) is completed, IHS and Tribal facilities will be able to bill the MCOs and receive the IHS encounter rate without secondary billing to ProviderOne.	1. Summary 2016 2. Spring 2017 3. Summer 2017
52	**State needs to invest in competent analysis, planning, and technical assistance** to: 1. Ensure AI/AN and ITU needs are adequately addressed 2. Help ITUs determine whether they want to work with a TCE or an ACH 3. Help ITUs determine how they will work with ACHs Any Tribal Coordinating Entity (TCE) will need funding to develop capacity, potentially through the 1115 waiver	1. HCA has contracted with AIHC on for technical assistance on: (a) Meetings of ITUs and ACHs to develop mutual understanding (b) Individual meetings with each ITU to understand they want and need to engage with: (a) regional ACH, (b) one or more Tribal Coordinating Entities (TCEs), or (c) both. (c) Report on findings due January 31, 2017. 2. HCA is working with CMS to keep placeholder in 1115 waiver for ITUs, pending AIHC Report. **3. ITUs – Please give HCA an estimate of the total amount of Tribal funds, including IHS funds, that might be available to match the federal waiver funds.** **(a) Is $50,000,000 over 5 years a fair estimate?**	1(a). Spring – Summer 2016 1(b). Summer – Fall 2016 1(c). Due January 31, 2017 2. Ongoing 3. As soon as possible

53	**ACHs need to be educated about ITU system** in order to engage effectively with ITUs and Tribes	HCA has contracted with AIHC on for technical assistance on: 1. Meetings of ITUs and ACHs to develop mutual understanding 2. Individual meetings with each ITU to understand they want and need to engage with: (a) regional ACH, (b) one or more Tribal Coordinating Entities (TCEs), or (c) both. 3. Report on findings due January 31, 2017.	
54	**Ensure ACHs are designed and implemented in a parallel, complementary and coordinated manner with the ITU system**	HCA has contracted with AIHC on for technical assistance on: 1. Meetings of ITUs and ACHs to develop mutual understanding 2. Individual meetings with each ITU to understand they want and need to engage with: (a) regional ACH, (b) one or more Tribal Coordinating Entities (TCEs), or (c) both. 3. Report on findings due January 31, 2017.	
55	Request for **in-patient IHS encounter rate for long-term care services**	HCA/ALTSA will work with CMS to determine (1) whether and how to authorize an in-patient IHS encounter rate in the State Plan, and (2) if long-term supports and services would be eligible for this encounter rate (or if there is a different IHS encounter rate for LTSS).	TBD

BHA & HCA Capacity to Address			
56	Develop a list of culturally appropriate evidence-based AI/AN practice treatments for BHOs and MCOs to provide. Program development should include a plan for reimbursement for providing the service. As part of 2SSB 5732, tribal representatives will participate in developing culturally appropriate evidence-based and promising AI/AN practice treatments that BHOs and MCOs will be required to provide.		This item will be brought to the HCA-BHA MTM workgroup.
57	DSHS and HCA should work with the Tribes to develop treatment modalities and payment policies for persons with co-occurring conditions (Medicaid funded through separate encounter rates).	BHA/HCA would like to discuss with HCA-BHA MTM workgroup what the ITUs are looking for in this request. If the new treatment modalities do not fall under current Medicaid State Plan Amendments, the state would need CMS review and approval for implementation.	Work with MTM.
58	State will work with ITUs to analyze complications for ITU behavioral health programs and AI/AN health care needs due to (1) the integration of SUD services with mental health managed care (BHOs), and (2) the coordination of the BHO system with physical health care. *State Response: State Plan and covered services for Medicaid enrollees are not changing. IHS and Tribal facilities will continue to bill HCA directly for MH/SUD services and will continue to receive the IHS encounter rate.*	1. HCA/BHA will work with ITUs to understand the issues with integration and how they affect ITUs. HCA/BHA needs the advice and technical assistance from ITUs. 2. BHA will review legislative authority to require BHOs to coordinate care with physical health care providers for AI/ANs.	1. Ongoing 2. TBD
59	Review the Tribal Centric Report to the Legislature for updates and follow up.	DBHR/HCA believes they have incorporated those recommendations into this grid. Grid to be reviewed at March MTM meeting.	BHA will add this item to the agenda for the HCA-BHA MTM workgroup.

