Northwest Portland Area Indian Health Board

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To: Tribal Delegates, Tribal Health Directors, and Tribal Clinic Directors

From: Northwest Portland Area Indian Health Board Staff

Date: March 7, 2018

Re: Department of Health and Human Service (HHS) Secretary's Tribal Advisory Committee (STAC) Meeting January 17-18, 2018

The Department of Health and Human Services (HHS) held the Secretary's Tribal Advisory Committee (STAC) in Washington D.C. on January 17-18, 2018. NPAIHB representative attended the STAC meeting and provided technical support to the Portland Area tribal representative, Chairman Ron Allen of the Jamestown S'Klallam Tribe. STAC Committee member at large Chairman Brian Cladoosby of the Swinomish Tribe was also in attendance. The next HHS STAC meeting will be held on May 9-10, 2018 in Washington, DC.

The STAC re-nominated and re-elected Tohono O'odham Nation Councilman Chester Antone, STAC Tucson Area representative as the STAC Chair. Navajo Nation President Russell Begaye, STAC Navajo Area is the STAC Vice Chair. Currently, there are six HHS regional directors and four HHS acting directors (including Region 10) in place.

Discussion with HHS Acting Secretary Eric D. Hargan and HHS Leadership

Department of Health and Human Services (HHS) Acting Secretary Eric Hargan previously served at HHS under the Bush Administration and will return to Deputy Secretary once Alex Aazar is confirmed. Acting Secretary Hargan requested STAC members for recommendations on how to provide more effective HHS services and priorities that tribes would like the Administration to focus on. Jamestown S'Klallam Chairman Ron Allen emphasized the foundational importance of consultation, the government-to-government relationship and engagement with tribal governments. On January 24, Congress confirmed Alex Aazar as Secretary of HHS.

CMS Work Requirements

Chairman Allen identified the critical role of Centers for Medicare and Medicaid Services (CMS) healthcare services and programs in tribal communities. STAC members informed the HHS Acting Secretary of the lack of tribal engagement with the new CMS guidance concerning state implementation of work and community requirements through 1115 demonstration waivers on Medicaid beneficiaries. Tribes must not be required to comply with state programs. Tribal delegates requested that the federal government include tribal work assistance programs because of high unemployment rates in tribal communities exceeding the national norm. Numerous tribes have calculated up to 25% of their Medicaid revenue due to requiring work of tribal Medicaid beneficiaries. Tribal delegates have requested an exemption from the waiver and CMS Administrator Seema Verma stated her support for an AI/AN exemption; however, the HHS Office of Civil Rights objected to the request because they view the issue as race-based and not politically-based. CMS officials declared their commitment to engage in

meaningful tribal consultation between tribes and states to address high risk factors in tribal communities, the issue will be further addressed with the CMS Tribal Technical Advisory Group (TTAG).

Dental Health Aide Therapists

Swinomish Chairman Brian Cladoosby stressed the goal of HHS and the Indian Health Service (IHS) to embrace dental health aide therapists (DHATs) in tribal communities. Chairman Cladoosby underscored the issue with the sentence in the Indian Health Care Improvement Act (IHCIA) limiting DHATs to Alaska. Swinomish requested a Washington State Plan Amendment for DHAT services to be reimbursed by Medicaid and we are concerned that CMS is questioning free choice of provider provision that tribes must provide services to all Medicaid beneficiaries. However, in 1976, tribes were allowed to bill for Medicaid and there was a limited services section that was recognized only to provide services to tribal providers and tribal members. CMS Senior Counselor to the Administrator Calder Lynch replied that CMS issued a request for additional information (RAI) to gather additional information from the state of Washington and then CMS will move forward with a solution. Acting Secretary Hargan stated that he had traveled to Alaska and was aware of the benefits. Acting Secretary Hargan declared that HHS will have internal dialogue because of changes to the law and requirement to go to the states due to resistance of implementation.

