



ALSA/DDA/BHA IPAC SUBCOMMITTEE MINUTES

Administrations and Divisions:

Home & Community Services (HCS), Residential Community Services (RCS), Behavioral Health Administration (BHA),

Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of Hearing (ODHH)

July 13, 2021 from 9 a.m. – noon

Welcome and Introductions – Brenda Francis-Thomas, Office of Indian Policy

- Welcoming
- Invocation
- Announcements
- Roll Call

Aging and Long-Term Services Administration – Marietta Bobba;

- Covid-19 check-in and sharing -Quileute Tribe opened yesterday.
- Money Follows the Person Tribal Initiative Updates:
 - Nisqually Tribe- June 30th requested grant extension through December. Reopening is in discussion.
 - Lummi Nation- no report
 - Makah Tribe- no report
 - American Indian Community Center- no report
 - Spring Conference feedback-
 - Planning Committee for Fall Tribal Summit: 31 people responded to the survey. The majority (60%) wanted an in-person fall summit but there were enough that wanted a virtual that we will plan a hybrid conference. It's tentatively scheduled for October 7-8, the preferred month from the survey. Volunteers for agenda planning are needed.
 - Funding Update for 2021: The 2021 budget for January -December has not been formally approved. We are cautiously moving forward and will be reaching out to eligible tribes once new staff are on-boarded. We hope to hire 2 new staff to start sometime in August. The CMS Tribal Affairs meeting will share support for continued MFPTI funding.
- Training and Resource development is beginning to reopen at ALSA. Tribes interested in co-hosting in-home aide trainings, AFH trainings, Savvy Caregiver trainings can contract ALSA Tribal Affairs to partner on trainings.
- Adult Protective Services Check-In. Interviews for Region 3 Program Manager will begin this week. The deputy regional administrator position is also open. APS has been receiving call about self-neglect issues for elders during this heat. Reporters are encouraged to make a report online. The benefits of online reporting include a confirmation number and 24-hour availability to reporters, seven days a week. You may also report by:

Phone: 1-877-734-6277

Email: apscentralintake@dshs.wa.gov

Fax: 1-833-866-5590

TTY: 1-833-866-5595

- WA Department of Commerce – New Housing Finance Unit 2021-2023 Opportunities. Multiple funds are competitively available. Slides attached with details and links. Contact Sean Harrington for more information: sean.harrington@commerce.wa.gov

2021 HTF Solicitations' Projected Timelines

	Continuing Affordability, \$10M NOFA #HFU-2021-01	Cottage Communities, \$8.8M NOFA #HFU-2021-02	Traditional HTF*, \$83M NOFA #HFU-2021-02	Rapid Capital Housing Acquisition, \$93.8M NOFA# HFU-2021-03			HOME and NHTF, \$22M NOFA# TBD
				Phase 1	Phase 2	Phase 3	
Release Date	June 2	June 17	June 17	July 8	Sept 16	Feb 1, 2022	Mid-December 2021
Technical Assistance Period	June 2-17	June 17 – August 16	June 17 – August 16	July 8-31	Sept 16 – Oct 15	Feb 1 – March 5, 2022	December 2021- January 20221
Deadline for Waiver Requests	June 17	August 16	August 16	July 31	October 15	March 5, 2022	February 15, 2022
APPLICATIONS DUE (By Noon, 12pm)	July 1, Starting at 8am	September 15	September 15	August 5	November 10, 2021	April 5, 2022	March 15, 2022
Internal Review	July	Oct-Nov	Oct-Nov	August	November	April 2022	March 15 – April 30, 2022
Coordination w/Other Funders	July	November	November / (March for projects with 4%)	August	November	April 2022	May 2022
Awards Announced	August 31, 2021	December 15, 2021	December 15, 2021 (4% due date TBD)	September 2, 2021	December 15, 2021	May 3, 2022	May 15, 2022

- WA CARES – New state long-term care insurance benefit provided to employees who have paid into the fund over the course of 10 years (vested). January 2022, contributions will begin toward \$36,500 in benefits, that will increase with inflation. Tribal employers will be able to opt-in/opt-out. See website WACARESFund.wa.gov . Code Reviser change has been filed for rule making on WA CARES. Tim Collins, OIP will work with ESD to share information and provide input and include tribes in development work. No tribes have shared a decision to opt-in at this time. July 20th is next tribal workgroup. Will tribal economic development enterprises can be included in the opt-in.
- AL TSA Strategic Plan: <https://www.dshs.wa.gov/altsa/about-us> . Links to the full strategic plan were distributed. Individual specific goals for working with tribes were reviewed. Materials shared. (moved to August agenda)
- Exemption Policy for burial and memorial funds – finalize information for WA Connections; Information provided at an earlier IPAC subcommittee was given a final review and approved for sharing with WA Connections. (moved to August agenda)
- AL TSA Matrix review & update (moved to August agenda)