60	DSHS and HCA should establish an ongoing project with Tribes and urban Indian health programs to develop and reimburse for AI/AN culturally appropriate evidence-based practices (EBPs) and promising practices (State funded).	1. Traditional healing practices – Developing DOH/Medicaid Criteria — There are many competing considerations. This will require program-specific collaboration with the individual tribes to determine if developing Medicaid supportable criteria is even culturally appropriate. Technical assistance from HCA/BHA is available. 2. Traditional healing practices – Using Existing Medicaid Criteria – It is possible today to fit culturally appropriate practices within current Medicaid criteria for covered services. Technical assistance from HCA/BHA is available. 3. Culturally appropriate practices at non-ITUs: a. *HCA* – Beginning in 2015, HCA began adding Culturally and Linguistically Appropriate Service (CLAS) standards into the HCA-MCO contracts. HCA has also added new language to the HCA-MCO contracts for the MCOs to improve AI/AN access to culturally appropriate physical and behavioral health care at non-ITU providers. HCA will continue to develop this guidance. b. *BHA* – BHA is looking to add similar language to the BHSC. 4. Developing AI/AN EBPs – To develop AI/AN EBPs, funding will require legislative and Governor support.	1. Technical assistance available today 2. Technical assistance available today 3. Below a. 4/1/16 b. TBD 4. Legislative cycle
61	Amend list of covered provider services eligible for the encounter rate to include the new provider services that will be reimbursed under the integration of mental health and chemical dependency system and other provider services that support AI/AN.	Please provide more information on what is meant by “new provider services that will be reimbursed under…integration”?	

62	Reimburse I/T/Us for the cost to I/T/Us of providing case management in coordinating AI/AN care through the BHOs and MCOs.	Case management is not a covered service for mental health in the Mental Health SPA. DBHR and HCA will explore this issue with the HCA-BHA MTM workgroup.	
63	Accept AI/AN patients at any point in time regardless of whether the AI/AN patient is currently receiving mental health, chemical dependency, or physical health services at an I/T/U and needs additional care within the State BHO/MCO systems. AI/AN patients should be able to transition care between both the BHO/MCO and I/T/U systems with minimum disruption. For example, there should be no required referrals or unnecessary paperwork required.	DBHR and HCA agree that there should be minimum disruption for an individual transitioning from one service to another and unnecessary paperwork should be minimized.	
64	**Increase access to primary and specialty care in FFS** • Rent a network/MCO acceptance of ITU referrals for FFS clients • Work through ACHs Idea for Medicaid System Transformation Project	HCA/BHA are researching how to increase access to primary care and specialty care in fee-for-service, potentially under existing rules or under an 1115 Waiver demonstration project. Also see “Medicaid System Transformation Project” in “Waiver” category below.	

