

# NIHB Public Health Policy and Programs Department Meeting Summary

Indian Health Service, Division of Behavioral Health

National Tribal Advisory Committee on Behavioral Health (NTAC)

Summary notes prepared by facilitator: NIHB;

## IN-PERSON MEETING

March 13, 2019

Veijas Casino & Resort Alpine, CA

### Attendees:

#### NTAC Members

- Kateri Keeto, Planner, Navajo Nation Division of Behavioral & Mental Health Services (Proxy for Theresa Galvan, Health Services Administrator, Navajo Nation (Tribal Co-Chair, Navajo Area)
- Cassandra Sellards Reck, Tribal Council Member, Cowlitz Tribe, (Portland Area)
- Cassandra McGilbray, Senior Advisor to Secretary of Family Services, Chickasaw Nation (Oklahoma Area) (*Virtual*)
- Jennifer Showalter Yeoman, Chairperson, Kenaitze Indian Tribe (Alaska Area)
- Ophelia Watahomigie-Corliss, Councilwoman, Havasupai Tribe (Phoenix Area)
- Lana Causley, Tribal Representative, Sault Ste. Marie Tribe (Bemidji Area) (*Virtual*)
- Anthony Francisco, Tohono O'odham Legislative Council Schuk Toak District Representative (Tucson Area) (*Virtual*)

#### Indian Health Service (IHS)

- Amanda Bradley, Area Project Officer, DBH
- Anna Johnson, Management Analyst, OTSG
- Audrey Solimon, Public Health Analyst, DBH
- Tamara James, Acting Director, Division of Behavioral Health (DBH) (Federal Co-Chair)
- Pam End of Horn, Public Health Advisor, DBH
- Sean Bennett, Public Health Advisor, DBH
- Shelly Carter, Management Analyst, DBH
- Sarah Tillman, Public Health Specialist, DBH
- Derek Patton, Director, Integrated Behavioral Health, IHS Phoenix Area Office
- Selina Keryte, Public Health Analyst, DBH
- Charles Magruder, Area Chief Medical Officer, IHS California Area Office

#### National Indian Health Board (NIHB)

- Gerry RainingBird, Behavioral Health Manager
- Courtney Wheeler, Public Health Project Coordinator

#### Attendees:

- Stacey Chester, Planner, Navajo Nation Division of Behavioral & Mental Health Services
- Sarah Sullivan

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## Summary:

Seven (7) NTAC members along with IHS staff and representatives from NIHB were present at the 1-day NTAC meeting in Alpine, CA. During the meeting members discussed the previous meeting summary, and NTAC Charter updates. IHS Division of Behavioral Health (DBH) provided updates on the Behavioral Health Initiative funding items, including Area Project Officer (APO) Reports and Tribal Epidemiology Center (TEC) Reports. The Division of Behavioral Health staff provided an overview of the IHS 2019-2023 Strategic Plan. The NTAC members completed their Behavioral Health Initiative funding recommendations and letter to RADM Weahkee.

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

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

## DAY 1

The NTAC members held Tribal caucus from 8:00 am – 9:15 am.

### NTAC Business:

- **NTAC Meeting Summaries:** Attendees received copies of the December 20-21, 2018 meeting summary.
- **NTAC Charter:** Charter updates from discussion with DBH and IHS Leadership
  - Tamara James: NTAC charter is under review and will be modified to ensure committee members and meetings are compliant with IHS charter guidelines and the scope and background are appropriately captured.
  - *Open for comments*
    - Alaska Area Rep: There were not a lot of changes other than to #5 regarding meeting up to four (4) in-person meetings a year --which should be addressed. This is pending availability of funds and where we look at the scope of work for the facilitators throughout the year. Continuing to look from those perspectives. That will be addressed when we go through update on contracts and cooperative agreements.
    - Phoenix Area Rep: Ready to elect co-chair at this meeting? NTAC wanted to re-nominate Theresa Galvan.
    - Request to establish quorum –Charter on page 6 addresses the number needed for quorum. Cannot vote until quorum is met. Request to send email to member that members are needed to have a quorum and to call in if available.
    - **Propose:** New date for discussion and give Andrew Hunt and Tamara James time to review since they are new to their positions. This will allow time to review contracts that will facilitate in-person meetings and opportunity to ensure document is capturing all of the elements we hope to accomplish with these meetings. Set a date for the next convening to have draft and update from OCPS and senior leadership. It will have to go through DBH and a final draft sent to Director OCPS – who will send to Division of Regulatory Affairs /Office of Management Support (OMS). Current document is not ready to be sent to OMS – want to allow time for it to be modified.
  - Will NTAC members be a part of modification process? Absolutely