- DDA clients with tribal affiliation (self-identified) and receiving DDA services
- Questions from Tribal Members
- [Developmental Disabilities Administration Eligibility](#) – To be found eligible as a client of DDA, a person must:
 - Be a Washington State resident;
 - Have evidence of a qualifying developmental disability that began before age 18; and
 - Have evidence of substantial limitations.

The Revised Code of Washington [71A.10.020\(5\)](#) defines a developmental disability as:

- a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological;
 - other condition of an individual found by the secretary to be closely related to an intellectual disability; or
 - to require treatment similar to that required for individuals with intellectual disabilities, which originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.”
- [DDA Eligibility Flow Chart \(PDF\)](#): An overview of the process to apply for DDA eligibility and services.
 - [Intake and Eligibility](#) – Complete the required forms and documents. You can request a packet by filling out a [Service and Information Request](#) (<https://www.dshs.wa.gov/dda/service-and-information-request>) or by returning the information listed below:
 - [Request for DDA Eligibility Determination Form \(14-151\)](#)
 - [Consent \(14-012\)](#)
 - [Notice of Privacy Practices for Client Confidential Information \(03-387\)](#)
 - [Washington State Voter Registration](#) for applicants age 18 or older
 - Documents that support that you have a developmental disability, as described in [DSHS Form 14-459 Eligible Conditions Specific to Age and Type of Evidence](#) such as:
 - Educational records
 - Psychological records
 - Medical records
 - FMAP
 - [COVID-19 Updates](#)
 - Contracting with DDA:
 - [Interested in Becoming a Certified Supported Living Provider?](#) Follow the steps below:
 - Apply for a business license
 - Complete an [application](#)
 - Mail the complete application packet to Management Services Division, Business Analysis and Application Unit (BAAU) at DSHS.
 - For US Postal Mail: AL TSA BAAU, PO Box 45600, Olympia, WA 98504-5600
 - For Federal Express: AL TSA BAAU, 4450 10th Ave SE (Blake West), Lacey, WA 98503
 - [Additional DDA Contracts available to Tribes](#). See Contracting and [Frequently Asked Questions](#)

- Community Guide and Engagement
 - Positive Behavioral Support and Consultation
 - Environmental Accessibility Adaptations
 - Etc...
- For any questions, requests or comments, please reach Justin Chan chanjk@dshs.wa.gov or your [Local DDA Tribal Liaison](#)

Behavioral Health Administration - Dr. Marie Natrall-Ackles

- Covid-19 Updates-2 active Covid cases at WSH. All facilities are in operations/24/7.
- BHA Liaison update-BHA Native American Cultural Competency Policy (10.22) approved in 6/21. See attached.
- TrueBlood Updates-Moving into Phase 3 (King County)-7/21.

Closing – Brenda Francis-Thomas, Office of Indian Policy

Agenda Items for next meeting:

- Review matrices
- Tribal Initiative
- Adult Family Home Employee Handbook – Long-Term Care Foundation
- Adult Protective Services
- WA CARES
- AL TSA Strategic Plan: <https://www.dshs.wa.gov/altsa/about-us> .
- Exemption Policy for burial and memorial funds –
- AL TSA Matrix review & update
- Covid-19 Updates
- BHA Liaison update
- TrueBlood Updates

Next meeting is on August 10, 2021 from 9 a.m. to 12 p.m.

Housing Finance Unit 2021-23 Opportunities

Sean Harrington

NOFA COORDINATOR, HOUSING TRUST FUND

JULY 13, 2021 | IPAC SUBCOMMITTEE



Washington State
Department of
Commerce

2021-22 HTF Available Funds - Competitive

	Total (Millions)	Competitive/ <i>Direct Appropriations</i>
Cottage Communities	\$10 M	\$8.8 M / \$1.2 M
★ Disabilities (ID/DD)	\$15 M	\$15 M / - (Operating and Capital)
Continuing Affordability In Current Housing	\$10 M	\$10 M / -
HTF Preservation Program	\$20 M	\$20 M / -
Rapid Capital Housing Acquisition	\$120 M	\$93.8 M / \$26.6 M (State and Federal)
Traditional HTF	\$140 M	\$124.9 M / \$15 M
Federal Funding	\$23 M HOME – ARPA \$ 6 M – HOME (est.) \$16 M – NHTF (est.)	\$45 M / -
Total Capital Resources	\$360 Million	\$317.5 M (88%) / \$42 M

★ A “set-aside,” not a separate project type

“What are those sources *for*?”