As to IHS's response to Port Gamble S'klallam's Annual Funding Agreement (AFA), IHS Acting Director Admiral Michael Weahkee stated that it is a technical language issue with the AFA. Admiral Weahkee stressed the need to have more conversation on DHATS and understands that IHS needs to move forward. IHS Acting Director Weahkee announced that there will be a Dear Tribal Leader Letter (DTLL) forthcoming with details on an IHS Community Health Aide Program (CHAP) workgroup meeting in March.

Special Diabetes Program for Indians (SDPI)

STAC members highlighted the importance and effectiveness of the Special Diabetes Program for Indians (SDPI) in Indian Country. Tribes were told that SDPI would be funded long-term and attached to the Children's Health Insurance Plan (CHIP) reauthorization. Tribal delegates stressed that the program is vital for tribal communities and HHS must support the program and provide technical assistance to Congress on reauthorization. IHS Acting Director Weahkee responded that IHS wants to make sure that the program continues and currently Congress is providing funding through the end of March and is working on a longer-term solution. Congress passed a Continuing Resolution (CR) on February 9 to fund the government until March 23. The CR included a two-year reauthorization for SDPI with $150 million for FY 2018 and $150 million for FY 2019.

Contract Support Costs (CSC)

Tanana Chiefs Conference Chairman Victor Joseph highlighted the recent IHS rescission of the 97/3 Contract Support Costs (CSC) duplication option, which is an important provision that permits tribes to avoid a lengthy negotiation process. The agreements were made in good faith and agreed upon by the agency and tribes. To suspend this provision without tribal consultation is extremely problematic. The CSC workgroup sent a letter to IHS Acting Director Weahkee to requesting the withdrawal of the suspension and asked for access to the materials that IHS used to justify their action. STAC members requested that the Acting Secretary of HHS reinstate the 97/3 CSC duplication before the CSC workgroup meets to have a discussion. IHS Acting Director Weahkee replied that the Office of General Counsel weighed in and in the ongoing negotiations there was at least one instance in which the 97/3 split was problematic, and the payment would be over what the statute would allow. IHS wanted to stop additional litigation; therefore, they temporarily suspended the policy to work through the issues.

Acting HHS Secretary Hargan requested tribal perspectives on the opioid epidemic and as initiatives come out of HHS on opioids that tribes share their thoughts. Councilman Chester Antone responded to the Acting Secretary that follow-up would be provided in a letter from STAC to HHS.

Discussion with IHS Acting Director Michael Weahkee

IHS Acting Director Michael Weahkee provided a recruitment and retention update, announcing a new pay rate for IHS nurse practitioners to enhance competitive compensation for IHS workforce recruitment and retention. Additionally, IHS has obtained authority to provide increased relocation incentives to compete with the private sector, raising the cap from 25% to 50% to strengthen the recruitment and retention of nurses. IHS is increasing efforts to recruit new Commissioned Corp applicants and can now make first contact with applicants.

Contract Support Costs (CSC) Update

In October 2016, IHS approved a revised Contract Support Costs (CSC) policy following tribal consultation and CSC tribal/federal workgroup sessions to ensure transparency and adequate negotiations. The CSC policy will be assessed on a regular basis. After a year of implementation, IHS has found that in certain circumstances the alternative method for calculating indirect recurring costs, the 97/3 split allows for more funding and does not comply with the Indian Self Determination Education and Assistance Act (ISDEAA) authority. IHS has temporarily rescinded the 97/3 CSC policy and will engage in tribal consultation before making any decisions.

Chairman Ron Allen along with other tribal leaders stressed great concern over the CSC policy update stating that "suspension of the CSC policy has created issues for indirect and direct cost rate negotiations for tribes that have been worked on for years." Chairman Allen requested that IHS Acting Director RADM Weahkee and IHS engage in a timely manner with tribes on the implementation of the policy. Acting Director Weahkee stated that IHS will provide a quick response within the next few weeks to the CSC Workgroup and STAC regarding the letter on the 97/3 split from the CSC Workgroup Tribal Co-Chairman Andy Joseph. The next CSC Workgroup meeting will be March 6-7, 2018. Details of tribal consultation on the 97/3 split will be sent around soon.

