

# HCA-DOH Monthly Tribal Meeting

**Wednesday ~ August 7, 2019**

**9:00 AM – 1:00 PM**

**Location: Sue Crystal Conference Rm, Cherry Street Plaza, 626 8<sup>th</sup> Avenue SE, Olympia, WA**

Register for the webinar here

<https://attendee.gotowebinar.com/register/8983491977708817667>

If you prefer to just dial in to the webinar – register for the webinar to receive your dial in instructions



# Agenda

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9:00 AM Welcome, Acknowledgement and Blessing, Introductions

Department of Health

9:10 AM MMR Vaccine Law Change

9:20 AM Updates

Health Care Authority

9:40 AM New HCA Indian Nation Agreements and Closing Out of DBHR Portion of DSHS Consolidated Contracts (Jessie Dean/Lucilla Mendoza)

10:00 AM Preview: Mental Health IMD 1115 Waiver (Louise Nieto)

10:15 AM Planning: Collaboration on SUD IMD 1115 Waiver Assessment (Karen Jensen)

10:30 AM HCA Updates

- Training on Trauma Informed Approaches (Lucilla Mendoza/Vicki Lowe)
- AI/AN Opioid Response Workgroup (Lucilla Mendoza/Vicki Lowe)
- Tribal E&T Workgroup (Lucilla Mendoza/Vicki Lowe)
- Upcoming RT and Consultations (Lucilla Mendoza)

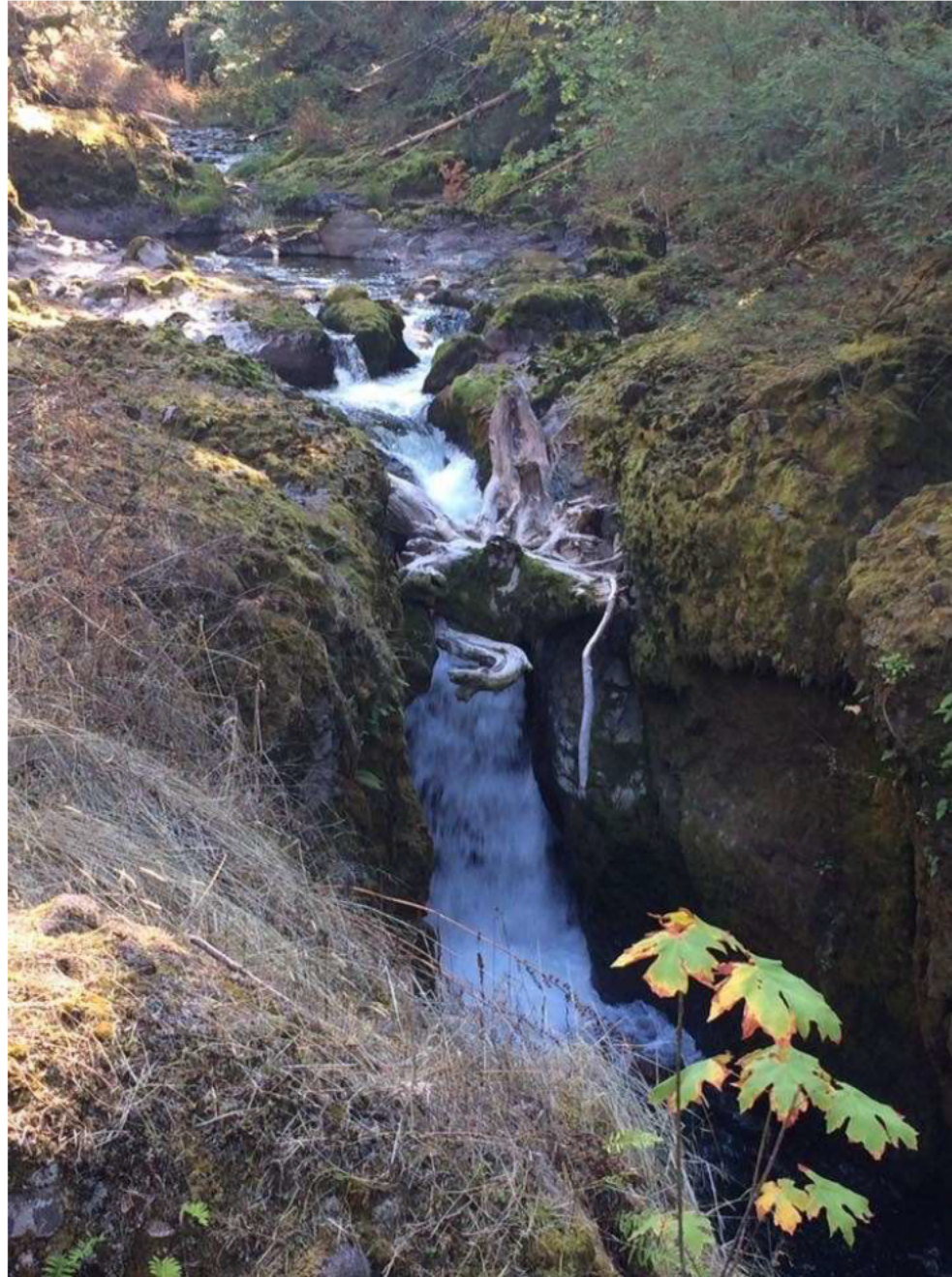
11:00 AM Tribal Consultation: Trueblood Implementation

