



STATE OF WASHINGTON
Opioid Settlement Abatement Tribal Set-aside Plan Consultation
08/08/2023
Hosted by the Health Care Authority

Tribal Government Attendees:

- Chehalis Tribe – Denise Ross, Health Director
- Colville Tribes - Casey Moore, Health and Human Services (HHS) Director
- Cowlitz Indian Tribe – Debbie Hassler, Deputy Director of HHS; Jesse Reichert, Clinical Director
- Jamestown S’Klallam – Councilwoman Theresa R. Lehman
- Lummi Tribal Health Center – Vanda Patterson, Health Policy Analyst, Kellie Syfert, Health Billing Manager; Rosalie Scott, Director of Lummi Counseling Services/Healing Spirit (LCS), Deanna Point, Interim Director of LCS; Josie Jones, Assistant Director LCS; Rene Ramirez (LCS)
- Quileute Indian Nation – Anne Penn-Charles, Prevention Specialist, Brittany Hutton, Social Services Director
- Quinault Indian Nation - Cecile Vargas Ralston
- Makah Tribe – Yvette McGimpsey, Sophie Trettevick, Indian Health Center
- Nez Perce Tribe, Anthony Broncheau
- Nisqually Indian Tribe - Daniel Felizardo, SUD Director
- Nooksack Indian Tribe, Jodie Owsley, Genesis II Program Manager
- Puyallup Tribe – Mona Miller, Community and Family Services Program Director
- Samish Nation - Secretary Dana Matthews, Tribal Council Secretary
- Sauk Suiattle – Tana Burns, Education Director
- Skokomish Tribe – Deb Dunithan, Grants and Contracts Specialist; Kirk Fowler, SUD Counselor
- Spokane Tribe of Indians – Councilmember Tiger Peone; Councilmember James Rima; Shad St. Paul, Behavioral Health Director; Stacy Shinko, Executive Director; Scott Wheat, Attorney
- Squaxin Islan Tribe - Ofi Tovia, Director of NW Indian Treatment Center
- Suquamish Tribe - Brian Burwell, SUDP, Clinical Supervisor
- Swinomish Indian Tribal Community – Jennifer LaPoint, General Manager; Sarah Sullivan, Health Policy Director, didg^wálič Wellness Center
- Stillaguamish Tribe - Danielle Zimmerman, Grant Writer and Administrator; Jill Malone, BH Director
- Tulalip Tribes - Alison Bowen, Manager of Family Haven; Gina Skinner, Treatment and Recovery Manager; Jorie Greenman; Lisa Koop Gunn, Tribal Attorney
- Confederated Tribes of the Umatilla Indian Reservation & Yellowhawk – Dan Hester, Tribal Attorney; Kristi Lapp, Chief Financial Officer, Denise Wickard, Secretary

Tribal Organizations/non-Tribal Indian Health Care Provider Attendees:

- American Indian Community Center Spokane - Linda Lauch, Executive Director

- NATIVE Project of Spokane - Maureen Rosette, Chief Executive Officer
- Seattle Indian Health Board (SIHB) - Ryan Gilbert, Chief Operations Officer; Andrew Guillen, Policy Director
- American Indian Health Commission - Vicki Lowe, Executive Director; Jen Olson, Consultant; Katherine Akeah, Consultant; Lisa Rey Thomas, Consultant
- Northwest Portland Area Indian Health Board - Veronica Smith, Health Policy Consultant

State Agencies:

- Department of Health (DOH) - Tao Sheng Kwan-Gett, Chief Science Officer, DOH; Candice Wilson, Quatz'tenaut, Tribal Policy Director; Todd Mountin, Deputy Chief of Policy; Travis Sugarman, Director of Behavioral Health; Mary Beth Brown, Behavioral Health Strategist; Tiffany Buck, Nurse Practitioner
- Department of Social and Health Services - Heather Hoyle, OIP Regional Manager
- Health Care Authority - Sue Birch, Director, Director; Charissa Fotinos, Medicaid, and Behavioral Health Medical Director; Keri Waterland, Division Director, Behavioral Health and Recovery (DBHR); Michael Langer, Deputy Division Director, DBHR; Kris Shera, State Opioid Coordinator; Megan Tripp, Settlement Program Administrator, DBHR; Michael Zayas, Administrative Assistant, DBHR; Aren Sparck, Tribal Affairs Administrator, Office of Tribal Affairs (OTA); Christine Winn, Deputy Tribal Affairs Administrator, OTA; Lucilla Mendoza, Tribal BH Administrator, OTA; Lena Nachand – Medicaid Transformation Tribal Liaison, OTA; Mike Longnecker- Claims and Billing Technician, OTA; Auddie Gugle, Tribal Liaison, South Cascade, South Puget Sound and King Regions, OTA; Raina Peone, Tribal Liaison, Peninsula and Coast Region, OTA; Annette Squetimkin-Anquoe – HCA Tribal Grants and Contracts Coordinator, OTA

Other Partners: Dawn Lee, Consultant; Laura Meader, King County Public Health;

Meeting Minutes:

Welcome and Introductions

Welcome by: Aren Sparck, HCA-OTA, Tribal Affairs Administrator

Introduction of Elected Tribal Officials: Jamestown S’Klallam, Samish Indian Nation, Spokane Tribe had Tribal Elected Officials joined.