- **Cottage Communities**
 - Build at least four “tiny homes” for people currently homeless
- **Continuing Affordability In Current Housing**
 - Prevent USDA/HUD project from being lost to market rate
- **HTF Preservation Program**
 - Rehab older projects previously funded by HTF
- **Rapid Capital Housing Acquisition**
 - Purchase existing apartment buildings or hotels/motels to use as housing
- **Traditional HTF**
 - “produce new affordable housing”
- **Federal Funding**
 - Produce new affordable housing according to HUD requirements

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“Can we apply?”

RCW [43.185A.040](#)

Eligible organizations.

*Organizations that may receive assistance from the department under this chapter are local governments, local housing authorities, nonprofit community or neighborhood-based organizations, **federally recognized Indian tribes in the state of Washington**, and regional or statewide nonprofit housing assistance organizations.*

Eligibility for assistance from the department under this chapter also requires compliance with the revenue and taxation laws, as applicable to the recipient, at the time the grant is made.

Are you homeless or about to become homeless? [Click here to connect to a Local Coordinated Entry program](#) that can help you think about next steps.

Housing Trust Fund



Program Links

- [Applying to the Housing Trust Fund HOME Program](#)
- [Policy Advisory Team](#)
- [Annual Reporting](#)
- [Evergreen Sustainable Development](#)
- [Housing Trust Fund Handbook](#)
- [Housing Preservation Program](#)
- [Landlord Mitigation Program](#)
- [Operations and Maintenance Fund](#)
- [Property Management Resources](#)
- [Housing Trust Fund Reports](#)
- [National Housing Trust Fund Resources & Trainings](#)

"I have a really good support system with the folks here, the staff, people that visit



Program Links

- Applying to the Housing Trust Fund
- HOME Program
- Policy Advisory Team
- Annual Reporting
- Evergreen Sustainable Development
- Housing Trust Fund Handbook
- Housing Preservation Program
- Landlord Mitigation Program
- Operations and Maintenance Fund
- Property Management Resources
- Housing Trust Fund Reports
- National Housing Trust Fund
- Resources & Trainings

For Notices of Funding Availability (“NOFAs”) and application forms

For Program Guidelines and Requirements

For Videos with Additional Information

Questions?

Please submit to the email below.

htfapp@commerce.wa.gov

Thank you!



Washington State
Department of
Commerce

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Behavioral Health Administration

Title: BHA 10.22 Native American Cultural Competency

Approved By: Brian Waiblinger (DSHS Chief Medical Officer), Kevin Bovenkamp (Special Assistant)

Approval Date: 06/04/2021

Authorizing Source: [The American Indian Religious Freedom Act](#),
[Public Law No. 95-341, 92 Stat. 469 \(Aug. 11, 1978\)](#)
[DSHS Administrative Policy 7.22 Cultural Competency](#)

Purpose:
To provide the unique service needs of Native American clients in BHA facilities.

Scope:
This policy applies to all BHA programs and employees who work or serve clients who identify as American Indian (AI) or Alaska Native (AN).

Definitions:
American Indian:
Individuals the federal government recognizes in accordance with 25 USC Section 2902.

Alaska Native:
Individuals the federal government recognizes in accordance with 43 USC Chapter 33 Section 1602.

Creator: A belief in a supreme being often referred to as the Creator or Great Spirit.

Consultation:
Requires an enhanced form of communication that emphasizes trust and respect. It requires a shared responsibility that allows an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension.

Culturally competency:
Involves the knowledge, skills and attributes and values necessary for effective intercultural transactions with diverse social, cultural and organizational contexts.

Cultural Respect: Involves the recognition, protection and continued advancement of the inherent rights, cultures and traditions of the Native Americans.

Federally Recognized Tribes:

Self-governing American Indian and Alaska Native government recognized under applicable federal and common law. Because of their unique sovereign status, federally recognized tribes have the inherent power to make and enforce laws on their lands and to create government entities.