STAC tribal leaders requested that IHS share the information and data analysis conducted that impacted the determination that in all cases the 97/3 split will not conform to the ISDEAA authority. The Office of General Counsel (OGC) is looking into how to share factual analysis in response to the letter from CSC Workgroup Tribal Co-Chairman Andy Joseph without violating privacy of the tribe in litigation. RADM Weahkee stated that IHS is looking at current and ongoing litigation, negotiations and the impacts of the provision in those proceedings.

Ms. Julia Pierce from the OGC reported that they are currently litigating duplication issues, expansion of CSC, and a crossover with the 97/3 split issue. OGC found an issue with the 97/3 split for at least one tribe and suspect it will be an issue with others. Ms. Pierce highlighted that the OGC found that the 97/3 split may work for some but for others it is a concerning issue of duplication. STAC tribal leaders were unanimous in expressing their disturbance with potential undue harm to tribes because of the suspension of the CSC policy due to litigation.

IHS Strategic Plan Workgroup Update

IHS received 137 tribal, tribal organization, and federal comments. IHS will hold a 30-day comment period on the draft Strategic Plan as well as tribal consultation. The final Strategic Plan is anticipated to be published in April. Chairman Ron Allen requested an update from Acting Director RADM Weahkee on the efficiency of IHS operations and the engagement of tribal leadership on the considerations for the IHS Strategic Plan 2018-2022. RADM Weahkee replied that IHS is waiting for an HHS Secretary to be confirmed to move forward with reorganizational plans. Additionally, Acting Director Weahkee reported that the goals and objectives of the Strategic Plan do not incorporate any restructuring at IHS.

Quality Update

Acting Director RADM Weahkee conveyed to STAC that the IHS contract with Avera Health eCARE telehealth network has expanded in IHS facilities for behavioral health, cardiology, endocrine, rheumatology, and pain management.

IHS is currently looking into the creation of the National Community Health Aide workgroup to discuss the Community Health Aide Program (CHAP) and Dental Health Aide Therapists (DHAT), more information forthcoming in March through a Dear Tribal Leader Letter.

Chief Medical Office RADM Michael Toedt announced termination of a leasing emergency medical services (EMS) vehicle agreement with the General Service Administration (GSA) due to vehicle quality and safety concerns.

Opioid Crisis Update

STAC tribal delegate Brian Cladoosby, Swinomish Indian Community Chairman requested IHS to provide STAC with a report on the National Committee on Heroin, Opioids, and Pain Efforts (HOPE) committee goals and objectives. IHS Acting Director RADM Weahkee conveyed to the STAC that the HOPE Committee is active and has five focus areas, including prescriber support. STAC tribal delegates voiced a concerning example of tribes being left out of legislation regarding the lack of access to state opioid and prevention grants, despite having opioid facilities. RADM Weahkee replied that the issue will be addressed in budget discussions and IHS is looking to the Special Diabetes Program for Indians (SDPI) grants as an example of best practices on tailoring programs to community needs. IHS continues to provide naloxone drug training for Bureau of Indian Affairs (BIA) law enforcement and has issued guidance. Additionally, there is a naloxone first responder toolkit on the IHS website.

Tribal Access to Behavioral Health Data

STAC tribal delegates requested IHS provide a webinar training and discussion on the current process for tribes and tribal epidemiology centers (TECs) to access behavioral health data as well as the barriers to getting information that tribes are trying to access from the National Data Warehouse. IHS Chief Medical Officer RADM Michael Toedt responded that TECs have recognition as public health authorities to access data, which has been challenged by states and IHS has provided technical assistance in those situations.

Dental Health Aide Therapists

Swinomish Chairman Brian Cladoosby, STAC tribal member at large requested an update and expressed concern with IHS denying the Port Gamble S'klallam tribe's authority to provide dental health aide therapy (DHAT) services until IHS develops a national community health aide program (CHAP). Chairman Cladoosby validated that the IHS argument is inconsistent with Washington law and Port Gamble submitted identical language to the Swinomish language, which was submitted and approved. Acting Director Weahkee stated that it was a technical language issue that IHS is working on and there will be a meeting with Port Gamble in February.