1:00 PM Closing



Webinar Check,  
Welcome and  
Acknowledgement,  
Blessing,  
Introductions

# Opening





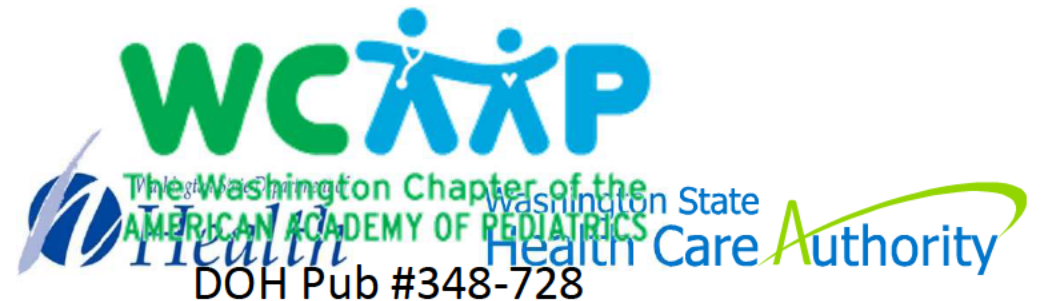
# NEW IMMUNIZATION LAW & THE HEALTH CARE PROVIDER ROLE



Washington State Department of

*Health*

Office of Immunization & Child Profile



DOH Pub #348-728

# Presenters

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**Gregory C. Endler**

Deputy Director of Health Promotion

Center for Public Affairs

Washington State Department of Health

# Today's Presentation

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- Provide an overview on the new school and child care immunization requirements in the new law
- Identify immunization exemptions allowed in Washington
- Review what the health care practitioner's role is in the exemption process

# New Immunization Law

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## **Engrossed House Bill 1638 affects both:**

- Children in licensed child cares
- Children in public and private schools

## **It became law on:**

- July 28, 2019

## **The Focus of the Law is on:**

- Measles, Mumps, and Rubella Vaccination

# New Immunization Law

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## Change #1:

- The option for *personal and philosophical exemptions* for measles, mumps, and rubella (MMR) vaccine was removed.

## Current Vaccine Exemptions Types Include:

- Religious
- Religious Membership
- Medical
- Personal/Philosophical



## New Immunization Law

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### Change #2:

### Employees & volunteers at child cares need to show proof of MMR vaccination

- Affects all licensed child care centers, ECEAP (Early Childhood Education & Assistance Program), and Head Start
- Employees and volunteers must provide proof of MMR
  - (Documentation, lab titer, or medical exemption)

# Who is Allowed to Sign an Exemption?

- Physician licensed under chapter [18.71](#) or [18.57](#) RCW
- Naturopath licensed under chapter [18.36A](#) RCW
- Physician Assistant licensed under chapter [18.71A](#) or [18.57A](#) RCW
- Advanced registered nurse practitioner licensed under chapter [18.79](#) RCW



# Clinicians' role in religious, personal or philosophical exemptions...

## Provide counseling on:

- *Benefits & risks of the recommended vaccines*
- *The risks of vaccine-preventable disease*
- *And the rationale for the recommended schedule*

***Your signature attests only to having provided counseling. The clinician has no role in assessing parents' religious beliefs.***

## Clinicians' Role in Medical Exemptions...

- Determine if the child has a contraindication or precaution to receiving vaccines.
- Determine if the condition is temporary or permanent.
- Your signature attests to your having concluded that the vaccine(s) is not advisable for this child.
- If you conclude that the child could receive the vaccine, do not sign.

## Valid Contraindications/Precautions to MMR Include:

- Severe immunodeficiency: hematologic, solid tumors, chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, HIV if immunocompromised
- Parent or sibling with congenital or heredity immunodeficiency
- Receipt of antibody containing blood product within 11 months
- Severe allergic reaction (anaphylaxis) to a prior dose or a vaccine component (neomycin)
- History of thrombocytopenia
- Pregnancy

# Conversations with Parents ...

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## Medical Exemptions

- Be respectful and cordial
- Provide attention to, and empathy for, the parents' concerns
- Be firm and consistent about what you can – and cannot – do for them with regard to a medical exemption

## Religious Exemptions

- Your job is to provide information and guidance, not to assess the validity of their religious claim
- Don't let your personal feelings damage your relationship with the parents- this will diminish your ability to have any influence with them in the future.

# Resources

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## Routine MMR Vaccination Recommendations (Including Contraindications)

- <https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html>

## DOH Law Change Page

- <https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ExemptionLawChange>

## DOH Law Change FAQ

- <https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ExemptionLawChange/ExemptionLawFAQs>

## Certificate of Exemption Page

- <https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization#exempt>





Tamara Fulwyler  
DOH Tribal Relations Director



# Department of Health Updates



# Collaborations/Consultations

BHI Behavioral Health Attestation	8/15/19 AIHC Delegates meeting
Roundtable on T21: Science & Policy	8/15/19 After the AIHC Delegates meeting



# Dear Tribal Leader Letters



DATE	SUBJECT	CONTACT
7/1/19	MMR Vaccine Law	Greg Endler
7/2/19	Rulemaking Vital Records	Katitza Holthaus
7/3/19	2019 FPHS Tribal Consultation	Tamara Fulwyler
7/26/19	Diabetes Epidemic and Action Report	Sara Eve Sarliker
7/26/19	Maternal Child Health Needs Assessment	Kathy Estes
7/26/19	Roundtable on Tobacco/Vape Sales: Science & Policy	Tamara Fulwyler
7/30/19	Dental Quality Assurance Commission: Sexual Misconduct & Patient Notification for Opioid Prescriptions	Jennifer Santiago
8/2/19	Intensive Behavioral Health Treatment Facilities & Mental Health Peer Respite Centers	Julie Tomaro