65	State will work with ITUs to **analyze complications for ITU behavioral health programs and AI/AN health care needs** due to (1) the integration of SUD services with mental health managed care (BHOs), and (2) the coordination of the BHO system with physical health care. *State Response: State Plan and covered services for Medicaid enrollees are not changing. IHS and Tribal facilities will continue to bill HCA directly for MH/SUD services and will continue to receive the IHS encounter rate.*	1. HCA/BHA will work with ITUs to understand the issues with integration and how they affect ITUs. HCA/BHA needs the advice and technical assistance from ITUs. 2. BHA will review legislative authority to require BHOs to coordinate care with physical health care providers for AI/ANs.	1. Ongoing 2. TBD
66	Consultation process for Medicaid service delivery.	HCA and DSHS will work with Tribes on a monthly basis through the HCA-BHA MTM to draft a Medicaid State Plan consultation policy.	Consultation process for Medicaid service delivery.
67	**Ensure compliance with federal protections** 1. No cost-sharing (42 USC 1396o(j); 42 USC 1396o-1(b)(3)(A)(vii)) 2. AI/AN MCO-enrollee may choose ITU as PCP (42 USC 1396u-2(h)(1)) 3. Sufficient ITUs in MCO/BHO network (42 USC 1396u-2(h)(2)(A)) 4. Payments to ITUs notwithstanding network restrictions (42 USC 1396u-2(h)(2)(C)) 5. Prompt payments to ITUs by MCOs/BHOs (42 USC 1396u-2(h)(2)(B))	**1. ITUs – Please report to HCA the details of any incident where an ITU client is asked for a copayment or other cost-sharing.** **2. ITUs – Please report to HCA the details of any incident where an ITU client is not able to choose an ITU as PCP.** 3. Below: (a) Rule: CMS has not yet issued guidance on this law. (b) MCOs: HCA has added language in the HCA-MCO contract to support MCO-ITU contracting. (c) BHOs: BHA is looking to add language in the BHSC to support BHO-tribal contracting. 4. Below: (a) MCOs: HCA has always had language in the HCA-MCO contract in compliance with for all ITUs. (b) BHOs: BHA is looking into this matter. **5. ITUs – Please report to HCA the details of any incident where an MCO has not complied with 42 USC 1396a(a)(37)(A).**	1. TBD 2. TBD 3. Below: (a) Federal (b) 4/1/16 (c) 7/1/16 4. Below: (a) Done (b) TBD 5. TBD

68	Include historical trauma and its resultant disorders, in all their complexity for AI/AN people, in BHO Access to Care Standards and list of Medicaid-covered diagnoses.	Historical trauma/generational trauma are not actual ICD 10/DSM 5 diagnoses. HCA and DSHS recognize the critical impact these factors can have on the whole person. HCA and DSHS will sponsor training for clinicians conducting mental health diagnoses and treatment so that they can address these factors in diagnosing and providing treatment. HCA and DSHS will work with the Monthly Tribal Meeting group to identify potential trainers and content for the training.	12/1/16
69	**Inconsistent interpretation of IMD rule.**	1. BHA/HCA will add this to the MTM workgroup. 2. BHA/HCA will research this issue, including what other states are doing with regard to this rule.	
70	Using/Not Using MAT; Tribes do not want to be forced to use MAT if their program doesn't support it.	BHA will research this issue. Follow up on whether prescription support requirements for clients in IP SUD treatment can exclude MAT if the IP treatment program does not support MAT. HCA also would like to have a broader conversation with experts on this issue.	
71	**Expand tribal assister program** to apply to Classic and MAGI Medicaid: 1. Access to Washington Connection 2. HCA/DSHS trainings on Classic Medicaid eligibility 3. Funding to support tribal assisters who assist with	1. DSHS will work on giving tribal assisters access to Washington Connection 2. HCA/DSHS participated in Classic Medicaid training for tribal assisters on March 2, 2016. HCA/DSHS are open to participating in future trainings. 3. The Medicaid Administrative Claiming program is available to tribes to provide funds for Medicaid administrative functions, including Medicaid eligibility support. Please contact HCA for more information.	1. TBD 2. Done and ongoing 3. Available now

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Behavioral Health Administration
PO Box 45050, Olympia, WA 98504-5050

March 30, 2016

Dear Tribal Leader:

On March 29, 2016, the Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) were notified by the Centers for Medicaid and Medicare Services (CMS) that our 1915(b) Waiver amendment was approved. This amendment supports the integrated administration of substance use disorder (SUD) treatment and mental health treatment services into Behavioral Health Organizations (BHO's) for Medicaid eligible individuals.