Government-to-Government:

Describes the relationship and protocols among and between federally recognized tribes and the federal, state and other governments.

Historical trauma:

A cumulative emotional and psychological wounding across generations as a result of colonization and abuses (such as boarding school experience).

Indian Shaker Church: Is a combination of Christian and Coast Salish spiritual traditions that began in 1882 near Shelton, Washington.

Native American cultural practices:

The use of cultural plants, knowledge, and skills based on beliefs and experiences indigenous to the Native American culture.

Native American Sacred Items: May consist of a medicine bag, prayer pipe, feather, sacred herbs (sage, sweet-grass or cedar), flute, whistle, rattle, small stones, beaded jewelry, cedar hats or clothing (regalia) and drums as well as items that are used for storing these sacred items.

Potlatch: A ceremonial feast of Native Americans of the northwest coast marked by the host's lavish distribution of gifts or sometimes destruction of property to demonstrate wealth and generosity with the expectation of eventual reciprocation

Two Spirit: Spans across western categorizations of gender, sex and sexuality, holding diverse cultural and individuals. Male and female combined activities portrayed their unique traits and status as two-spirit people.

Treatment Plan:

In accordance with 42 CFR 481.61, BHA provides individual treatment plans. The plans are goal oriented, which focus on the person's strengths and addresses the person's needs. Treatment plans are generated with the person's input, interdisciplinary assessment and discharge planning.

Walking in Two Worlds: Describes the differences for Native Americans across two worlds: maintaining Native languages, oral culture/traditions and spirituality within a dominant society. These differences are vast encompassing differences in basic values, ways of being

with one another, belief systems, as well as languages and behavior.

Policy Requirements:

- A. BHA supports the Native American Culture and Native American clients we serve. This may include the following:
 - 1. Providing advocacy, support and outreach to Native American clients who may need assistance with prescribed medications that may conflict with their cultural beliefs.
 - 2. Authorizing the use of Native American cultural practices in conjunction with prescribed medication.
 - 3. Respect for Native American cultural practices or beliefs.
 - 4. Acknowledgement of the unique political status of Native Americans
 - 5. Understand the impact of Historical Trauma
 - 6. Protecting and respecting sacred items (in BHA facilities) of Native Americans.

- B. Native American client may request use of Native American cultural practices. This request will be discussed with the client and reviewed by the treatment team for determining the benefits to treatment. The treatment team evaluates such requests in a respectful manner that doesn't disrupt the cultural practice. Clients may use the facility grievance process for denied use of cultural practices.

- C. Respect for Native American cultural practices that may include ceremonies including prayer that may differ from other religious practices.

- D. The inherent rights and political relationship with the U.S. government does not derive from race or ethnicity. Tribal members are citizens of three sovereigns: their tribe, the United States and the state in which they reside.

- E. BHA provides Native American Cultural Competency training upon hiring and annual thereafter.

Procedures:

- A. Staff provide assistance when a Native American client has a conflict between cultural beliefs and medication use. Staff will:
 - 1. Provide support by offering communication with a client advocate, spiritual advisor, tribal elder, family friend or relative or a trusted person(s) with whom the client requests to communicate to resolve this conflict.
 - 2. Meet as needed with client, doctor or mental health counselor and designated person who advocates on behalf of the client. This individual is selected at the client's request.

3. As needed, the BHA Tribal Affairs Administrator (NATRAMF@dshs.wa.gov) can be used as a resource.
- B. The Native American client and treatment team may determine the use of Native American cultural practice in conjunction with prescribed medication is a beneficial part of treatment. When this is indicated, it will be:
1. Reviewed by the physician that the use of Native American cultural practices complies with client's safety and health; that the cultural practice is not a controlled substance or any other substance that could harm the client.
 2. Included in the treatment plan and outline the use of both the cultural practice and prescribed medication.
 3. If the physician has any concern regarding the safety of the Native American cultural practices, they will discuss the concern with the client and document the discussion in the medical record.
 4. The physician will consult with pharmacy to determine any possible contraindications or medication interactions from cultural practices.
- C. Below are some of the cultural practices or beliefs of the Native American culture. As a client is in treatment, BHA may be unable to support all cultural practices if there is a safety risk. BHA respects the cultural practices and reviews individually situations to assist the client while maintaining safety. Native American cultural practices or beliefs include:
1. A Native American identifying as Two-Spirit or Lesbian, Gay, Bi-Sexual, Transgendered or Queer (LGBT).
 2. A client request for a visit from medicine man/woman/cultural advisor for prayer, healing or counsel.
 3. Respect of Native American ceremonies by not recording (audio or video), if you are present to witness a ceremony, consistent with hospital policy.
 4. The Potlatch was/is an integral part of the cultural and spiritual tradition of Native Americans on the Northwest Coast and functions to redistribute wealth (i.e. gift-giving).
 5. Inclusion of elders, extended family members and community as a part of the client's wellness plan.
 6. Respect of Native elders by remaining silent when they speak and until they finish speaking.
 7. Prayer (using terms other than "God" such as Creator) before and after medical meetings or counseling.
 8. Burning of sage, sweet-grass or cedar with the use of an eagle feather purifying or healing. Due to safety issues this is prohibited inside of BHA facilities. A client can meet with their treatment team and discussion safe options for this to occur.
 9. Use of a drum or rattle for song or prayer.
 10. Spiritual gathering: pow-wows, sweat-lodges, Indian Shaker Church and other sacred religious practices of Native Americans.

