

# NIHB Public Health Policy and Programs Department Meeting Summary

Indian Health Service, Division of Behavioral Health

National Tribal Advisory Committee on Behavioral Health (NTAC)

## IN-PERSON MEETING

October 25-26, 2018

IHS Albuquerque Area Office, Albuquerque, New Mexico

### Attendees:

#### NTAC Members

- Theresa Galvan, Health Services Administrator, Navajo Nation (Tribal Co-Chair, Navajo Area)
- Adrienne Tiller, Tohono O'odham Legislative Council (Tucson Area)
- Cassandra Sellards Reck, Tribal Council Member, Cowlitz Tribe, (Portland Area) (*Virtual*)
- Dolly Barnes, Director of Child & Family Services, Passamaquoddy Tribe (Nashville Area)
- Jay Keel, Admin, Secretary, Department of Family Services, Chickasaw Nation (Oklahoma Area)
- Jennifer Showalter Yeoman, Chairperson, Kenaitze Indian Tribe (Alaska Area)
- Roman Duran, Lt. Gov., Pueblo of Tesuque (Albuquerque Area)\*
- Sidney Tuttle, Vice Chairman, Santee Sioux Tribe (Great Plains Area)
- Tara Ford, Community Health Services Regional Administrator, Aleutian Pribilof Islands Association, Inc. (Alaska Area) (*Virtual*)

\* *indicates Point of Contact*

#### Indian Health Service (IHS)

- Amanda Bradley, Area Project Officer, DBH
- Anna Johnson, Management Analyst, DBH
- Annie Slacter, Office of General Counsel
- Audrey Solimon, Public Health Analyst, DBH
- Ben Smith, Deputy Director for Intergovernmental Affairs
- Dr. Beverly Cotton, Acting Director, Office of Clinical & Preventive Services
- Derek Patton, Division Director Integrated Behavioral Health, Phoenix Area
- Elisa Bruns, Area Project Office, Alaska Area
- Elise Leonard, Mental Health Consultant, Phoenix Area
- Elsie Joe, Area Project Officer, Navajo Area
- Georgianna Old Elk, Public Health Advisor, DBH
- Jennifer Downs, Public Health Advisor, DBH
- Jennifer Nanez, Albuquerque Area Behavioral Health Consultant
- Dr. Joel Beckstead, Alcohol & Substance Abuse Program Lead, DBH
- Jonah Begay, Management Analyst, Telebehavioral Health Center of Excellence, Albuquerque Area
- Leonard Thomas, Albuquerque Area Director
- Mary Toledo, Management Analyst, Telebehavioral Health Center of Excellence, Albuquerque Area

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- Mike Wolf, Office of General Counsel
- Miranda Carman, Acting Director, Division of Behavioral Health (DBH) (Federal Co-Chair)
- Palmeda Taylor, Nashville Area Behavioral Health Consultant
- Rae Burnette, Great Plains Area Project Officer, DBH
- Raven Ross, Acting Deputy Director, DBH
- Sarah Tillman, California and Portland Area Project Officer, DBH
- Selina Keryte, Program Health Analyst, DBH
- Steven Whitehorn, Urban Indian Project Officer, DBH
- Theresa Nez, Acting Behavioral Health Services Consultant, Navajo Area
- Wilbur Woodis, Senior Policy Analyst for External Affairs

### National Indian Health Board (NIHB)

- Carolyn Hornbuckle, Director, Public Health Policy & Programs
- Catrin Shuy, Director, Congressional Relations
- Courtney Wheeler, Public Health Project Coordinator
- Shervin Aazami, Policy Analyst

### National Council of Urban Indian Health (NCUIH)

- Francys Crevier, Executive Director
- Julia Dreyer, Director, Federal Relations
- Kimberly Fowler, Director, Technical Assistance and Research Center
- Maureen Rosette, NCUIH President (Chippewa Cree Tribe)

### Attendees:

- Dr. Glorinda Segay, Executive Director Navajo Department of Health
- Helen Devore Waukazoo, CEO, Friendship House
- Jessica Reck, Fiscal Counselor, Navajo
- Nelson Jim, Behavioral Health Clinician, Friendship House
- ShaQuilla Yazzie, Planner, Navajo Nation Division of Behavioral & Mental Health Services
- Stacey Chester, Planner, Navajo Nation Division of Behavioral & Mental Health Services
- Walter Murillo, CEO, Native Health of Phoenix

