

Indian Health Service, Division of Behavioral Health
National Tribal Advisory Committee on Behavioral Health (NTAC)

IN-PERSON MEETING

June 17, 2019
IHS Headquarters
Rockville, MD

Attendees:

NTAC Members

- Theresa Galvan, Health Services Administrator, Navajo Nation (Tribal Co-Chair, Navajo Area)
- Elaine Fink, Chairperson, North Folk Rancheria of Mono Indians of California (California Area)
- Roman Duran, Tribal Representative, Pueblo of Tesuque (Albuquerque Area)
- Jay Keel, Administrator, Secretary, Dept. of Family Services, Chickasaw Nation (Oklahoma Area)
- Tara Ford, Community Health Services Regional Administrator, Aleutian Pribilof Islands Association, Inc. (Alaska Area)
- Ophelia Watahomigie-Corliss, Councilwoman, Havasupai Tribe (Phoenix Area)
- Adrienne Tiller, Tohono O'odham Legislative Council Sells District Representative (Tucson Area) (*Virtual*)

Indian Health Service (IHS)

- RADM Michael Weahkee, Principal Deputy Director
- Darrell LaRoche, Director, Office of Clinical and Preventive Services
- Ben Smith, Deputy Director of Intergovernmental Affairs
- Andrew Hunt, Acting Deputy Director, Division of Behavioral Health
- Tamara James, Acting Director, Division of Behavioral Health (DBH) (Federal Co-Chair)
- Audrey Solimon, National Suicide and Substance Abuse Program Lead, DBH
- Pamela End of Horn, National Suicide Prevention Consultant, DBH
- Sean Bennett, National Zero Suicide Program Lead, DBH
- Shelly Carter, Management Analyst, DBH
- Derek Patton, Behavioral Health Consultant, Phoenix Area
- Selina Keryte, National DVPP Coordinator, DBH
- Michelle Muir Howard, Staff Analyst, DBH
- KellyLynn Zuni, Intern, DBH
- Marcy Ronyak, Director, Division of Clinical and Community Services
- Capt. Cyndi Gunderson, Vice Chair, HOPE Committee
- Anna Johnson, Management Analyst, OTSG

Tribal Self-Governance Advisory Committee (TSGAC)

- Melanie Fourkiller, Senior Policy Analyst, Choctaw Nation

Direct Service Tribes Advisory Committee

- Bruce Pratt, President, Pawnee Nation of Oklahoma

National Indian Health Board (NIHB)

- Stacy Bohlen, CEO
- Devin Delrow, Director of Policy
- Courtney Wheeler, Public Health Project Coordinator

National Council of Urban Indian Health

- Francys Crevier, Executive Director
- Julia Dreyer, Director, Federal Relations

Attendees:

- Sarah Sullivan, Health Policy Analyst, Northwest Portland Area Indian Health Board
(*Virtual*)

Summary:

Seven NTAC members along with IHS staff and representatives from NIHB were present at the 1-day NTAC meeting in Rockville, MD. Members received a presentation on the opioid crisis as well as an update on discussions between the Indian Health Service (IHS) and SAMHSA. The afternoon portion of the meeting was with RADM Weahkee to discuss the NTAC Behavioral Health Initiative funding recommendations.

DAY 1

The NTAC members were in caucus from 8:15 am – 9:15 am.

Opioid Presentation – Tamara James, Acting Director of Division of Behavioral Health

- Behavioral Health Pilot Program on Opioid Crises
 - o Will be doing Tribal Consultation and Urban confer before implementation
- AI/AN was second highest race/ethnic group reported opioid related deaths
- HOPE committee started in April, 2017
- New programming modules around pain management courses developed
- Worked on increasing universal access to Naloxone
 - o Train the trainers program
 - o Train the community members
- Increasing access to culturally acceptable medication assisted treatment
- IHS will be releasing general memorandum on medication assisted treatment next week
 - o Will help ensure MAT is accessible to tribal stakeholders

- Data
 - Opioid stewardship campaign – best practices
 - Prenatal strategy and Maternal health strategy
 - MAT for early prenatal care
 - Neonatal withdrawal campaign
 - Expected release in next few weeks
 - CDC has a Tribal Technical opioid advisory group
 - IHS HOPE is doing their best to ensure they are good stewards of data around AI/AN

- IHS Discussions with SAMHSA have helped identify gaps in needs
 - i.e. maternal and child welfare
 - Much of IHS efforts have been focused on strengthening on their current functions but with Tribal consultation, they will invite feedback on new areas they can focus on

- New funding opportunity from SAMHSA

- IHS would like to replicate SDPI funding formula for new Opioid funding
 - IHS will conduct Tribal consultation and urban confer for feedback

- Tribal Consultation & Urban Confer sessions:
 - June 24, 2019 – virtual Tribal consultation
 - July 9, 2019 – virtual Tribal consultation
 - June 26, 2019 – virtual Urban confer

- A DTTL will be disseminated soon (actual date TBD)
- **Q.** Which priorities need to be considered in developing grant program, objectives, the goals to address prevention, treatment, and recovery?
- **Q.** What are the associated national outcomes?
- **Q.** How can IHS demonstrate effectiveness using data and evaluation?
- **Q.** What distribution formula or methodology should be utilized in the selection and award process?