Introduction of Tribal Leaders and Representatives: Invitation for Leaders to introduce themselves. Also open for Urban Indian Health Leaders.

Opening Statements:

Sue Birch: I want to welcome and thank all Tribal elected officials and Tribal health leaders for being here today. We thank you for your participation this morning at the Tribal consultation and previous roundtables on the Opioid Abatement Settlement Tribal Set-Aside dollars.

In May, Tribal Elected Officials, Tribal health leaders, and Governor Inslee and his cabinet sat together to talk about solutions to the significant opioid related health disparities for Native communities across the state, include the devastating losses within the communities due to the opioid/fentanyl related overdoses.

Today, I am pleased that we are holding this consultation to firm up the implementation plan for the Tribal Opioid Abatement Tribal Set-Aside as we heard clearly that significant resources are needed to combat the opioid epidemic together. Our government-to-government relationship with the Tribes is very important to the Agency, and we are committed to growing our efforts to partner and consult with Tribal governments.

Dr. Charissa Fotinos: I also thank Tribal elected officials and Tribal health leaders for taking time for continued discussions addressing solutions to the opioid epidemic for Native communities across the state. The Tribal/State Opioid/Fentanyl Summit was impactful in taking the time to recommit our States's support to Tribal initiatives that combat opioid and fentanyl related use disorders and overdoses.

We understand that Tribal communities are often leading the way of providing comprehensive behavioral health services that are culturally attuned and HCA supports those efforts. We look forward to learning about the impact that these resources will have within your communities.

Keri Waterland: I appreciate participating with Tribal partners on this very important topic and thank all Tribal elected officials and health leaders for being here today. I too am pleased that our OTA and DBHR teams have come together to negotiate a plan with the goal of meeting the minimum requirements of the settlement dollars while reducing the administrative burden.

Purpose of Consultation: The purpose of the consultation is to finalize a plan for the Tribal set-aside for the Opioid Abatement Settlement dollars. The consultation agenda included an overview of the opioid settlement abatement and allowable use of funds and Tribal set-aside plan.

Overview of Settlement Dollars

- Recent appropriations come from the distributor's settlement. There are several lawsuits out there that are in various stages of litigation. Washington State opted out of national settlements involving the distributors, Johnson & Johnsons, and appealed the initial Purdue Pharmaceuticals Bankruptcy Plan.
- The Legislature created the Opioid Abatement Settlement Account that will be used for all settlement funds that come to the state.
- Opioid Settlement appropriations are contained in the 2023-2025 Enacted Budget and the 2E2SSB 5536 – aka the Blake Bill.
- Over \$80 million dollars in appropriations – including the Tribal set aside 20% (\$15.4 million) – across continuum of uses.
- Exhibit E is a complete list of what the funds can be used towards.
- Tribal Set Aside - 15.4 million per biennium.
- 17-year timespan. The legislature will approve new budget every biennium (*amounts and projects may vary*).
- Funding is for Tribes and Urban Indian Health Programs (UIHP).
 - 29 Tribes, 2 UIHPs = 31 total
- Must be used for opioid response activities in the areas of *prevention, outreach, treatment, recovery supports services, and other strategies to mitigate the effects of the misuse and abuse of opioid related products*.

- Harm reduction is included in the allowable strategies list.
- HCA must ensure flexibility for Tribes and UIHPs to use funds as they see fit and allowable under the settlement agreement.

Approved Usages

- Core strategies: naloxone distribution, medication-assisted treatment, pregnant and postpartum women, neonatal abstinence syndrome, warm hand-off and recovery, incarcerated populations, prevention, syringe service programs, data and research.
- Approved uses - over 120 specific strategies in the areas of prevention, treatment, recovery, harm reduction, capacity building, research, etc.
- There is flexibility in approved strategies but must be opioid remediation and abatement.
- *HCA must ensure flexibility for Tribes and UIHPs to use funds as they see fit and allowable under the settlement agreement.*

Indian Nation Agreement Contracting and Funding Allocation Process Proposal

Funding Allocation

- Distributed evenly amongst all Tribes and UIHPs.
- Tribes/UIHPs may request to use their funds for a collaborative project.