11. Possessing eagle feathers and regalia, including wearing regalia and the storing and protection of these items.
12. Understanding that it may be conflicting for Native Americans spiritual or cultural beliefs walking in two-worlds (modern society and maintaining their traditions) and may impact their perspective on the use of prescribed medications.
13. Mourning the death of a relative/loved one, a Native American may request staff assistance with cutting his/her hair and request it be send home or buried outside the institution.
14. Native American women are viewed as life-givers and are considered powerful during menstruation, and therefore do not participate in Native American ceremonies or handle sacred items during this time. BHA respects the client right to choose what to participate or not to participate in.

D. Working with Tribal governments includes:

1. Native Americans have a unique political status that differs from any population in the United States, and is not a racial status.
2. Understanding that the tribal governments have their own set of laws, policies and regulations for tribal members, separate from state or federal governments.
3. The Tribe may be limited in their resources, therefore may not always respond to communications from outside entities. It may take several attempts before contact is made with a tribe to collaborate.
4. Enrollment is confidential, therefore collaboration with tribes or tribal affairs administrator may be necessary to work with a Native American client for enrollment purposes.

E. Understand the historical trauma:

1. To better serve the Native American clients.
2. Realize that this may be a factor in working with Native American patients who may not openly share or be aware that they have experienced historical trauma.

F. Staff respect Native American sacred items in BHA facilities by:

1. Providing protection and safety of items of sacred value to Native Americans that may be on their person when they enter a BHA facility. (Small cardboard box to hold items).
2. Ensuring Native American sacred items are treated in a respectful manner, when clients or visitors are subjected to search of their personal items.
3. Requesting a client advocate, spiritual advisor or a designated individual that can work with the client to ensure proper handling of Native American sacred items.
4. Authorizing the storing and use of sacred items of Native Americans in BHA facilities (such as drums, regalia, eagle feather(s), sage, cedar and sweet-grass).
5. Following BHA policies and procedures, on how to search through personal items of Native Americans in a respectful manner.

Information Contact: Tribal Affairs Administrator

Exception:

No exceptions to this policy may be granted without the prior written approval of the Assistant Secretary of the Behavioral Health Administration.

Supersedes:

None

Indian Policy Advisory Committee (IPAC)

Aging and Disability Services Subcommittee
Aging & Long-Term Support Administration
And

Office of Deaf and Hard of Hearing

Revised: ~~July~~ ~~June-8~~, 2021

*Meets monthly, 2nd Tuesday
IPAC Delegate Subcommittee Chair, Loni Greninger
Tribal Liaison, Marietta Bobba
OIP Co-Chair, Brenda Francis-Thomas*

Issue/Date	Activity Review Date	Expected Outcome	Budget	Outcome Based Performance Measures	Variance	Action Plan to Address Variance	Due Date	Assignment State/Tribe
<u>7-2021</u>	<u>Strategic Objective 1.3: WA Cares Fund – Conduct planning and outreach activities for implementation of the Long-Term Services and Supports Trust Act which will deliver benefits to eligible individuals beginning January 2025.</u>	<u>Tribes/Tribal Enterprises will have an opt-in/opt-out option to the WA CARES Fund by June 2023.</u>		<u>• AL TSA staff and DSHS OIP will coordinate with the IPAC, the TLSSC, the GOIA, the HCA and the ESD to implement LTSS Commission and tribal recommendations from 2021 workgroups.</u>	<u>Success Measure 1.3.2: Tribes/Tribal Enterprises will have an opt-in option to the WA CARES Fund by June 2023.</u>	<u>• The AL TSA Tribal Affairs Office, OIP, WA CARES staff and tribes/tribal enterprises/tribal organizations will work to implement a tribal opt-in/opt-out provision.</u> <u>• AL TSA and OIP will coordinate with the IPA Committee/subcommittee, the TLSSC, the GOIA, the HCA and the ESD to look at other issues or considerations as found by tribes and tribal enterprises.</u> <u>• OIP will work with tribal councils interested in learning more for WA</u>		