# Healthy Youth Survey 2018 Data\*

Statewide - Grade 6

American Indian or Alaskan Native, Any

American Indian or Alaskan Native, Any

not Indian or Native	92.2% ± 1.1% 8,857
all or part Indian or Native	7.8% ± 1.1% 747

Statewide - Grade 8

American Indian or Alaskan Native, Any

American Indian or Alaskan Native, Any

not Indian or Native	94.1% ± 1.0% 8,371
all or part Indian or Native	5.9% ± 1.0% 524

Statewide - Grade 10

American Indian or Alaskan Native, Any

American Indian or Alaskan Native, Any

not Indian or Native	95.0% ± 1.0% 7,693
all or part Indian or Native	5.0% ± 1.0% 403

Statewide - Grade 12

American Indian or Alaskan Native, Any

American Indian or Alaskan Native, Any

not Indian or Native	95.7% ± 1.1% 5,431
all or part Indian or Native	4.3% ± 1.1% 245



\*SOURCE: <https://www.askhys.net/Analyzer>  
Includes students at Chief Leschi and Chief Kitsap Academy



# Around the DOH

- Recruiting Chief of Emergency Preparedness & Response
- Monthly communicators' call
- Monthly health officers' call
- Correcting birth certificates
- Support for SBIT Yellow Brick Road
- Support for Paddle to Lummi 2019



# MMR Vaccine Law Change Presentation by Greg Endler



Tamara Fulwyler  
DOH Tribal Relations Director

# Department of Health Updates



# Collaborations/Consultations

BHI Behavioral Health Attestation	August AIHC Delegates meeting





Jessie Dean  
Tribal Affairs Administrator  
HCA Office of Tribal Affairs



# Health Care Authority Updates



# New HCA Indian Nation Agreements and Closing Out of DBHR Portion of DSHS Consolidated Contracts (Jessie Dean/Lucilla Mendoza)



# 1115 MH IMD Waiver Application

Louise Nieto, LMFT, Behavioral Health Administrative Programs  
HCA, Division of Behavioral Health & Recovery

# 1115 MH IMD Waiver Background

- Federal rules prohibit the use of Medicaid funds for services to individuals who reside in an Institution for Mental Disease (IMD) for more than 15 days during a calendar month.
- In 2016 CMS offered states the opportunity to apply for an 1115 demonstration waiver allowing Medicaid-funded treatment in SUD IMDs.
- In 2017 Washington State was granted an 1115 waiver amendment for SUD IMD facilities. The amendment application required the state to make changes to its SUD treatment system.
- A 2018 executive order allows 1115 waivers for MH IMD facilities.

## Washington State's 1115 MH IMD Waiver Application

- Washington began work on the 1115 MH IMD Application in early 2019.
- The target date for submission is March 2020 and after CMS approval, implementation begins July 1, 2020.
- The state is seeking technical assistance and further guidance from CMS regarding application requirements.

# 1115 MH IMD Waiver Requirements

- Requirements similar to those under the SUD IMD 1115 Waiver:
  - States must meet milestones within two years.
  - Requires an average 30 day stay during the demonstration.
  - States will report quarterly on a common set of metrics.
  - Requires an approved implementation plan and updated HIT plan before state begins using Medicaid for MH IMDs.
- Requirements different than those under the SUD IMD Waiver:
  - Does not apply to individuals under age 21 unless they reside in certain IMD facilities
  - Maintenance of financial effort will be considered when reviewing applications, in order to ensure states continue to fund outpatient services.
  - Requires accredited facilities.

## Required 1115 MH IMD Waiver Milestones

- Quality of Care: Accredited facilities, screening for co-occurring conditions, compliance requirements, and utilization management.
- Improved Care Coordination: Pre-discharge care coordination, housing assessment, follow-up calls, and strategies to increase data sharing among providers.
- Increased Access to Care: Focuses on crisis stabilization, statewide assessments of mental health outpatient networks, and evidence-based tools for determining level of care.
- Earlier Identification and Engagement: Programs to increase the number of younger adults in treatment, supported employment, and integration of behavioral health care in non-specialty care settings (schools and primary care).

# 1115 MH IMD Waiver Timeline

Date	Project Milestone
4/1/2019	Project Start
5/1/2019	Determine SMEs
5/15/2019	Info Gathering
6/1/2019	Secure Budget for Contractors (RDA, Mercer)
7/1/2019	Complete Draft Application
7/15/2019	Complete Application/Exec Review
10/1/2019	Tribal Notice & Draft Application for Review
10/1/2019	Public Notice
11/1/2019	Begin Tribal Roundtables
12/1/2019	Tribal Consultation
1/1/2020	Submit Application to CMS
7/1/2020	CMS Approval/Begin FFP



# Medicaid Transformation Project

## SUD Midpoint Assessment

Center for Health Systems Effectiveness  
Aug 7, 2019





Who we are



About the Assessment



Our ask



Who we are

# Assessment Team

Center for Health Systems Effectiveness, Oregon Health & Science University

Lead MTP Evaluator  
Dr. John McConnell

IMD MPA Evaluation Lead  
Jenny Grunditz

IMD MPA Evaluation staff  
Ruth Rowland  
Ellena Rosenthal



# About the Assessment

# Timeline

Section 1115  
Waiver approved  
("MTP")

New CMS guidance  
on SUD

Amendment approved  
("SUD Amendment")

Waiver approval  
end

2017

2018

2019

2020

2021

Tribal  
consultation

State requests  
1115 waiver  
amendment

SUD Mid-Point  
Assessment due

# SUD Amendment Request

Allow Medicaid payment for residential substance use disorder (SUD) treatment in “institutions for mental disease” (IMDs) for more than 15 days per month