In response to the concerns expressed by Washington State Tribes and Urban Indian Health Organizations, CMS and the State agreed that American Indians and Alaskan Natives (AI/AN) will be exempted from the integration of substance use disorder treatment into the BHOs. Medicaid enrolled AI/ANs will continue to access Medicaid SUD services through the fee-for-service (FFS) system after April 1, 2016. The only exception to this is for Medicaid-eligible residents in the Southwest Region (Clark and Skamania Counties). In the Southwest Region, AI/AN residents who are Medicaid-eligible will have SUD coverage through the two Managed Care Organizations (MCOs) under contract with the Health Care Authority – either in the Fully Integrated Managed Care program or the Behavioral Health Service Only benefit for people who opt out of the Fully Integrated Managed Care program.

For Medicaid covered mental health services above the access-to-care standard, the BHOs will continue to manage these benefits which were previously covered by the Regional Support Networks (RSN). In the Southwest Region, however, the two MCOs will take over administration of these benefits (i.e., there will be no BHO in this region, and the RSN will no longer exist).

This waiver amendment will not change the ability of Indian Health Service and Tribal 638 facilities (Tribal Providers) to provide SUD and mental health treatment services and be reimbursed at the IHS encounter rate. This amendment also does not change Tribal Provider provisions for billing for SUD services for Medicaid eligible clients, both AI/AN and others, they treat.

The State will assign to the FFS program for SUD services all individuals who self-identify as AI/AN either when they apply or recertify for Medicaid or by submitting a subsequent change in Healthplanfinder or through the HCA Medical Customer Service Center. Medicaid-enrolled AI/ANs will be able to request SUD treatment services from any SUD provider who is enrolled with Medicaid as a FFS provider. In the FFS program, these services do not require BHO or State authorization. SUD providers must continue to meet all requirements of their state-issued license or certification in order to maintain their status as a as a Medicaid FFS provider.

DSHS will pay for the treatment services provided for Medicaid-eligible AI/ANs who are in treatment on March 31, 2016 through the course of their current treatment episode. Services provided for AI/AN individuals who are not eligible for Medicaid and are in treatment on March 31, 2016, will be paid for by the BHO for up to sixty calendar days or until the individual no longer meets American Society of Addiction Medicine (ASAM) criteria for the service.

DSHS will work with outpatient and residential providers in the coming weeks to identify providers who agree to continue as FFS providers. Once this is complete, DSHS will update our FFS provider list and include this information at *https://www.dshs.wa.gov/bha/division-behavioralhealth-and-recovery/directory-certified-chemical-dependency-services-washington-state*.

By the end of this week, HCA will be sending you formal notice that we intend to amend the Medicaid State Plan to refer to an updated fee schedule for FFS SUD services. This notice will rely on the expedited notification provision in the State Plan in order to enable the FFS SUD program as soon as possible. This State Plan amendment is limited to this rate update.

If you have any questions regarding this notice, please contact Loni Greninger by phone at (360) 725-3475 or by email at GreniAR@dshs.wa.gov.

Sincerely,

Carla Reyes, Assistant Secretary
Behavioral Health Administration
Department of Social and Health Services
BHA: Transforming lives by supporting sustainable recovery, independence and wellness

CC: IPAC Delegates
Tribal Behavioral Health Program Directors
Jessie Dean, Tribal Affairs Administrator, HCA
Tim Collins, Senior Director, OIP
Regional Managers, OIP
Chris Imhoff, Director, DBHR
DBHR Office Chiefs
Loni Greninger, Tribal Liaison, DBHR

Attachment: CMS Waiver Approval

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104

Division of Medicaid & Children's Health Operations

March 29, 2016

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5502

RE: WA.0008.R09.02 Waiver Amendment

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington's request to amend the 1915(b) Integrated Community Mental Health Waiver under CMS control number WA.0008.R09.02 submitted to CMS on December 30, 2015. The purpose of the waiver is: (1) to integrate Substance Use Disorder (SUD) services into the waiver; (2) to rename the contractors from RSNs to Behavioral Health Organizations (BHOs); (3) to change the service areas from county-based to region-based Regional Service Areas (RSAs); and (4) to transition one RSA (and, over time, others) to provide all services (physical, mental and SUD) via two or more Apple Health MCOs ("Fully Integrated Managed Care"). The proposed effective date for this amendment is April 1, 2016.