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						<u>CARES presentations and Q&A.</u>		
	<u>Strategic Objective 2.13: Tribal Affairs – Continue to build strong relationships with, and expand contract opportunities for, tribes/tribal organizations to increase access to culturally attuned long-term services and supports for American Indians/Alaska Natives (AI/AN) to age in their homes or community-based settings of their choice.</u>			<u>Procure and sign at least three contracts to benefit AI/AN elders, veterans and adults with disabilities by June 2023.</u>		<ul style="list-style-type: none"> • <u>AL TSA will engage tribes and tribal organizations to expand information and identify opportunities for the delivery of long-term services and supports to AI/ANs.</u> • <u>AL TSA will build state agency partnerships (Department of Commerce, Health Care Authority, etc.) to identify complementary funding resources and opportunities for tribal contracting that support elders and individuals with disabilities and provide comprehensive, evolving long-term services and supports with mindfulness to the barriers.</u> • <u>AL TSA will build strong relationships with long-term service providers to assist with increasing statewide capacity to serve AI/AN older adults and individuals with disabilities during the COVID-19 pandemic and</u> 		

						<u>throughout the recovery period.</u>		
1-2016	<p>1. Tribal Contracting:</p> <p>1) Utilize Money follows the Person-Tribal Initiative Phase 2 to explore methods of contracting.</p> <p>2) Seek CMS approval to develop Government to Government Contracting.</p> <p>3) Pilot a Government (State) to Government (Tribe) case management contract.</p> <p>4) Pilot a Government (County/AAA) to Government (Tribe) case management contract.</p> <p>5) Utilize MFP-TI Phase 2 workgroup to advise on Tribal contracting.</p>	<p>Contract language for Tribes to use.</p> <p>Services contracted by DSHS directly to tribes.</p> <p>Services contracted by County/AAA to tribes.</p>	<p>Review state plan, waivers and AAA services provided and determine which ones DSHS can contract directly to tribes without tribes having to become a "full service" AAA.</p> <p>Design template for use by State/AAAs when contracting with tribes as contractors/ subcontractors; use DSHS basic Indian agreement and IGAs as example.</p>	<p>Explore:</p> <ul style="list-style-type: none"> - Sovereignty and it's impact on contracting. - Waivers, payment methods, and contracting structures; - Identification of contracting and reimbursement options; - Development of new Tribal billing codes; - A crosswalk and "go-to" guide for use across services providers, both Tribal and non-Tribal; <p>Explore Federal barriers such as:</p> <ul style="list-style-type: none"> - Conflict-free case management specific to tribes, - Direct billing to obtain encounter rates, - Government to government waivers specifically geared to serve populations served by Tribal governments. <p>Updates to be provided to subcommittee and final products to IPAC.</p>	<p>ALTSA Sub-Comm Mtgs take place second Tuesday of every month.</p>	<p>Tim Collins-OIP</p> <p>Brenda Francis-Thomas-OIP</p> <p>Bill Moss-ALTSA Assist. Secretary</p> <p>Marietta Bobba-ALTSA Liaison</p> <p>Marilee Fosbre or delegate, ALTSA Medicaid Services</p>		