- Mr. Duran:
 - Need a process for alternative medicines to address pain management – i.e. medical marijuana and cannabis based oil
 - Misperception that smoking will alleviate pain
 - Need more education on the use of CBD oil as an alternative pain medication
 - Need IHS Areas to determine a process for communicating with Tribal Court system
 - Identify who the primary care providers for these patients, Medicaid, IHS, private insurance

- Q. Are hospitals in these other counties providing this data instead of IHS?
 - Need a process to capture accurate data
 - Q. Has IHS looked at partnering with the state of New Mexico on what they are already doing in order to streamline services?
- Theresa Galvan
 - Question on Reimbursement Structures
 - Need reimbursement for traditional services
 - Looking to reimburse traditional services via a state plan amendment
 - IHS is working with CMS to create a Tribal white paper on practice based evidence for Traditional treatment and how to reimburse
- TSGAC
 - Overview of recommendations
- DSTAC
 - CHAP/CHR is focus of their discussions
- Concept of Tribal Advisory Committees
 - Intergovernmental exemption to FACA
 - HOPE Committee is established as part of IHS national combined councils
 - Deliberative and inherent federal activities necessitate that it is internal and not include Tribal members

DAY 1: AFTERNOON: RADM Weahkee Discussion

- Two letters of recommendations from NTAC
 - December 21st
 - March 14th
- See NTAC recommendations (copies of letters provided)
 - Letter from some Phoenix Area Tribes in opposition of NTAC's recommendations
- NTAC Charter is still being reviewed at IHS
 - NTAC is still awaiting administrative approval of that proposed revised charter
 - Recommends 4 in-person meetings (NTAC voted in a previous meeting to approve changes to the charter)
- Need permanent leadership in IHS Division of Behavioral Health
- RADM Weahkee
 - Need to show Congress the effectiveness of the funds

- Need help telling the story of all that great work that IHS and Tribes are doing to address Behavioral health
 - Looking for Tribal feedback on evaluation aspect of behavioral health funds
 - NTAC is looking for timely reports, that they are shared immediately
 - TBFWG
 - Need better collaboration between advisory committees
 - Albuquerque
 - Recommend technical assistance and training on how to use these systems (EHR) to report data
 - Lots of education and outreach is done at the Tribal level, the importance of reporting the data
 - Albuquerque area is currently consulting within their Area on the Evaluation needs
 - Lack of internet access and infrastructure is affecting Tribes' ability to report
- Melanie Fourkiller
 - We have to be careful, we can't let reporting drive the conversation on how funds allocated?
- Bruce Pratt
 - **Q.** How is the agency reporting data for Direct Service tribes
 - Tamara James
 - When we look at our national evaluation from our Epi-Centers, the number one concern was staff turnover
 - There are tribes not able to participate in data collection due to unavailability of RPMS
 - ***Set-asides will need to be discussed with NTAC and Tribes***
 - Area Distribution using one of several formulas
 - Area level discussions/consultations on funds set aside for those areas
 - Need clarification on Contract/Compacts vs grants because of CSC concerns
 - ***New structure, recommend that it begin in 2021***
- Grant administration: when to downsize
 - 2021
 - If there is an option for grantees to convert their current funding to contracts/compacts, the grant infrastructure downsizes with the number of grantees
 - ***Recommend doing this while these are being converted***

- **Q.** How will new Tribes in VA be impacted by the funding distribution?
 - As funds become converted to contracts and compacts/ it shrinks the grant pool because those funds would be obligated and they would no longer be obligated
 - *The ask then is to make a recommendation to Congress that there needs to be a funding redistribution*
- How can NTAC be flexible to do the work that they need to do
- Community implemented and community driven is best practice and what we would want to see for the Behavioral health funding
 - Needs to be flexible and we need to build into the narrative of that approach
- Capt. Andrew Hunt
 - Converting funds to self-determination funds
 - **Q.** Whoever chooses to go ISDEAA, those funds will be taken off the table and permanently authorized to go those Tribes who go that route?
 - There will be area level consultation on funding amounts
- IHS is looking at the IMB Watson AI to look at how they manage supplies/equipment, etc.

Recommendations (additional recommendations above):

- New opioid funding from IHS also provide flexibility for IHS to address other co-occurring disorders with Opioids.
- IHS Behavioral Health Strategic Plan
 - Need to crosswalk IHS Strategic Plan, IHS DBH Strategic Plan, and SAMHSA TBHA
 - Suggest using some of the \$10 million for Opioids for Family and Community intervention programming
 - Need funding for youth coalitions
 - Need training for Narcan
 - Need training on how to re-empower parents around youth intervention programming –community outreach and education.
- Ask Congress for separate line-item for IT infrastructure

Follow-up/Next Step/Action Items:

- DTLL and DULL dissemination and 60 day open comment period forthcoming on NTAC recommendations
- IHS will be conducting tribal consultation on:
 - New awards with Opioid funding
 - The evaluation process for the Opioid funding
- Need clarification on Contract/Compacts vs grants because of CSC concerns