### Summary:

Eight NTAC members along with IHS staff and representatives from NIHB and NCUIH were present at the 2-day NTAC meeting in Albuquerque, NM. During the 2-day meeting member discussed previous meeting summaries and received an overview of the Partnerships to Advance Tribal Health (PATH) Town Hall and Joint Tribal Advisory Committee meeting, which the Tribal Co-Chair participated in. The IHS provided an overview of the Behavioral Health Initiative Funding Tribal Consultation & Urban Confer process to date, including an analysis of comments on various topics. The NIHB and the NCUIH also provided overviews of the objectives included in their cooperative agreement work plan activities. The NTAC members contemplated the pros and cons of the funding mechanism for behavioral health funding and the decided to postpone making a decision on a new funding mechanism, formula, and voting on the charter until they reconvene on December 20-21, 2018 in Albuquerque, NM.

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**NOTE: All meeting materials are located online at:**

<https://www.ihs.gov/dbh/consultationandconfer/moreinformation/>

### DAY 1

#### **NTAC Business:**

- **NTAC Meeting Summaries:** Two virtual meetings occurred May 11 & July 16, attendees were given copies of the meeting summaries.
- **PATH National Town Hall on Combatting Opioids and Substance Abuse in Tribal Communities & Joint Tribal Advisory Committee (JTAC) Meeting – July 24, 2018:** Theresa Galvan attended and provided an overview of the one-day meeting that was coordinated by the Substance Abuse and Mental Health Services Administration, in partnership with IHS, Centers for Disease Control, Centers for Medicare and Medicaid Services, National Institutes of Health, and the Office of Minority Health. The purpose of the Town Hall was to collaborate with other Federal agencies and Tribes to develop a comprehensive plan for addressing the opioid crisis in Indian Country. The purpose of the JTAC was to convene agency Tribal Advisory Committees (TAC) and identify common areas of interest and find opportunities for alignment to decrease duplication of work. An overview of each TAC was provided and the JTAC focused discussions on improving data on American Indian and Alaska Native Health as well as strategies for tackling tribal workforce needs. Meeting attendees want to have another joint meeting and share out what each TAC is working on.
- **Behavioral Health Strategic Plan:** Theresa Galvan indicated the NTAC needs to get back into reviewing the strategic plan and lead recommendations. NTAC identified opportunities for how they can come back together and discuss the strategic plan at a later date, which does not include current priorities, such as opioids.

#### **NIHB Legislative Update:**

Catrin Shuy provided a legislative update to NTAC focused on behavioral health. The NIHB has given testimony on Capitol Hill. Final opioid legislation was signed into law on October 24, 2018 by the President.

- **S.2545 Native Behavioral Health Access Improvement Act** – Developed by NIHB’s Youth Policy Fellows and passed as a resolution by NIHB’s Board in May 2017. It is modeled after the Special Diabetes Program for Indians (SDPI). It would be mandatory funding and the agency would work with Tribes to come up with the funding mechanism. NIHB is prioritizing this for next year and will need assistance in moving this forward.
- **H.R. 3473 / S. 3460: Native American Suicide Prevention Act-** Sen. Elizabeth Warren (D-MA) / Rep. Raul Grijalva (D-AZ) - Requires a state or state-designated entity receiving support from the Substance Abuse and Mental Health Services Administration (SAMHSA) for development and implementation of a statewide youth suicide early intervention and prevention strategy to agree to collaborate with each of the state's federally recognized Indian Tribes, Tribal organizations, and urban Indian organizations regarding the strategy.
- **Comprehensive Addiction Resources Emergency Act of 2018 (S. 2700) CARE Act** – Sen. Elizabeth Warren (D-MA) and Rep. Elijah Cummings (D-MD)- Based off of Ryan White. Direct funding to Tribes. \$400 million per year for 10 years. NIHB worked on Tribal inclusion

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during the drafting of the legislative language. The funding is determined by Tribes after consultation. This is not moving forward this year.

- **Zero Suicide Funding:** IHS clarified that while there is an increase for Zero Suicide funding this was relevant to SAMHSA, there will not be an increase in funding for IHS.