Contracting

- Create a specific INA/UIHP contract for all settlement dollars.
 - Utilize INA general terms and conditions for Indian Nations
 - UIHPs – use general terms and conditions from previous contracts
 - Agreement/contract to potentially start Oct 2023
 - Timeframe - Oct 2023 – June 2025
 - Funding Amount \$496,774 total

Scope of Work Deliverables & Timeframe

- Submit Annual Workplan, *60 days following contract execution*
 - Using approved strategies template (*will be developed using Section E*)
 - Provide description of activities that will be implemented
 - Estimated number of activities
 - Estimated number of people served
 - Region/location of services
 - Budget
- Quarterly project progress updates check in (either virtually or in writing)
 - Are activities on track?
 - Are there any successes? Challenges?
 - Progress on spending funds?

Reporting Requirements

- Annual Services Reporting
 - Calendar/fiscal year end reporting 45 days following the end of the year.
- Proposed Reporting Goals
 - Reduce the administrative burden to pass through these funds.
 - Meet the reporting requirements of the “administrator”.
 - Determine reach of services provided with minimal outcome measures.
 - Share success stories.
 - Share outcomes with federal and state legislative partners to support continued appropriation of opioid abatement settlement funds.
- At a minimum
 - Amount of settlement funds spent on strategies.
 - Information on how many people served and # of activities that took place.
 - Demographics
 - Administrative costs versus direct costs
 - Information if projects implemented as planned.
- Public Facing Reporting – Dashboard (Aggregate of All Opioid Abatement Sites)
 - Breakdown of funding expended on each approved category.
 - Breakdown of activity categories per region (examples - prevention, treatment, recovery, harm reduction).
 - Tribes/UIHPs will not be called out on dashboards but rather rolled up with entities in their regions.
- AIHC/NPAIHB Qualitative and Quantitative Tribal Report/Evaluation
 - Participate in an evaluation report

Tribe Question: It says this will be paid out per biennium; can we expect this per biennium. Is this is what the legislature allocated per biennium?

HCA Response: This is the direction for this biennium but the legislature can change the percentage in the future depending the legislative session.

Tribe Question: The law firm BrownGreer has anything to do with this? We are hearing that we need to make an agreement with this organization.

HCA Response: HCA will follow up on this question. We believe that this could be related to several lawsuits that are outside of the WA state abatement law suit, including a national opioid settlements.

Tribe Comment: For those of us that are very rural – the limitations to seek immediate help is very daunting for us – for those that are in the community members help. We were very fortunate to invite Lucy to our camp and we always stress culture is prevention. All of your ancestors that survived gave us the opportunity. Bus drivers are the first. I commend you all and if any of you have the opportunity to witness our work – we integrate everything into all of our teaching that was taught to us. We use Devils

club salve. During the Canoe Journeys we had so many first timers and our recovery group and they took care of their own paddles. And it starts from building up.

Tribe Question: Ask one question – forward on to Tribal leadership – can you confirm this is a 17 year agreement and that amount would remain the same?

HCA Response: The legislature takes a new direction, approved amount for this biennium – rest depends on the governor and the number will not remain the same, it may not continue as it will depend on the allocations of the future.

HCA Question: Do we have support to move forward with the proposed plan.

- Chehalis Tribe, Denise Ross: In the support of distribution thank you.
- Samish Nation, Secretary Dana Matthews: Thank you all of the work you have done, Samish Indian Nation is support of distributing these funds equally.
- Swinomish Tribe: Swinomish is supportive – thank HCA for incorporating suggestion and thank you for hearing us. We really do look forward to the reporting requirements – happy to continue to work on this and participation. Thank the entire team.

Next Steps: HCA will be working on the scope of work for these funds and sending them out for review that includes language regarding the reporting requirements.

Closing Words:

No Tribal leadership closing statements.

Sue Birch: I want to thank you again for participating in this Consultation today. Our work together on addressing the opioid crisis is so important to our Agency. We know we must continue our work together and in government-to-government partnership.

I look forward to seeing most of you at the National Tribal Opioid/Fentanyl Summit to continue the discussions from the State summit. There is still a lot of work to do together, including the expansion of more Opioid Treatment Programs, mobile medication units, and Tribal prevention models. We are committed to doing our part in supporting the Tribes with these efforts.

Charissa Fotinos: I appreciate being a part of this important discussion and I want to echo Sue, that there is a lot more work that we need to do together. I am committed to supporting the work of the Tribes and your health programs, including cultural and traditional health services.

Keri Waterland: Thank you again for your participation in this Consultation. We are excited to be moving forward to get these funds out to your communities as soon as possible. It is always a great experience to work within the settings of Consultation. As the lead of DBHR and behavioral health in the state, I am committed to continuing our partnership.

Meeting Adjourned by: Aren Sparck, Office of Tribal Affairs Administrator