<p>3-2014 – on demand</p>	<p>Government to Government Communication</p> <p>1. Tribes will meet with both DSHS ALTSA and AAAs. A) Tribes will meet with DSHS ALTSA Assist. Secretary to meet on a G2G basis to discuss issues related to aging needs, services, and training for tribal staff, tribal elders and constituents. B) AAA's will meet with Tribes in the regions to develop implementation plans and 7.01, incorporating activities suggested by Money Follows the Person.</p>	<p>Continue to develop & maintain working relationship.</p>		<p>Meetings will include but not be limited to:</p> <ul style="list-style-type: none"> - Annual DSHS Health summit - Annual Tribal – ALTSA – HCS – AAA Meeting - Annual MFP-TI meeting for duration of grant. - On-going AAA/Tribal meetings. 		<p>DSHS 7.01 Policy will be shared annually.</p> <p>AAA's will be encouraged to develop tribal specific plans.</p>	<p>2nd Tuesday of every month</p> <p>On Demand</p>	<p>Tim Collins, OIP Brenda Francis-Thomas OIP, Bill Moss-ALTSA Assist. Secretary, Marietta Bobba-ALTSA Liaison</p>
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6/2011 – Reviewed Annually	Improve consistency of eligibility determinations.	Uniform benefits manual to be used statewide		Broad distribution of updated Regional Resource /Benefit Guides for improved consistency on assessment and financial determinations;		<ul style="list-style-type: none"> – Draft Regional Tribal Resource/ Benefit Manuals Tribal specific section will be completed with Regional Manager and OIP. – Draft Regional Tribal Resource/ Benefit Manuals will be finalized by ALTSA headquarters and regional staff for distribution and on-line posting. – Development of consistent training on Tribal income and culture, with the active involvement of tribal representatives and tribal advocates/assisters – Explore options to improve benefit access and coordination during discharge planning. 		<p>Tim Collins-OIP, Marietta Bobba-ALTSA Liaison, Amy Lamkins HCS,; OIP Regional Managers, HCS Region Administrators 1, 3</p>
	Develop ALTSA Tribal Specific Website			ALTSA-Tribal Website is functioning.		Upon completion of Regional Resource/ Benefit manuals create ALTSA website for Tribal specific information.		

<p>Decrease barriers to AI/AN employment as caregivers and other long-term service providers.</p>				<p>Barriers to employment will be decreased.</p>		<p>Explore:</p> <ul style="list-style-type: none"> - background check requirements, - access to trainings and opportunities for skill building, - character and suitability standards, - development of family member home care agency exception protocol, - increasing a shared understanding of competence, tribal standards/ certification, and cultural competence of trainings /trainers. 		
<p>Enhance cultural competence and Tribal involvement in the use of Adult Protective Services (APS).</p>				<p>Updated state statute(s). Increased number of APS MOU's.</p>		<p>Explore barriers to increased involvement and shared service delivery through:</p> <ul style="list-style-type: none"> - Research and recommend updates to establish federal full faith and credit clause to recognize and honor Tribal court decisions, codes, and jurisdictions into state regulations and statutes; - Coordinate with Tribal Courts, 		

						<ul style="list-style-type: none"> - Increase role of Tribal staff in APS; - Review of and updates to APS training materials for improved staff cultural competence and respect for Tribal jurisdiction and involvement; - Identify best practices from other State/Tribal relationships to support Tribal sovereignty in APS; - Increase use of State/Tribal Adult Protective Service investigations memorandums of agreement. 		
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Completed 2016-2021:

Completed 2015: All Area Agencies on Aging (AAAs) were provided with the DSHS 7.01 plan outlining processes for tribal communications and planning.

Completed 2015: Money follows the Person Tribal Initiative Phase 1 was incorporated into ALISA workplan, including outreach to tribes and federally recognized tribal organizations.

Completed 2/2012: DSHS reorganization has moved some of DBHR programs under the ADSA Administration. Programs under ADSA: State Hospitals, HCS, RCS, DDD, DBHR (Prevention, Children's System of Care, and Children's MH Redesign will be updated at each Sub-comm mtg.).

Completed 6-3-11: Meetings twice annually between Tribes/AAAs will be held. First meeting was held 10-23-07. On 9-4-08 another meeting was held and changed to meeting twice per year instead of 4 times per year. Next meeting was held June 5, 2009, at Lummi. Next meeting was November 19, 2010, at Muckleshoot. AAA's asked to not schedule meetings during Leg. Session. The last meeting was held June 3, 2011, at Upper Skagit. Will continue to have these meetings and include dates as they occur. This will stay on the matrix.

Completed – ADSA/DBHR meetings that are held in January will be held via video-conferences due to weather conditions.

Completed 12-3-10: Two Caregivers conferences were held. Feb. 10-12, 2010 at Quinault. Dec. 1-3, 2010, at Upper Skagit.

APS Tribal Code; Legal and fiscal assistance to help tribes develop, implement and maintain tribal elders codes. (Because each Tribe responsible for own law and order codes, enforcement, not State's place to affect code.)