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- What part needs to be to be amended? Page 6
- Preliminary review – There was a request internally that parts need to be reviewed and the meeting guidelines – selection of committee members, and the meetings.
- Purpose & Scope – Looking at outline of charter. Upon review, the scope is statutory language it doesn't provide objectives which should be included, perhaps between purpose and scope.
- Portland Area Rep: There is more information than that: provides a forum for meetings between Federal and elected Tribal leaders (or their designated employees with authority to act on their behalf), selected to represent the twelve Indian Health Service (IHS) Areas. The meetings will serve to facilitate the exchange of views, information, and advice concerning behavioral health issues. This forum will also provide the opportunity to meet with other IHS national advisory workgroups in order to develop and coordinate the integration of the Agency's priorities. Also references "regard to discussion of policy issues. Pursuant to Section 204(b) of the unfunded Mandates Reform Act (2 U.S.C. Sec 1534(b)), members of the public may be present at committee meetings, i.e., in the audience as observers, but since members of the public are not allowed on the committee, they may not participate in any committee discussions, or any other committee business, during the meetings". This gives the purpose of the committee appointed by RADM Weahkee.
- Activities – discussion that ties into purpose and scope. The request to change charter to include 4 meetings per year goes along with purpose and scope.
- Tamara James: The discussion will happen between committee members and DBH. The guidelines that go with any charter need to be met. If scope and purpose are fine we can move forward. By next convening we can ensure those items have been met regarding member selection and meetings. Can't speak to those at this time.
- Portland Area Rep: Those are already defined, what needs to be redone?
- Tamara James: Want to ensure that all items are being addressed; asked to review by IHS leadership.
- **Next proposed meeting – May 14-15 in ABQ.** One Potential issue with this meeting is that the current NIHB scope of work did not include funding to cover another in-person meeting. Not sure how we are going to include funds for May without modifications to the budget and scope of work. If NIHB can't coordinate the meeting then IHS would coordinate the meeting.
- Portland Area Rep: So we can still have the meeting in May?
  - Tamara James: We could; it would be helpful to know what was done in the past. Do you decide at this meeting when the next meeting happens?
  - Portland Area Rep: Yes we decide when the meeting will be and get consensus?
  - Tamara James: How many meetings occurred last year?
  - Portland Area Rep: We identified a need due to increased funding, increase work load, increase in priorities. We wanted to model after another of RADM Weahkee's committees. It made sense to have 4

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meetings. NTAC made that decision. The barrier came with not knowing the scope of work and budget for NIHB. We hope that we can move forward and they can coordinate travel and needs of Tribal delegates.

- *Follow-up Assigned to Tamara James*
- Gerry RainingBird: NIHB revised the budget and we do have funding to sponsor the travel and logistics for a meeting at the 2019 Behavioral Health Conference.
- Robert Foley: waiting from approval from IHS.
  - *Follow-up - NIHB follow-up with Shelly and Tamara James*
- *Follow-up: Assigned to Tamara James - Confirmation on what scope of work can include.*

### **Behavioral Health Initiative Funding Follow-up and NTAC Recommendations Discussion:**

#### Overview of IHS – DBH

- Area Offices work with other offices to carry out the work of IHS. They work as partners and have a stakeholder's voice in that work.

Division of Behavioral Health (DBH) falls under the Office of Clinical and Preventive Services (OCPS). It is one of five divisions. DBH is the primary source of national advocacy, policy development, management, and administration of behavioral health, alcohol and substance abuse, and family violence prevention programs. Activities are outlined in Federal Register (references a recent FR 12/26) found at

(<https://www.federalregister.gov/documents/2018/12/26/2018-27793/organization-functions-and-delegations-of-authority-part-g-indian-health-service>) which outlines

– IHS organization, functions and delegation for authority – there is a section titled Division of Behavioral Health (GAFA) functions and operation of the division. Description provided for the Alcohol & Substance Abuse Program (ASAP) and Mental Health programs.