- Previously, federal funding for IMD stays limited to 15 days
- Intention: expand access to residential treatment for SUD

# CMS Requirements for approval

- SUD Implementation Protocol (milestones)
- SUD Monitoring Protocol
- Mid-Point Assessment
- Others: health IT, budget neutrality



# SUD Mid-Point Assessment

Carried out by independent evaluator

Assess progress toward SUD Amendment goals

Completed by December 31, 2020

# Assessment tasks

Consult with stakeholders and partners

Assess progress toward milestones, targets

Interview key informants (2 rounds)

Assess budget neutrality

Report findings and recommendations

# Collaboration objectives

- Review milestones and methods
- Help us understand context
- Input on assessment design, priorities
  - How will SUD Amendment affect AI/AN Medicaid beneficiaries, tribally affiliated IMDs, IHCPs, urban Indian health organizations?
  - What metrics/measures are most relevant?
  - What factors might aid or hinder changes?



How should we collaborate?

# Collaboration preferences

- Group participatory sessions?
- In person with call-in option?
- Stand-alone or part of larger planned event?
- Participants?
- Timing: October/November 2019

# Contact

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Jenny Grunditz

Center for Health Systems Effectiveness

Oregon Health & Science University

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# Behavioral Health Updates

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- ▶ Training on Trauma Informed Approaches (Lucilla Mendoza/Vicki Lowe)
- ▶ AI/AN Opioid Response Workgroup (Lucilla Mendoza/Vicki Lowe)
- ▶ Tribal E&T Workgroup (Lucilla Mendoza/Vicki Lowe)
- ▶ Upcoming RT and Consultations (Lucilla Mendoza)

# Closing/Adjournment





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# ***Trueblood* Settlement of Contempt Agreement**

# First of All ...

- People with mental illness are more likely to be victims of crimes than perpetrators
- Over half (56%) of male inmates reported experiencing childhood physical trauma
- Individuals arrested for minor infractions may spend time in jail, which exacerbates behavioral health issues and results in criminal records, making securing a home and/or job much harder
- Data reveals homeless individuals are more likely to:
  - Be African American or Native American
  - Live in high-density urban areas
  - Have mental illness and substance use problems
  - Receive medical treatment for injuries
  - Receive cash and/or food assistance

# Trueblood Case History

## Background

- Prior to this case, Washington had been dealing with delays in competency services for more than a decade
- Class members are individuals detained in city and county jails awaiting competency services

# Trueblood Case History

## The Case

- *A.B. by and through Trueblood v DSHS* --“Trueblood”
- Challenged unconstitutional delays in competency evaluation and restoration

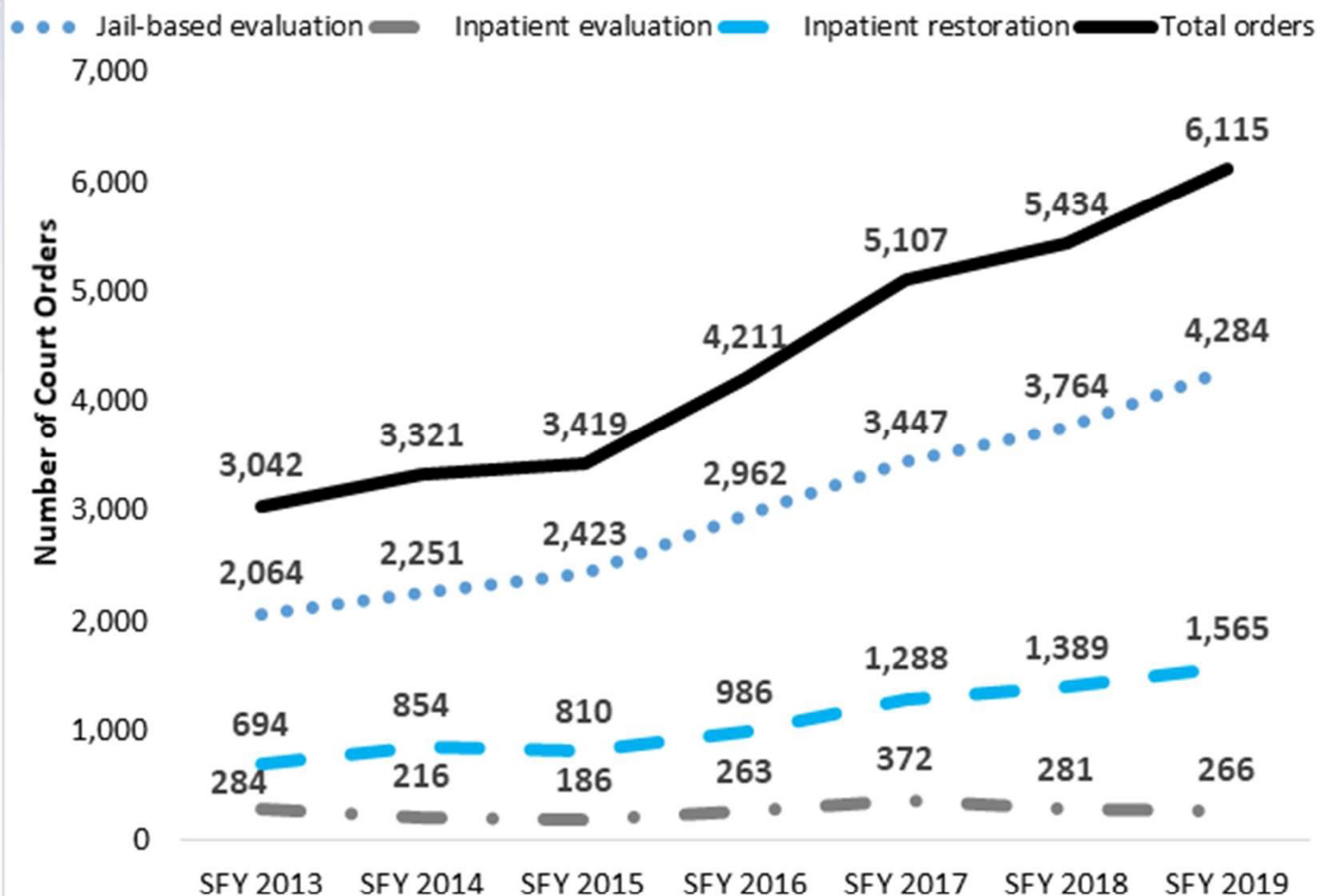
## Bench trial March 2015, judgment and injunction in April:

- U.S. Constitution requires Washington state to complete evaluations and admissions within seven days, which begins when criminal court signs the order (regardless of when it was transmitted)
- Defendants subsequently appealed this order for *in-jail* evaluations
  - Now a sliding scale after mediation (7-14, 14-21)

# ***Trueblood Settlement Agreement***

- On February 5, 2018, DSHS and plaintiff's counsel (DRW) agreed to begin to negotiate a settlement.
- The Federal District Court for the Western District of Washington approved the Settlement Agreement on December 11, 2018.
- It is not a settlement of the lawsuit itself. Rather, it is a settlement of DSHS contempt status.

**Statewide Court Orders to DSHS for Competency Services by Order Type\***  
SFY 2013 - SFY 2019



**Notes:**

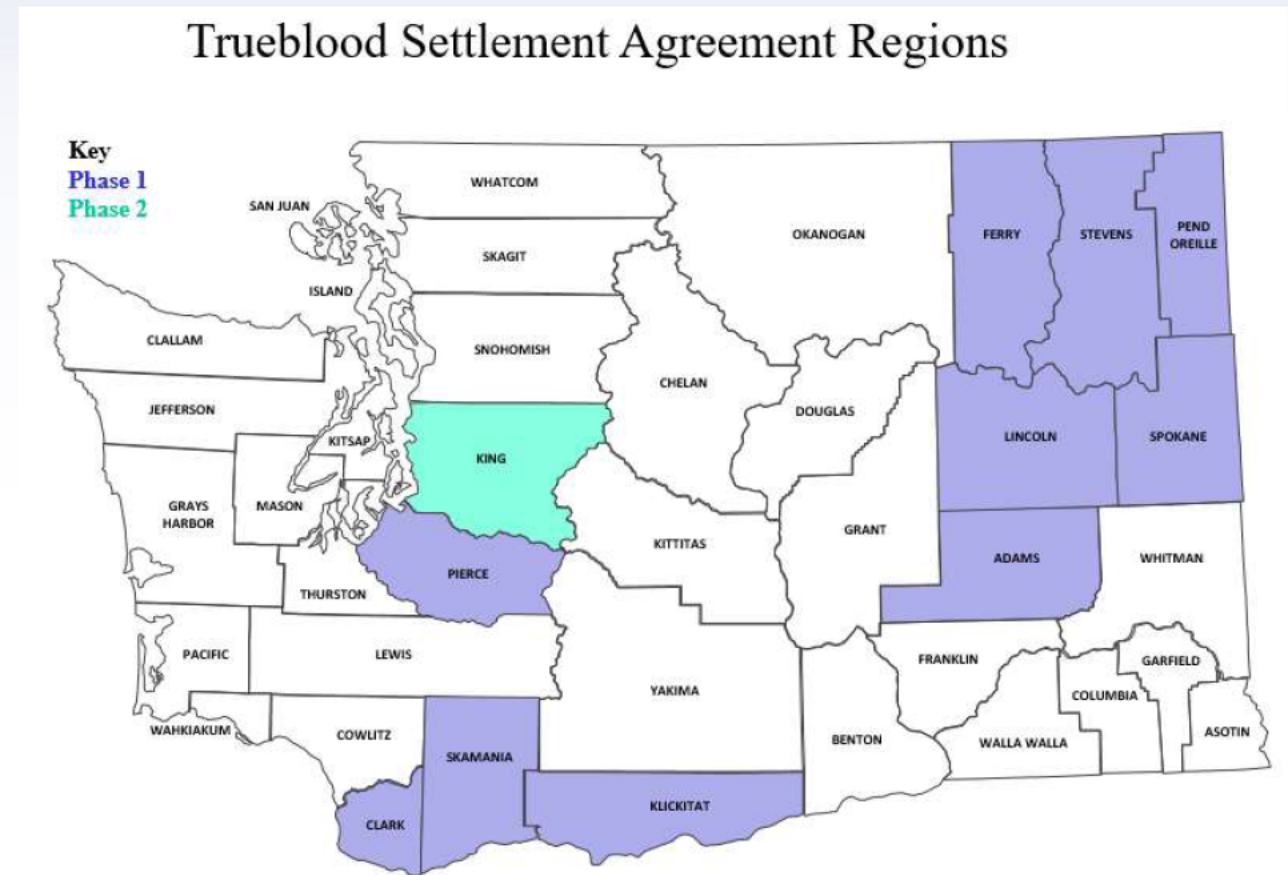
\*Data in the graph: 1) do not include Pierce Panel Evaluations; 2) do not include those on Personal Recognizance (PR); 3) may include non-competency evaluation referrals prior to 2018 due to limitations of ESH data system; 4) numbers may differ from reports provided elsewhere due to system updates; 5) June 2019 data is first-lock.