Additional NIHB Tribal budget formulation and appropriations information can be found at:

[https://www.nihb.org/legislative/tools\\_and\\_resources.php](https://www.nihb.org/legislative/tools_and_resources.php)

### **Behavioral Health Tribal Consultation and Urban Confer Overview:**

Anna Johnson provided an overview of the consultation and confer process to date, including a summary analysis of the comments received. This explanatory statement of the 2018 Consolidated Appropriations Act was the critical event that prompted the IHS to engage in consultation and confer. The purpose was to examine the funding mechanism to distribute behavioral health funds which are currently administered through the Division of Grants Management and discuss variables the IHS should consider in transferring behavioral health funding through the Indian Self-Determination and Education Assistance Act. Specifically, the overview identified three behavioral health initiatives that are the subject of the consultation including: 1) Substance Abuse and Suicide Prevention Program (funded from the Alcohol and Substance Abuse budget line), 2) Domestic Violence Prevention Program (funded from the Mental Health budget line), and 3) Zero Suicide Initiative (funded from the Hospitals and Health Clinic budget line).

- Following the overview, each NTAC representative was to discuss their recommendations. However, the NTAC members requested a breakdown of comments from their specific areas and recommendations were held in abeyance until they received additional information.
  - The IHS provided comments received through consultation and confer from the national perspective, their respective individual Areas, and meeting summaries from the virtual listening sessions to be further analyzed and to aide in the development of their recommendations from their respective areas.
- Portland Area (Cassandra Sellards Reck) provided recommendations to all members.
- Alaska Area (Jennifer Showalter Yeoman) mentioned that Tribes should not be fighting over limited funds and that Tribal shares should be enacted. The Alaska area will provide funding formula recommendations at a later time and held off providing a recommendation at the meeting.
- There was some confusion on how behavioral health funding is currently distributed.
  - The IHS clarified that Tribes receive grants and IHS facilities receive federal program awards based on a formula that determines how much is awarded. For Urban Indian Organizations, there is a set aside they can apply for, which does not go through area allocation.
  - The IHS further clarified that behavioral health funding can potentially move to Tribal shares, however all money is not in the same budget line so there was discussion for how this could be handled.
  - In addition, the third appropriation for IHS is Contract Support Cost – IHS will pay full contract cost. There is the ability to request more funds.
  - Theresa Galvan indicated the key goal is to ensure Tribes receive funding and to help NTAC decide whether or not to change the funding mechanism, then there needs to be additional subject matter experts from various IHS program offices to help determine what those changes are and further explain what they mean.

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### **Final comments before adjourning:**

Albuquerque representative mentioned that very little money goes to Tribal courts. They are a part of solution and need funding. Also help for front line workers.

- Theresa Galvan possibly engage with DOI or DOJ around the TLOA.
- Ben Smith: IHS is committed to strengthening collaborative relationships that advance the IHS mission. The IHS will participate in the 16th National Indian Nations Conference Justice for Victims of Crime on December 5-7, 2018 with other HHS Operating Divisions and Tribal Leaders in a Tribal Action Plan Institute for Developing a Community-Driven Tribal Action Plan, Tribal Law and Order Act of 2010. An essential component of this collaboration is the development of tribal action plans that are comprehensive, community-driven, and target substance abuse prevention, treatment, and recovery as well as justice, safety, and healing for tribal communities.

### **DAY 2**

The NTAC members asked for clarification on the timeline to give recommendations to RADM Michael Weahkee. The IHS clarified that decisions do not necessarily need to be made at the NTAC meeting and after determining more information is necessary to help facilitate decision-making, then IHS may seek additional information to help NTAC. Options to implement a phased approach. The IHS explained the timing of the current grant cycle and the NTAC discussed allowing the grant cycle run its course then implement change. However, NTAC Members should examine which may be best.

Projects are entering year 4 of a 5-year funding cycle, which ends in 2020 for SASPP (MSPI)/DVPP (DVPI). Zero Suicide begins is entering year 2 of a 3-year funding cycle.

- Great Plains (Sid Tuttle) requested the additional time to come back and discuss recommendations so he can go back to his area and get all the information needed to make good recommendations.
- Oklahoma (Jay Keel) recommended a phased approach. What are we definitely sure about what do we want to do? What are we not confident about today? Things we are not sure about putting in phase one could be addressed through a workgroup specifically put together to work on those. Requested the additional time to bring this discussion home and receive additional input form the Oklahoma Area.
- Theresa Galvan – We need more information for Tribal leaders to work with families for accurate data. For example, families are not reporting death as a suicide. More outreach is needed in the community so we can have accurate data. How do we encourage community to report accurate information?
- NTAC discussed sharing success stories to demonstrate effectiveness and engaging with sister agencies to share these stories.
- Theresa Galvan – How do we work in homeless population? It ties into alcohol/substance use. What do we know?