HHS Budget Updates with Acting Assistant Secretary for Financial Resources, Jennifer Moughalian

The proposed CR that will fund the government until March 23, 2018 includes a two-year reauthorization for SDPI at $150 million per year. The House and Senate will conference for the final FY 2018 budget. The House FY 2018 budget bill includes $5.1 million ($100 million above FY 2017 levels) and the Senate FY 2018 bill includes $5 billion and $12 million for facilities and infrastructure. HHS will provide technical assistance to Congress and be as responsive and helpful to fully implement the FY 2018 levels. HHS is still in the process of developing the FY 2019 budget request.

Chairman Ron Allen, STAC Portland Area tribal delegate communicated tribal concerns of proposed cuts if HHS negates to listen to the challenges in tribal communities and the tribal requests to be taken into consideration. STAC tribal delegates voiced troubling implications on tribal communities with CRs and government shutdowns. Acting Assistant Secretary Moughalian affirmed that the federal government instituted processes to confirm a quarterly approach to a lapse in funding and what functions would need to continue after the government shutdown in 2013.

Discussion with CMS Administrator Seema Verma

CMS State Medicaid Director Letter- Community Engagement Opportunities

The HHS STAC meeting was the first time that the Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma has met with tribal leaders and she identified tribes as CMS partners along with states and local communities. Administrator Verma announced that CMS issued a new policy through a State Medicaid Director (SMD) letter on January 11 providing guidance for States to voluntarily submit Section 1115 demonstration waiver proposals that would impose work and community engagement requirements as a condition of Medicaid eligibility. Medicaid work requirements would require verification of participation in approved activities, such as employment, job search, or job training programs, for a certain number of hours per week in order to receive health coverage. Exemptions may include, but are not limited to age, disability, responsibility for a dependent, participation in a drug addiction or alcohol treatment and rehabilitation program, or another state-specified reason. CMS has asked States to assure CMS with an evaluation plan in the proposal to assess what is working and what needs improvement.

Currently, CMS has approved the Kentucky demonstration waiver and there are 9 active proposals (AR, AZ, ME, IN, KS, NH, UT, MS and WI) from states with work and community engagement requirements for able-bodied Medicaid beneficiaries. CMS has received several requests for tribal consultation (AR, ME, WI) and a number of states have agreed to either exempt Indians from work requirements (UT, AR, AZ) or deem Indians to have met work requirements due to tribal employment and assistance programs (IN). Chairman Allen voiced the need to recognize alternative forms of employment that are more common in Native communities, like traditional crafts. Additionally, Chairman Allen requested better guidance for the states on what tribal consultation means in the context of waiver applications because there are so many varying types of relationships between tribes and states on different topics. Administrator Verma stated that CMS has included numerous protections for beneficiaries in the SMD letter and has recommended that states align their requirements with Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) employment efforts.

Chairman Ron Allen, STAC Portland Area Tribal Delegate called for CMS to include an exemption for AI/ANs from community and work requirements because tribes have a political status. Additionally, Chairman Allen requested that CMS work with tribes directly rather than states to identify issues in Indian Country as well as tribal employment agencies to assist with processing eligibility. Administrator Verma addressed the tribal request for an exemption for AI/ANs to tribal STAC delegates and stated that the HHS Office of Civil Rights advised CMS that they could not create an exemption based solely on the status of an AI/AN. Administrator Verma's recommendation is to have States work with local tribes to find solutions such as the inclusion of community engagement programs like SNAP and TANF. Chairman Allen replied that tribes must meet with the HHS Office of Civil Rights and CMS must balance the perspective of the Office of Civil Rights with the unique reality of tribal nations. Administrator Verma made a commitment to the STAC tribal delegates that States must consult with tribes as a condition of applying for and receiving a work requirement waiver.