#### **DVPP Cumulative amounts (2015-2018)**

- Grants/Cooperative Agreements: 85%-90% of funds.
- Detailed description of the Oglala Sioux Tribe Grant – Appropriations language cannot be removed from this project. Funds are being used to develop a shelter. This is left over money from the demonstration project that was provided Oglala Sioux Tribe. The funds could not be reallocated.
  - **Q. Is the process for these funds?**
    - These funds were listed for the demonstration project only. This funding was appropriated for Oglala Sioux Tribe; They received double funding in one year and had money left over. Due to appropriation language for these funds, they cannot be removed from the area.
  - **Q. How do you ensure in reporting that funds are being used for shelter?**
    - Progress report will be submitted.
- Tribal Epidemiology Center (TEC) Cooperative Agreement is specific to the DVPP and SASPP grants; –The IHS Office of Public Health Support (OPHS) coordinates the work of the TECs and funds the TECs to complete work.
  - **Q. What do AASTEC do with the funds?**
    - For each initiative listed (YRTC, pilot project; evaluation to show

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- effectiveness/impact, Zero Suicide support, support overall national evaluation
- **Q. If each has their own funding why do we need \$50,000 Zero suicide evaluation, \$75,000 youth after care (YRTC) evaluation or any of that if they can do their own evaluation?**
    - Need an overall evaluation to show effectiveness of programming.
  - **Contracts**
    - International Association Forensic Nursing (scope of work in meeting booklet)
      - **Q. How many trainings have they done?**
        - Don't have the numbers. Often receive request for training and that is reported out to stakeholders. That information is collected but not available at this moment.
    - Johns Hopkins University – Trauma informed care project (scope of work in meeting booklet)
      - Three cohorts have participated in the training
      - **Q. How is the training being done?**
      - 10 sites, have 4 convening throughout the year. They address child maltreatment.
      - **Q. Is it virtual or in-person?**
        - Believe it is both. Will see travel in budget for attending training.
    - HORNE Creative Group
      - Portland Area Rep: NTAC doesn't feel they meet the mission of the IHS and feel that they have an unacceptable mission listed on their website.
        - That complaint was heard and shared with leadership. The IHS Chief Medical Officer reached out to the office that holds that contract. DBH has a portion of the scope of work listed in the contract, but doesn't hold the full contract.
        - The HORNE Creative Group helps disseminate information for IHS.
        - Q: It is too much for one person to do in house.
        - A: The scope of work also includes outreach.
    - FM Talent source was used during demonstration phase – which developed into the need for APOs.

### SASPP (2015-2018 cumulative)

- FM Talent and HORNE Creative are contracts under this funding as well.
- National convening led to strategic plan
  - **Q. Who were the stakeholders present? Where there Tribal members?**
    - It is an IHS wide convening.
  - **Q. Why would you not have Tribal providers and leaders present? Why not have people at grassroots level to help make decisions?**
    - There were some Tribal Chief Medical Officers (CMOs, Tribal programs, Tribal consultants and other CMOs). Address access to care across the spectrum of care; not just Tribal.
    - Portland Rep: IHS CMO may not know the issues in small clinics.
    - **Q. Where is he advertising that meeting for Tribes to attend?**
      - Information is disseminated via the IHS webpages, LISTSERVS, via staff, to Tribes and organizations.

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- **National MGMT funds:**
  - Variety of activities are funded (i.e. APO, Zero Suicide training, etc.) These are not headquarters positions.
- **APO reports:**
  - AK APO has limited funds – does do some in-person but also does a lot of virtual site visits due to large geographical area. She also serves as AK Area staff.
  - Amanda Bradley (APO Oklahoma City) and Sarah Tillman (APO Portland): Presentation provided; an overview of APO role and responsibilities; general update on APO reports (provided in the NTAC members’ packets). APO reports cover the timeframe from September 30, 2018 – February 28, 2019.
  - APOs are first point of contact for DVPP and SASPP projects. They assist with project management, provide direct technical assistance, conduct in-person and virtual site visits, and develop reports for tracking to ensure projects are meeting required submissions in a timely manner.
  - **Q. Why would IHS hire a consultant to reach out to Tribes during a critical situation, when IHS is supposed to have a direct relationship? Why is that?**
    - Areas would know better than headquarters, more local interaction – Will come back to this.
  - Derek Patton – Behavioral Health Consultant, Phoenix Area
    - **Q. Are you an IHS employee? Why are you called a consultant?**
      - The term “consultant” is a part of the official job title; This is not a “consultant” position in which the person does not work for IHS; this is an IHS employee position.
      - **Q. How many other positions say consultant but are IHS/government employees?**
        - National Suicide Prevention Consultant
- **TEC Update Reports** - Not reviewed
- **Strategic Plan and TBHA**
  - Strategic plan released February 27, 2019
  - IHS Strategic Plan: <https://www.ihs.gov/strategicplan/>
  - Strategic Plan Timeline: <https://www.ihs.gov/strategicplan/timeline/>
  - **Meeting Suggestion:** Time to review strategic plan and combine with TBHA
- **Questions/Requests:**
  - If move from grants to direct funding there will be an amount that we will not be able to discuss change or move? What is that?
  - IHS runs our clinic, not self-governance. If we move to direct service, what job positions will be deemed necessary to function? Will there be a list of job positions that will change? Would like to see a list of positions that would disappear if move to direct funding?
  - What would new national management look like if funds are not disseminated via grants?
  - Improve development of partnerships/MOUs between IHS and TECs and