Sources: Aug. 2018 and forward: BHA Forensic Data System (FDS); Prior to Aug. 2018: WSH-FES; ESH- MILO

Graph updated by: Can Du, RDA, July 10, 2019

# Phased Approach:

- Phase one: 2019-2021
  - Southwest ACH/MCO Region (Clark, Klickitat and Skamania Counties)
  - Pierce County Region/ACH/MCO
  - Spokane Region (Better Health Together ACH region)
- Phase two: 2021-2023
  - King County- Washington's most populous
- Phase three:
  - look back and either bolster existing or expand to new regions
- Rinse and repeat



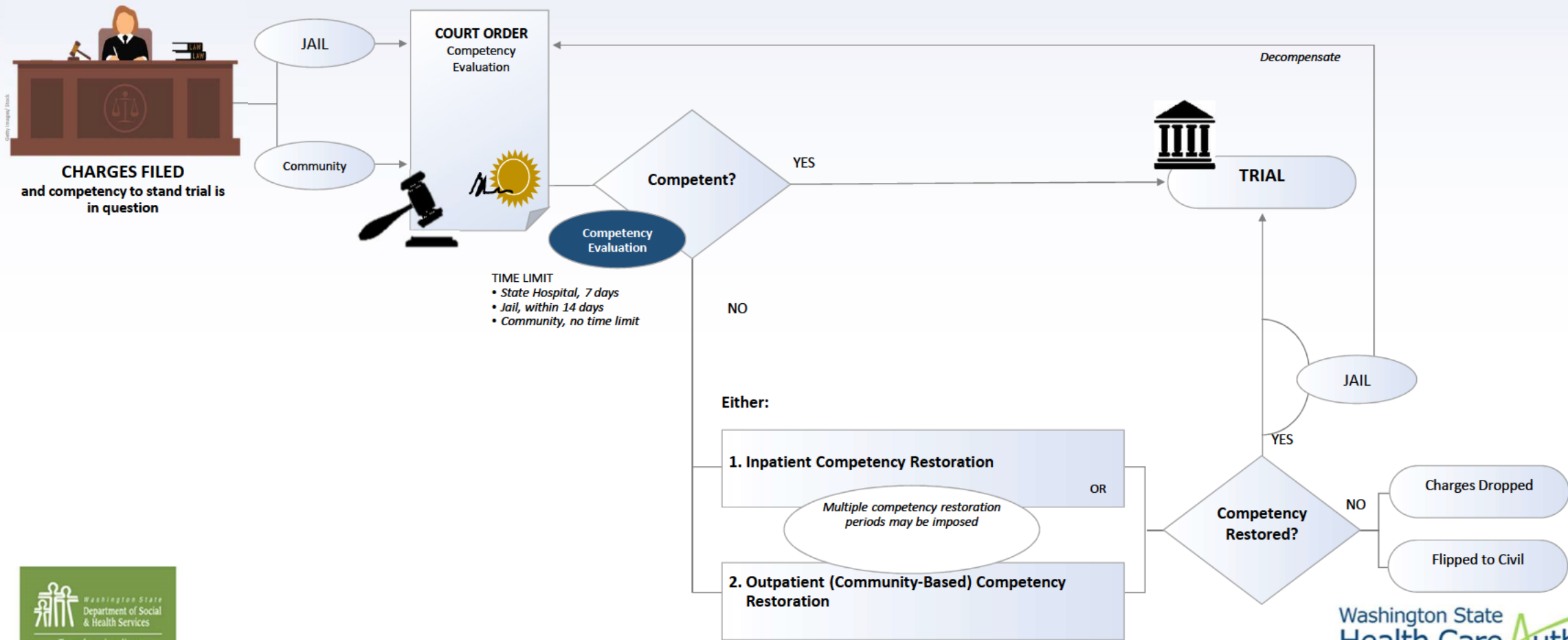


# Trueblood Settlement Governance Structure

Executive Committee is composed of the parties from the *Trueblood* lawsuit, and the state agencies responsible for implementation of the Agreement.

## General Advisory Committee

The General Advisory Committee provides community feedback, flags implementation issues, reviews data and outcomes and makes recommendations to the Executive Committee. This advisory body will be made up of all Executive Committee members in addition to regional and statewide members from key stakeholder and partner entities



**Slide 58**

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**WN(1**

This slide gives me great pause. I wonder if there's another version of this that better illustrates the process?

West, Norah (DSHS), 6/14/2019

# Elements of Trueblood Settlement



## Slide 59

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**WN(2)**

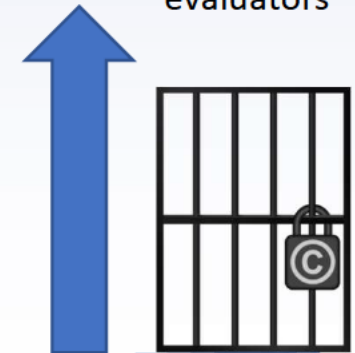
This entire series needs titles and many sections need explanations in the notes. It gets incredibly crowded at points and I'm not sure it holds its effectiveness with so much on the page. Could it be broken down by each point along the timeline instead of trying to cram the entire timeline into the series of slides? Does that make sense?