Institution for Mental Disease (IMD)

Administrator Verma announced that in November, CMS announced a new Medicaid policy to allow states to design demonstration projects that increase access to treatment for opioid use disorder (OUD) and other substance use disorders (SUD). The updated policy replaces the Medicaid provision which

prevented services from being provided at a facility with more than 16 beds. Through the updated policy, States will be able to pay for a fuller continuum of care to treat SUD, including critical treatment in residential treatment facilities that Medicaid is unable to pay for without a waiver. It may take time for States to put together a plan, but CMS has developed oversight to monitor plans. Currently, CMS has 3 States (KY, NJ, and UT) that have submitted plans and are expecting more States to approve the altered provisions.

Dental Health Aide Therapy (DHAT)

Chairman Brian Cladoosby, STAC member at large tribal delegate advocated for the federal government to support the successful dental health aide therapist (DHAT) program in Alaska and the work that has begun in the Northwest. The Washington legislature approved the ability for tribes to provide DHAT services on reservations in February 2017 and the state has to work with CMS to come up with a plan for reimbursement. The State Plan Amendment (SPA) that the Washington Health Care Authority submitted to CMS was rejected because Medicaid Section 1902 request that Medicaid beneficiaries has free choice of providers and may obtain services from any Medicaid providers. Washington has enacted that DHATs furnish services only on tribal lands and for Indians eligible for the Indian Health Service (IHS). Chairman Cladoosby justified the argument with a limited services agreement in 1976, which recognized that tribes may not be able to serve all populations. Chairman Cladoosby requested an explanation of the CMS concern for free choice of provider justification. Swinomish became the first tribe to provide DHAT in the lower 48 a year ago and they have been unable to allow their providers to bill for services they are providing. Another issue is that IHS denied the Port Gamble S'Klallam tribe the ability to provide DHAT until a national policy and board are in place, but the state of Washington has already authorized tribal DHATs. Administrator Verma responded to Chairman Cladoosby by clarifying that the SPA was not rejected, there was a request for additional information and provided her commitment to work on this issue and make it a priority.

Discussion with the Administration for Children and Families Acting Assistant Secretary Steven Wagner

Acting Assistant Secretary Steven Wagner highlighted that welfare reform is emerging as one of the key priorities of the Trump Administration and the Administration for Children and Families (ACF) is committed to move resources to prevention an adoption of analytics techniques and early childhood development. STAC tribal delegates voiced concern of the implementation of the Adoption and Foster Care Analysis and Reporting System (AFCARs) and requested consultation on any proposed regulatory reforms. Acting Assistant Secretary Wagner identified AFCARS are potentially being burdensome as a data collection tool for broader issues. The ACF is opening the proposed rule for tribes to weigh in on what is necessary data. Acting Assistant Secretary Wagner notified STAC tribal delegates that a Dear Tribal Leader Letter (DTLL) will be released in the next month or so.

Discussion with the U.S. Surgeon General Jerome M. Adams

U.S. Surgeon General Jerome Adams provided an update to STAC on a pilot project that the Commission Corps began with IHS in the spring of 2017 to reshape the processes to improve efficiency of recruiting and reimagine the Corps through workforce management. The Corps will provide lists to IHS for folks who were unable to join the Commission Corps to potentially be civilian employees or contractors. The pilot project initially included 400 interested IHS applicants, which were vetted down to 16% and further decreased to 11% and then 5% went forward with interviewing. STAC tribal delegates requested additional information on what the exact impediments were to applicants in moving forward once they learned more about IHS.

IHS is a priority agency for the Commission Corp and since May 2017 there has been 7 dentists, 8 nurses, 1 nurse practitioner, 1 physician, and 2 pharmacists. U.S. Surgeon General Adams stated that IHS will remain one of the most important agencies for the Commission Corps and they want to figure out how to improve care. U.S. Surgeon General Adams acknowledged the concern from STAC on deployment of

Commission Corps from the Indian healthcare system to a natural disaster area and the Commission Corps has identified IHS as receiving assistance over other deployments because of the mission critical roles.