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communities.

- Not a lot of data from hospitals and outside clinics. People often misclassified. Data regarding AI/AN isn't collected correctly unless the person can self-identify. Best thing we can advocate for is IHS modernizing health care IT delivery - more user friendly, systems that can talk to each other. Build those relationships. Tribes are moving away from IHS system which weakens the numbers. IHS needs to be partners with Tribes and not make it hard to get data relationships with TECs.
- Want IT systems to match other systems where we can be reimbursed and billing is enhanced.
- Regarding modernizations, is there a fast track for Tribes that don't use RPMS and don't have capabilities to have an electronic system? Not having any type of internet to participate in electronic systems – can't find anyone to lay lines for internet. Isn't it the obligation of IHS to provide that internet source if it is a federal facility?
- Update RMPS. It doesn't address integrative care
  - What needs to happen in order to change it?
- Need for software that is user friendly
- Agreement on what output/reporting is needed
- Sexual assault and serious mental illness

### Joint Recommendations:

- Increase access to residential youth transitional systems.
- Increase appropriations to Tribes.
- Simplify process for Tribes to get grants.
- Simplify reporting for grants
- Increase ability to share current funding opportunities
  - Improve communication

**Concern:** Regarding use of grants in the recommendations since NTAC wants to move away from grants. May be okay for SAMHSA but concerned to say it's a joint recommendation.

- Cultural and interventions need to be included along with Western methods of prevention.
  - It can be hard to put value on traditional interventions, but they work with tribal people.
  - How can our traditional practices be translated into a language that can affect funding?
- Inclusion of all community members to promote wellness and healing across generations.
- Whatever federal agencies do, tribes need to be consulted. Sustainable impact has to include traditional knowledge.
- Prevention resources need to be addressed to make treatment programs successful.
- We need programs for men in all areas, especially prevention.
- We need to ensure that anyone who works with children confronts their own childhood to be better caregivers, including assessments like ACEs and unique tribal-based assessments.
- There should be more funding for peer support
  - Behavioral Health Aids – compensated for work so that it can be sustainable.

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**Concern:** Resource management is an issue. We call IHS and no one answers the phone. We can't get the help we need. I'd rather do it myself or contract with my board where I know I will receive help. Promises were made that never happened.

- More support for vulnerable populations, particularly women.
- Suicide prevention tools and resources should come from a positive, resilient focus, rather than dwelling on mortality.
- Cultural revitalization rather than preservation should be the hope and vision of Tribes.
- Tribes want full trust and credibility to develop formula grant programs based of their sovereign status with the federal government.
  - NTAC request removal of word "grants"
- Joint committees need to set priorities allowing trust for Tribes to work backwards to develop solutions to meet them.

May have DHAT, CHR, and CHAPs colleagues attend NTAC meeting. Discuss sustainability, billing, etc.

Alaska Rep: **Would that be helpful?**

- Rep: would like to know which Tribes have not had good relationship with state Medicaid.

Andrew Hunt: **Q. Would it be helpful to involve CMS Tribal Liaisons?**

- Phoenix Rep: It may be helpful.
- Nashville Rep: Would be helpful to get CMS at the table is a good way to start. We have an issue sustaining programs because we can't bill Medicaid.

*Assigned to Tamara James – electronic copy of joint recommendations sent to NIHB (Courtney Wheeler) -*

**Done**

**Site Visit discussion:** Depart from hotel tomorrow at 10:45 am

**Final comments before adjourning:**

NTAC members reconvene for Tribal caucus after meeting adjourned.