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### Discussion on next steps:

1. **Data Requests:** provide current data that includes: 1. Methamphetamine and opioid data and 2. update on user population
  - a. **Assigned to:** *IHS Headquarters Office of Public Health Support & coordinate with TECs*
    - i. *Also data from MSPI*
  - b. **NIHB:** *Translation of data (Ed Fox)*
  
2. **Funding Mechanism:** additional discussion needed to determine how to make the option available for current grantees to continue receiving their funding that they have been awarded with the additional option to transfer their funds to a Title I contract or Title V compact authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA)
  - a. Provide a matrix that compares grants vs ISDEAA (Title I and Title V) – pros/cons  
*Assigned to: Ben Smith to coordinate with Office of Tribal Self-Governance, Office of Direct Service & Contracting Tribes, and Division of Grants Management*
  - b. **NOTE:** *NTAC does not intend on modifying existing ISDEAA agreements*
  
3. **Advocacy & Raising National Awareness:** additional discussion is needed regarding outreach and education activities (National Indian Health Board & National Council of Urban Indian Health)
  - a. **NIHB:** *Planning efforts for 2019 BHC - include NTAC*
  
4. **Funding Formula:** provide additional information on the historical funding formulas NTAC considered to better understand how they worked and what the differences are between them and the current formula.
  - a. *Assigned to: IHS Division of Behavioral Health*
  
5. **Timing:** additional discussion is needed to determine timing of considerations for when actions could occur and how those decisions would impact the current grant timeline.
  - a. Identify timeline to provide feedback/responses back to IHS
  - b. **Follow-Up:** Question for NTAC and IHS to consider: Does another letter need to go out asking Tribes if they would like additional funding information?  
**\*\*\*\*Next meeting:** December 20-21, 2018 – ABQ  
**\*\*\*\*Follow-up meeting:** February 2019 – Possible joint meeting with SAMHSA TTAC –  
**NIHB help coordinate – NTAC willing to come to wherever the location is**

**NOTE:** There was some discussion and voiced concern about the impact of any decision on current grantees. NTAC authorized an extension on this discussion until the December meeting.  
**Take back to DBH Division of Grants Management:** What happens to carryover funds if there is a switch in funding mechanism?

**QUESTION:** Should we continue as is with current grant cycle – the new funding cycle begins in 2021 (using FY 2020 funds) and changes would take effect in the new funding cycle?

- **MOTION** (Nashville Area Representative –Ms. Dolly Barnes): IHS allow current grantees to continue as is. Changes to take place in new cycle beginning in 2021.
- **Second** (Tucson Area Representative – Ms. Adrienne Tiller)
  - **No opposition – motion carried and accepted**

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6. **Other:** How are the behavioral health initiatives addressing issues with our homeless population (in general)?
  - a. Explore existing partnerships (ex. VA) – *Assigned to IHS DBH*
    - **MOTION** (Great Plains Area Representative – Mr. Sidney Tuttle): Accept NTAC recommendations (1-6) as December agenda items.
    - **Second** (Oklahoma City Representatives – Mr. Jay Keel)
      - **No opposition – motion carried and accepted**

### **Charter:**

#### Questions:

1. Should nominations come directly to IHS Headquarters or continue as is – nominees are sent Area Director IHS Headquarters?
2. What is the process of allowing a designee vote if Area Primary or Area Representative is unable to attend the meeting?
  - \* Previously discussed items have been added to the charter.

\*\*\*\*December meeting discussion Charter –AGENDA ITEM

- **MOTION** (Tribal Co-Chair – Ms. Theresa Galvan): Adjourn
- **Second** (Alaska Area Representative – Ms. Jennifer Showalter Yeoman)
  - **No opposition – motion carried and accepted**

### **Next Steps:**

1. NTAC involvement in the AI/AN National Behavioral Health Conference – NIHB
2. Detailed Breakout of allocations – IHS
3. Reach out to Bemidji and Billings for attendance at next meeting (December 20-21, 2018, ABQ) – Theresa Galvan
4. Assist Theresa with letter to Principal Deputy Director, RADM Michael Weahkee – NIHB
5. Reach out to SAMHSA about having a joint meeting between NTAC and SAMHSA TTAC – NIHB