Tanana Chiefs Conference Chairman Victor Joseph expressed appreciation for the Corps streamlining the application process and the time from identification of candidates to hiring. However, Chairman Joseph specified that it is taking approximately a year and the software changes do not run smoothly because tribal management is not always well informed of potential changes. Surgeon General Adams responded that it takes approximately 6 months for the application to be received for first personnel action, but the Corps highlighted underserved populations to be a priority. There are year-round open application windows for certain positions. If there are critical needs within tribal nations or a geographic area, the Corps will work as appropriate to meet those needs. Navajo Nation President Russell Begaye recommended the use of a memorandum of agreement (MOA) with tribal nations and the Surgeon General was supportive of the idea. IHS Acting Director RADM Weahkee added the need to link the tribal office with regional offices.

Discussion with the Administration for Community Living (ACL) Administrator Lance Robertson

The Administration for Community Living (ACL) Administrator Lance Robertson highlighted a new issue brief on AI/AN aging that was published in October as well as a fact sheet on community living in Indian Country. The ACL is in the final stages of creating an online educational tool for professionals working with Native elders. The agency is pursuing a variety of partnership opportunities in areas such as non-profit legal services and higher education tracts related to disability and aging. ACL staff are in the process of developing a tribal consultation policy, which is currently under internal review and will be available for review at the next STAC meeting. Additionally, ACL has started to have conversations on reauthorization of the Older Americans Act, which includes Title III and Title VI funding and programs).

Discussion with the Office of the Assistant Secretary for Health Deputy Assistant Secretary for Minority Health Matthew Lin

Deputy Assistant Secretary for Minority Health Matthew Lin emphasized the need to partner with local and national organizations to more effectively manage resources. Deputy Assistant Secretary Matthew Lin provided recognition of the uniquely disparate health conditions facing AI/AN communities and OMH is engaging to achieve health equity. The Office of Minority Health (OMH) is utilizing a health standards data report card to identify critical research needs and develop responsive policies. OMH is conducting telephone surveys on AI/AN health priorities that targets certain states, the data will be shared next year. STAC tribal delegates emphasized the need to include tribes and tribal epidemiology centers (TECs) for critical information.

Discussion with the National Institutes of Health Principal Deputy Director, Lawrence Tabak

In September, the National Institutes of Health (NIH) Tribal Advisory Committee (TAC) met and discussed data sharing and data ownership. Principal Deputy Director Lawrence Tabak announced that NIH is working on five funding opportunity announcements for collaborative research between tribal epidemiology centers and investigative entities. The NIH Tribal Collaboration Workgroup focuses on culturally appropriate collaboration with tribal leaders and consortium representatives. Consistent concerns from the Tribal Collaboration Workgroup include data access, governance, consent, Institutional Review Board (IRB) ethics, and specimen storage. Principal Deputy Director Tabak announced opportunities the All of Use program to enroll 1 million or more Americans in a research partnership with NIH to access medical information and blood samples to conduct genomic analyses. STAC tribal delegates conveyed to Principal Deputy Director Tabak concerns with sensitive issues such as data ownership, data storage, and use of AI/AN data. Principal Deputy Director Tabak acknowledged tribal concerns and stated that conversations will continue, and NIH will be holding a tribal consultation session during the 2018 National Indian Health Board (NIHB) Public Health Summit on May 22 in Prior Lake, Minnesota.

Discussion with Centers for Disease Control and Prevention Office for State, Tribal, Local and Territorial Support Director Jose Montero

The Centers for Disease Control and Prevention (CDC) Tribal Advisory Committee (TAC) met in Atlanta in March and is modifying the way the group operates to improve functionality. CDC helps to improve the public health systems across the nation and Director Jose Montero of the Office for State, Tribal, Local and Territorial Support acknowledged and is correcting the lack of contact that CDC has with tribal public health officials. Director Montero is looking at how to engage tribal participation and has received tribal nominations for the CDC Social Determinants of Health group. Members of the Social Determinants of Health group will be appointed by the next STAC meeting. CDC recently announced a funding opportunity announcement to fund tribal nations and regional tribal organizations focused on strengthening public health systems and services to improve and protect the nation's health (closes March 29).