West, Norah (DSHS), 6/14/2019

# Elements of Trueblood Settlement



Increase competency evaluations by increasing number of evaluators



Transition  
Maple Lane,  
Yakima  
Inpatient  
Competency  
Facilities

Increase  
inpatient  
competency  
restoration  
beds at WSH,  
ESH

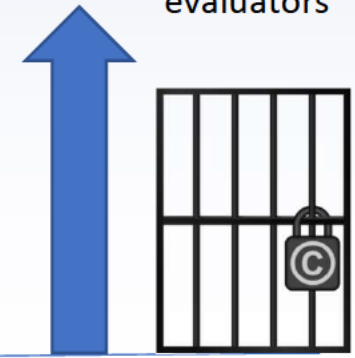
# Elements of Trueblood Settlement



Outpatient  
Competency  
Restoration + MH  
Outpatient Treatment



Increase competency  
evaluations by  
increasing number of  
evaluators



Court-ordered DSHS Navigators



Transition  
Maple Lane,  
Yakima  
Inpatient  
Competency  
Facilities

Increase  
inpatient  
competency  
restoration  
beds at WSH,  
ESH

# Elements of Trueblood Settlement

4 Housing &  
Recovery through  
Peer Services  
(HARPS)

Outpatient  
Competency  
Restoration + MH  
Outpatient Treatment

Increase competency  
evaluations by  
increasing number of  
evaluators



Court-ordered DSHS Navigators



Transition  
Maple Lane,  
Yakima  
Inpatient  
Competency  
Facilities



Increase  
inpatient  
competency  
restoration  
beds at WSH,  
ESH





# Elements of Trueblood Settlement



3 Mobile Crisis Teams



Enhanced Crisis Stabilization



4 Housing & Recovery through Peer Services (HARPS)



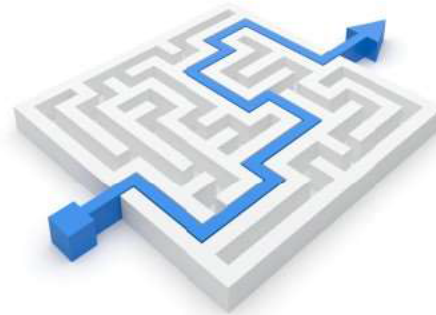
Outpatient Competency Restoration + MH Outpatient Treatment



Increase competency evaluations by increasing number of evaluators



Court-ordered DSHS Navigators



Transition Maple Lane, Yakima Inpatient Competency Facilities



Increase inpatient competency restoration beds at WSH, ESH

# Elements of Trueblood Settlement

Intensive Case Management  
– Case Finding based on RDA

HU List



3 Mobile  
Crisis  
Teams



Enhanced Crisis  
Stabilization



4 Housing &  
Recovery through  
Peer Services  
(HARPS)



Outpatient  
Competency  
Restoration + MH  
Outpatient Treatment



Increase competency  
evaluations by  
increasing number of  
evaluators



Court-ordered DSHS Navigators



Transition  
Maple Lane,  
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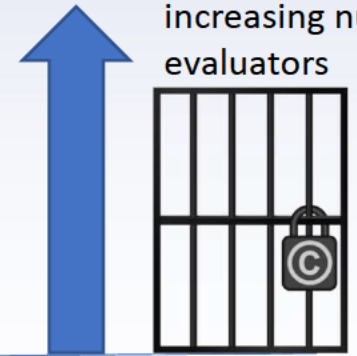


Increase  
inpatient  
competency  
restoration  
beds at WSH,  
ESH

# Elements of Trueblood Settlement

Transforming Lives

Increase competency evaluations by increasing number of evaluators



Outpatient Competency Restoration + MH Outpatient Treatment



4 Housing & Recovery through Peer Services (HARPS)



Enhanced Crisis Stabilization



3 Mobile Crisis Teams



Intensive Case Management – Case Finding based on RDA HU List



Court Ordered DSHS Navigators

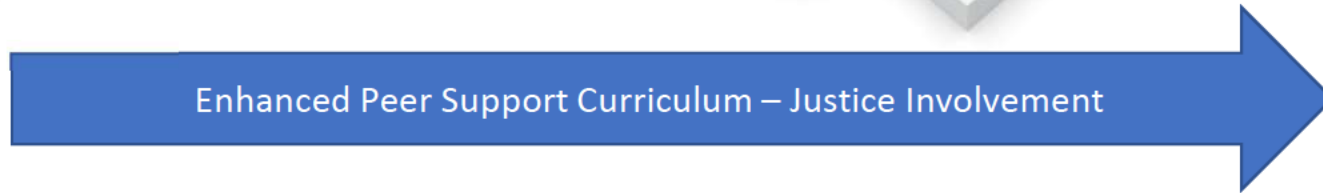


Transition Maple Lane, Yakima Inpatient Competency Facilities

Increase inpatient competency restoration beds at WSH, ESH



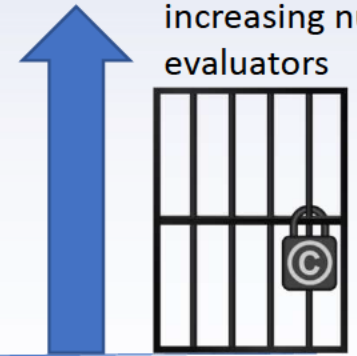
Enhanced Peer Support Curriculum – Justice Involvement