The waiver amendment is approved effective April 1, 2016, as modified to exclude the American Indian/Alaska Native population from the SUD services with the exception of Clark and Skamania Counties that will integrate the American Indian/Alaska Native population on April 1, 2016.

Please note that this approval decision is based in part on dialogue with the Health Care Authority (HCA), the Department of Social and Health Services (DSHS), and Tribal leaders and Tribal representatives concerning the impact of this program on Tribal communities. CMS looks forward to partnering with the HCA and DSHS as you continue to improve the program for all members served.

Thank you for the cooperation of your staff and DSHS staff in the review of this amendment. If there are any questions concerning this amendment approval please contact me, or have your staff contact Rick Dawson at rick.dawson@cms.hhs.gov or 206-615-2387.

Sincerely,

David L. Meacham
Associate Regional Administrator

Enclosure: Approved Waiver

cc:
Ann Meyers, HCA
Becky McAninch-Dake, HCA
Melena Thompson, DSHS
Tara Smith, DSHS

Tracking Log of Tribal-DBHR 7.01 Plan Approval Status			
Tribe	**When Meeting was Held**	**Tribe Approval Status**	**Notes**
Chehalis	02/22/2016	Pending	
Colville	02/04/2016	Pending	Colville BH Program Manager requested at the meeting that DBHR and OIP come back and present the plan to council in March 2016. OIP followed up with the Tribe; Tribe has not chosen a date.
Cowlitz			Letter was mailed to Tribal Chair on 11/03/2015 requesting a meeting. OIP will help DBHR to schedule a meeting.
Hoh	02/17/2016	Pending	
Jamestown	02/18/2016	Pending	
Kalispel	02/24/2016	**Approved**	Email exchange from Shannon Thomas and Lisa Guzman, 03/07/2016.
Lower Elwha	02/18/2016	Pending	
Makah	02/18/2016	Pending	
Nisqually	09/10/2015; 12/07/2015	Pending	
Port Gamble			Meeting was scheduled for 02/18/16 but had to be rescheduled. OIP will help DBHR to schedule a meeting.
Puyallup			Letter was mailed to Tribal Chair on 11/03/2015 requesting a meeting. OIP will help DBHR to schedule a meeting.
Quileute	02/18/2016	**Approved**	Email exchange with Nicole Earls, 03/31/2016.
Quinault	Meeting in the works		Meeting being scheduled for May or June 2016.
Shoalwater	Meeting in the works		Meeting being scheduled for May 2016.
Skokomish	04/27/2016	Pending	Tribe will let DBHR know who has authority to approve the plan.
Spokane	03/22/2016	**Approved**	Email exchange with Ann Dahl, 03/23/2016.
Squaxin			Letter was mailed to Tribal Chair on 11/03/2015 requesting a meeting. OIP will help DBHR to schedule a meeting.
Suquamish			Letter was mailed to Tribal Chair on 12/15/2015 requesting a meeting. OIP will help DBHR to schedule a meeting.
Yakama	02/22/2016, 03/03/2016	Pending	Tribal Council was scheduled to approve plans in April but had to reschedule. OIP to assist in attempting to get approval by May or June 2016.

Region 2 N Tribes Consolidated 7.01 Plan Lummi Nooksack Samish Sauk-Suiattle Stillaguamish Swinomish Tulalip Upper Skagit	08/05/2015; 11/03/2015; 02/03/2016	Pending	Communications was emailed by OIP to have any edits sent to Loni. No suggestions were sent in.
Region 2 South Tribes Consolidated 7.01 Plan Muckleshoot Snoqualmie			Letter was mailed to Tribal Chair on 12/24/2015 requesting a meeting. OIP will help DBHR to schedule a meeting.
Seattle Indian Health Board			Letter was mailed to RAIO Director on 12/24/2015 requesting a meeting. OIP will help DBHR to schedule a meeting.
N.A.T.I.V.E. Project			Letter was mailed to RAIO on 12/24/2015 requesting a meeting. OIP will help DBHR to schedule a meeting.