STAC tribal leaders underlined concerns with data availability and access to useable data and requested for assistance from CDC to make data more freely accessible to tribes and tribal organizations. A priority area of discussion was improved collaboration between CDC, IHS, and SAMHSA. Director Montero affirmed that CDC is working to improve several surveillance systems from other sources and agrees that collaboration is needed. STAC specified behavioral health data concerns and barriers that tribal epidemiology centers have unexpectedly encountered with accessing data. Tribal delegates requested trainings for CDC to engage with tribes and the trust responsibility.

Swinomish Chairman Cladoosby emphasized the need for CDC to look at successful tribal models and the need for adequate tribal consultation. Swinomish recently implemented a tribally-financed and tribally-operated response to the opioid crisis and has already saved fifty adults. Director Montero reported to STAC that CDC is supporting tribal pregnant women with IHS and the Substance Abuse and Mental Health Services Administration (SAMHSA) as well as conducting an opioid prevention scan for 2017 with NIHB to reduce opioid overdose. Additionally, Chairman Cladoosby stressed the need to include pharmaceutical companies as part of the solution to address the opioid crisis because it is where many of the addictions begin.

Discussion with the Substance Abuse and Mental Health Services Administration (SAMHSA) Assistant Secretary for Mental Health and Substance Use, Elinore McCance-Katz

The 21st Century Cures Act established an Assistant Secretary for Mental Health and Substance Use to head SAMHSA. The new Assistant Secretary for Mental Health and Substance Use, Elinore McCance-Katz is responsible for maintaining system of communication and consultation with stakeholders. Additionally, the 21st Century Cures Act requires the Assistant Secretary to work with stakeholders to improve the recruitment and retention of mental health and substance use disorder professionals. SAMHSA is part of a public-private committee with the Centers for Medicare and Medicaid Services (CMS), the Department of Veterans Affairs (VA), the Department of Defense, the Social Security Administration (SSA), the Department of Labor, the Department of Energy, and the Department of Housing and Urban Development called the Interdepartmental Serious Mental Illness Coordinating Committee (ISMIC). The ISMIC is a five-year committee which meets quarterly and has identified 45 recommendations.

Opioid Crisis

SAMHSA is creating a National Mental Health and Substance Use Policy Laboratory to promote evidence-based practices (EBPs) and service delivery models through evaluating models that would benefit from further development and expansion, replication or scaling of EBPs. Service models and EBPs for substance use disorders will focus on the opioid use disorder (OUD).

SAMHSA plans to address the opioid crisis through support for evidence-based prevention, treatment, and recovery services for opioid use disorder. The 21st Century Cures Act provides grant initiatives including state targeted response (STR) grants to states, block grants to states, program focused on established medicated-assisted treatment (MAT) for opioid use disorders. Tribal delegates requested that language in the state grants mandatorily include tribes, otherwise tribes will more often be excluded. Tribal delegates emphasized the barrier of tribal-state relationships, out of 35 states with tribes only 16 states identified tribes as populations of focus for the STR grants. Unfortunately, Assistant Secretary McCance-Katz informed STAC that SAMHSA is unable to demand that states include tribes in grants, it would require a legislative fix. SAMHSA is providing guidance to states on the inclusion of tribes in their STR programs and will follow up with states after year one on work with tribal communities. Swinomish Chairman Cladoosby requested assistance to tribes from SAMHSA to ensure that tribal and IHS professionals receive the data waiver required before prescribing MAT as well as direct funding to increase access to MAT. Assistant Secretary McCance-Katz assured STAC that SAMHSA can get the data waiver training to tribes. Tribal delegates informed SAMHSA representatives of the gaps in the ability for tribes to provide a full continuum of care in rural and remote locations and the inability to specialize treatments to the drug or individual in need of care. SAMHSA ensured STAC that the agency would work with tribes to identify successful community approaches such as the Rhode Island model designed to provide a range of services for substance use disorders within a network to reduce the burden on local facilities.

Workforce Development

Assistant Secretary McCance-Katz reported to STAC that SAMHSA is building a workforce development system across the mental health side of the agency to create a network to meet community needs. SAMHSA is working with the Health Resources and Services Administration (HRSA) to identify ways to increase providers in underserved areas.