# Elements of Trueblood Settlement

Transforming Lives

Increase competency evaluations by increasing number of evaluators



Outpatient Competency Restoration + MH Outpatient Treatment



4 Housing & Recovery through Peer Services (HARPS)



Enhanced Crisis Stabilization



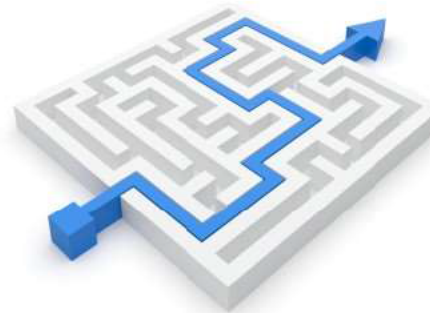
3 Mobile Crisis Teams



Intensive Case Management – Case Finding based on RDA HU List



Court Ordered DSHS Navigators

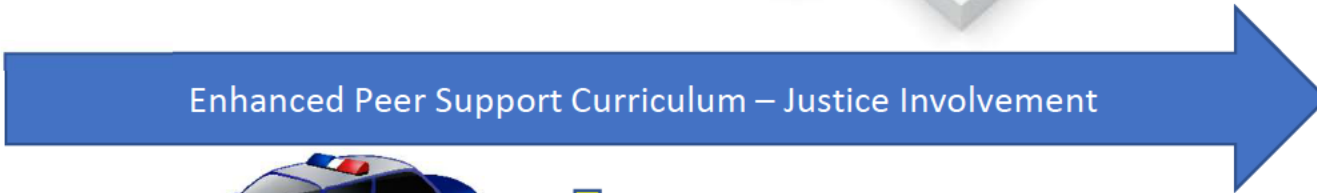


Transition Maple Lane, Yakima Inpatient Competency Facilities

Increase inpatient competency restoration beds at WSH, ESH



Enhanced Peer Support Curriculum – Justice Involvement



Co-Responder Program WASPC

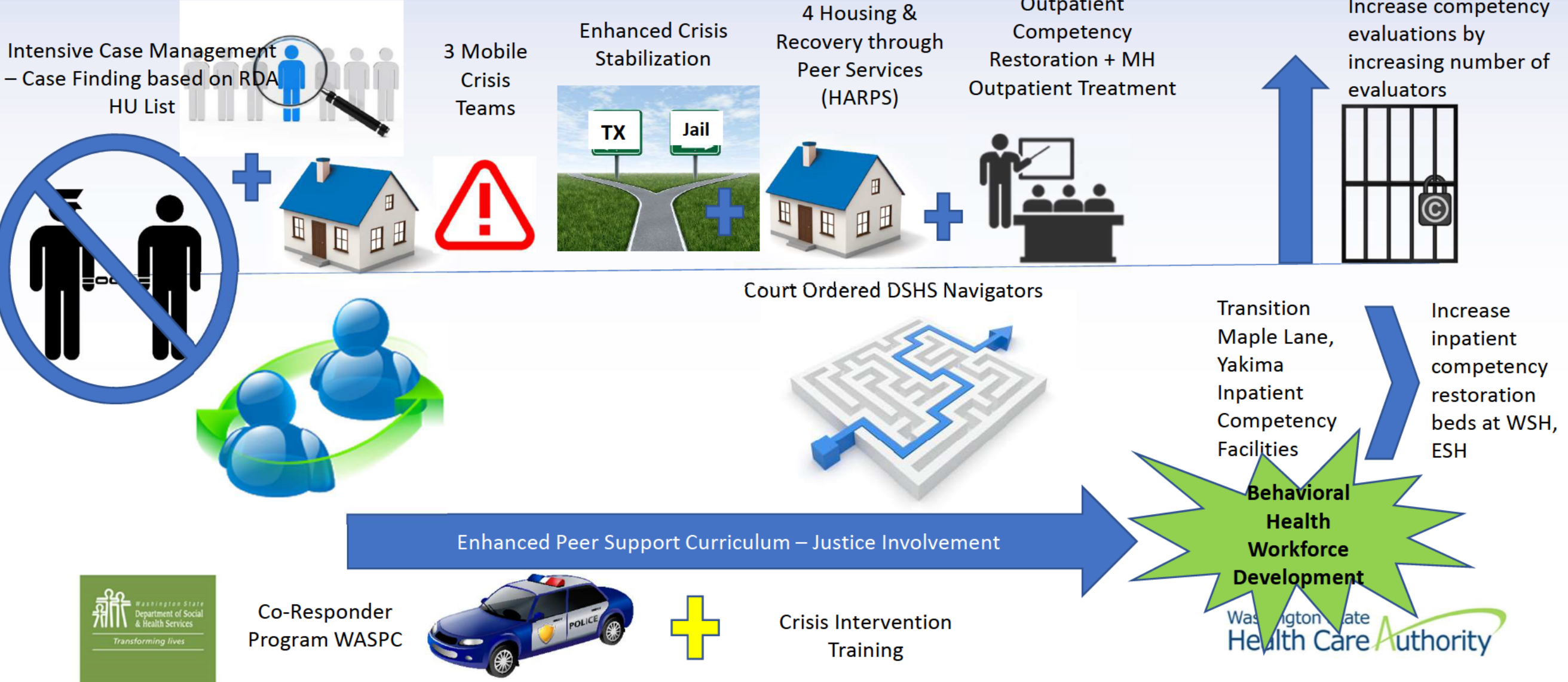


Crisis Intervention Training



# Elements of Trueblood Settlement

Transforming Lives



# Trueblood Settlement Summary and Agreement Document

# More Information

For more detail you may refer to:

- The *Trueblood* Settlement Agreement
  - [https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/Trueblood/2018Trueblood/623\\_OrderFinalApprovalSettlement.pdf](https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/Trueblood/2018Trueblood/623_OrderFinalApprovalSettlement.pdf)
- Senate Bill 5444
  - <https://app.leg.wa.gov/billsummary?BillNumber=5444&Chamber=Senate&Year=2019>

# Thank you

Ken Taylor

Special Assistant

Behavioral Health Administration/Department of Social and Health Services

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# Closing/Adjournment



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**Web:** <http://www.hca.wa.gov/tribal/Pages/index.aspx>

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