



AIHC – Tribal-State Leaders Health Summit – Session Descriptions

Tuesday November 6

Morning Breakout Session:

Tribal Behavioral Health Integration

Overview of the work that has been done since late 2016 to understand and address the needs of IHCP interested in behavioral health integration. You will be updated on AIMs Tribal Cohort, THBI assessment, THBE toolkit and resources on the AIHC website. THBI work happening under Medicaid Transformation and IHCP projects. We will discuss where this project needs to go in the next two years and investigate how networking with other IHCP can support this work as well as other technical assistance that will be needed.

Hepatitis C

The Lummi Nation will share the work they are doing to address increased rates of Hepatitis C. This session will also look at how the Hep C outbreak is disproportionately affecting Tribal Communities and discuss the seven directives in Governor Inslee's Directive to Eliminate Hepatitis C and how the state can engage the Tribes and UIHPs to education, test and treat those AI/ANs afflicted in our communities.

Improving AI/AN Data Gathered by the State while Maintaining Tribal Sovereignty

In this session we will discuss developing strategies to correct the causes of poor quality AI/AN data in non-Tribal data systems and plans for implementing solutions. We will also talk about continuing work needed to implement the legal mechanisms and policies required to assure proper sharing of tribal data, data ownership, and inclusion of tribes and UIHPs in the analysis, interpretation, and determination of use of AI/AN data. We will also discuss strengthening tribal and UIHP health information systems and data management technology, infrastructure and workforce expertise. The intended outcome of this session is to reconvene a Statewide Tribal Data workgroup with clearly identified goals and priorities for the next two years.

Tribal Evaluation and Treatment Facilities

Over many years of work through the Tribal Centric Behavioral Health Workgroup and development of the report to the Legislature of 2013, Tribal leaders and DSHS formally documented the needs of American Indian/Alaskan Natives to have increase access to inpatient mental health facilities. In 2017, the WA State Legislature provide a budget proviso for SFY 2018 and SFY 2019 which directed the Division of Behavioral Health and Recovery to collaborate with Tribal governments and develop a plan for establishing an evaluation and treatment facility to specialize in providing care specifically to the American Indian and Alaskan Native population. The plan must include options for maximizing federal participation and ensuring that utilization will be based on medical necessity. This presentation will provide an overview of the workgroup, provide summary of analysis, and next steps in the planning process.



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Afternoon Breakout Session:

DOC-MAT Therapy and Re-Entry

The Department of Corrections (DOC) is one of the largest public health care direct providers in the state. We are responsible for the medical health, behavioral health, and dental care needs of over 18,000 incarcerated individuals. Currently, 4.9%, or 880 individuals, in the incarcerated population identify as American Indian/Alaska Native. Further, 42.1% of inmates identifying as American Indian/Alaska Native return to incarceration within 36 months of release.

This presentation will discuss current health care services provided by DOC focusing on Behavioral Health programming. DOC's Medical Assisted Treatment program in response to the opioid will be highlighted. We also hope to engage audience members in ways to better improve the continuation of care as people transition back to their communities.

Maternal Infant Health Strategies

This session will give updates on AIHC Maternal and Infant Health work, including the MIH Workgroup and the Home Visiting Project. Updates will be given on state initiatives such as the Healthy Pregnancy Advisory Committee, the Maternal and Child Block Grant and Home Visiting. We will also be sharing methods established through the Pulling Together for Wellness framework to link AIHC's prevention work in commercial tobacco, vaping, and marijuana.

AIHC Advocacy 101

AIHC is coordinating our first AIHC Tribal Legislative Health Day on January 16, 2019 in Olympia. In this session, we will share how to approach legislators and share legislative priorities. AIHC legislative priorities for the next State legislative session will also be shared. Registration for participation in AIHC Legislative Day will be available at the Summit.

Promoting Healthy Native Communities: Ensuring Happy, Healthy, Safe and Thriving Native Youth

Native Youth Panel will talk about the challenges they face that create barriers to being healthy. They will discuss what we can do to support them make healthy choices and living healthier lifestyles.

Tobacco 21

This session will include sharing of Shoalwater Bay Tribe's own Tobacco 21 initiative, how it started, where it is and possible next steps. In this session there will also be an update on the Statewide Tobacco 21 Initiatives and what legislation might look like for this next legislative session.

Ensuring Access for Contraceptive Health

Upstream USA, a national non-profit that working to expand economic opportunity and mobility by partnering with states to reduced unplanned pregnancy. This group is interested in working with Tribal and UIHP clinics to decrease barriers for access to contraception for women in our Tribal Communities.



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Dinner discussion:

Foundation Public Health Services and Tribal Foundational Public Health Services: Funding and Priorities

Update on the work for FPHS in our State and where we are at with Tribal FPHS. DOH's decision package included a \$296 million ask to fund FPHS in the next biennium. That ask included \$1.2 million ask for Tribal Foundations Public Health Service work. AIHC, as requested by our delegates at the August delegates meeting, asked for the TFPHS ask to be increased to \$12 million for the next biennium. This includes some "shovel ready" projects and work that needs to be done to develop a Washington Tribal Public Health Toolkit with definitions and resources from Tribes to do their own assessments.

Wednesday November 7

Breakfast meeting:

SOR Tribal Opioid Workgroup

The Tribal Opioid Workgroup is a project funded by the State Opioid Response (SOR) plan in collaboration with Tribal leaders through the SOR Roundtable and Consultation process. The purpose of the establishment of a Tribal Opioid workgroup will be to assess gaps and resources for the spectrum of OUD affecting American Indian/Alaskan Native individuals and Tribal communities in WA State. The objectives of the Tribal Opioid Response Workgroup are to develop goals and objectives that will inform the Statewide Opioid Response Plan and provide overall direction for Tribal programs to address the prevention, treatment, and overdose of Opioid Use Disorders within the AI/AN population.

Morning Breakout Sessions

Development of Community Health Aides in Washington State and Medicaid Funding

At the National level, Pacific Northwest Tribes are working to move forward with the establishment of a CHAP Board to train and certify community health aides, behavioral health aides and dental health aid therapist. \$550k of the IHCP Project funding went to the NPAIHB to support the establishment of a CHAP Board. At the state level, there has been work to develop community health worker designation, training and certification, including state legislation to establish this level of provider. The Tribal effort includes these providers having the ability to be reimbursed when they provide Medicaid services. This session will bring together these two bodies of work and discuss how we can move the Tribal efforts forward

Honoring Tribal Court Orders and Establishing Tribal Designated Responders

The Tribal Evaluation and Treatment Facility workgroup has established a Legislative subcommittee to look at laws and regulations that impact the successful establishment of a Tribal Evaluation and Treatment facility or Secure Detox. This presentation will provide an overview of legislative barriers that were established/compiled through the Tribal Centric BH Workgroup, Tribal E&T Workgroup, and Issues



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Grid in regards access inpatient beds to address crisis concerns for individuals with MH and SUD disorders.

DHAT State Plan Amendment and appeal

This session will give an update on the appeal to CMS for their denial of the Dental Health Aid Therapist (DHAT) State Plan Amendment (SPA). Through the work of the Swinomish Tribe, Washington State passed legislation for services of a DHAT to be reimbursable by Medicaid. Unfortunately, the legislation that passed was very limited in when, where and to whom DHAT services can be provided. The SPA submitted by the Health Care Authority was denied by CMS as not meeting provider access rules for all Medicaid clients. HCA appealed this decision; the Swinomish Tribe has intervened with the appeal and the NPAIHB has drafted an amicus brief to support the appeal. The appeal hearing is set for December 17th and 18th in Seattle.

Update on Medicaid Transformation- IHCP Projects Sharing and ACH Work Engaging in regions with Tribes

All twenty-nine Tribes and both Urban Indian Health Programs are participating in Medicaid Transformation through and IHCP Project. This will bring \$19.9 million to the Indian Health Care Delivery System in Washington State between the spring of 2017 and the end of 2020. This session will give an overview of the projects. Representatives from the Accountable Communities of Health will share their efforts to engage and work with the Tribes and UIHPs in their Regional Service Area.

SAMHSA Block Grant Roundtable

The Health Care Authority's Division of Behavioral Health and Recovery intends to submit a FFY 2018 progress report on the 1st year target/outcome measures for the Unified Block Grant to the Substance Abuse and Mental Health Services Administration (SAMHSA). The Unified Block Grant includes both the Substance Abuse Block Grant and Community Mental Health Services Block Grant. The progress report is due Dec 1, 2018. The DBHR will be sharing the report to Tribal leaders through a series of RTs and Consultation. RT #1 took place Oct 10, 2018, RT #2 will take place during this presentation, and consultation will take place on Nov 14, 2018 from 3pm – 5pm.