Completed 1/10: from 7/06: How to get reimbursement for tribal programs providing Home Health Care services and/or how to get IHS/Tribal clinic certified as HHCA. Surveyed tribes re their home health activities. Four tribes responded. Draft guidelines for discussion. Schedule internal meeting. Convene work group beginning with DOH, Aging and Adult Services, and IPSS. 8-23-07 ADSA Sub-Comm. Mtg with Bill Moss. Tribes wanting to sponsor HCA's should contact Kathy Leitch ADSA Asst. Sec. Kathy has agreed tribes could pursue this. 1/09: need HRSA action for Home Health Agency. Talk to PGST, which has met with variety of entities to discuss process. Draft letter to tribes to gauge interest in developing program. In letter define terms and requirements. 4/09: is on AAA agenda 5/11/09. Letter sent 5/09, discussed 6/09.

Completed 1/10: from 7/06: Policy/Statutory clarification-waiver re COPES eligibility for tribal elders to retain burial fund without having to place monies in trust. Or possibly increase dollar amount allowed. May 2006 Fed. Law set limit of \$500K in home equity. Convened workgroup who met twice (10-11-07 and 10-23-07), tabled due to lower priority (per tribes) than eligibility; ARRA language might make this an exemption: cultural practices". Bill Moss will research if tribal member can put money into tribal account for own burial. 1/09: ESA is working on WAC changes, implementations. 1/10: Determined policy changes not needed as it exists in WAC. Garnet presented tribal burial clarification draft to IPAC on 1-14-10. Letters will go to tribal leaders with copy to IPAC.

Completed 1/09: Home Equity Issues related to Federal Deficit Reduction Act; Clarify Eligibility criteria for long term care as relates to Native American land and income; contact David Armes at HCS to request Exceptions, exempt and trust land issues; contact Bill Moss re eligibility decisions that are wrong. Management bulletin to train HCS financial workers on eligibility criteria re trust land, per capita, etc. Income issue referred to ESA subcom.

Completed 1/09: Home Care Agency Licensure is with DOH for Homecare Agency status.4/8/09: removed from priorities: transfer case management to tribes along with resources.

Completed 9/9/08: National Indian Council on Aging Conference in the Tacoma Convention Ctr; Elders Conf. held Sept.5-9, 2008 in Tacoma was a success. ADSA contributed \$5, 000 to the conf. IPSS contributed \$1,000 to the conf. IPSS and some friends made 2400 lanyards to give to each conf. attendee. IPSS Staff & Kimberly Chabot (ADSA) worked with Rolene and Sharon's staff.

Completed 4/9/08: From 1/9/08: Native Outreach efforts to the Tribes by the Counties: All the Counties have been informed of the 7.01 Indian Policy Plan. Jeannie will provide summary of results from county meetings.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

June 17, 2021

Dear Tribal Leader,

We are pleased to announce the release of our updated 2021-2023 Aging and Long-Term Support Administration (AL TSA) Strategic Plan, located on our website at:

<https://www.dshs.wa.gov/altsa/about-us>

[RCW 43.88.090](#) directs each state agency to define its mission and to establish measurable goals to achieve desirable results for customers, and to develop clear strategies and timelines for achieving these goals. [Guidelines](#) for state agencies to follow when developing strategic plans are released by the Office of Financial Management (OFM) each biennium.

The Strategic Plan is a living document that undergoes a regular cycle of updates. If you have suggestions for improvements to AL TSA's Strategic Plan, please contact Kristi Knudsen at kristi.knudsen@dshs.wa.gov.

Thank you for the work you do in supporting individuals in need in Washington State.

Sincerely,

Bill Moss
Assistant Secretary
Aging and Long-Term Support Administration

DSHS: *Transforming Lives*



ALTA/DDA/BHA IPAC SUBCOMMITTEE MINUTES

Administrations and Divisions:

Home & Community Services (HCS), Residential Community Services (RCS), Behavioral Health Administration (BHA),

Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of Hearing (ODHH)

July 13, 2021 from 9 a.m. – noon

Welcome and Introductions – Brenda Francis-Thomas, Office of Indian Policy

- Welcoming
- Invocation
- Announcements
- Roll Call

Aging and Long-Term Services Administration – Marietta Bobba;

- Covid-19 check-in and sharing -Quileute Tribe opened yesterday.
- Money Follows the Person Tribal Initiative Updates:
 - Nisqually Tribe- June 30th requested grant extension through December. Reopening is in discussion.
 - Lummi Nation- no report
 - Makah Tribe- no report
 - American Indian Community Center- no report
 - Spring Conference feedback-
 - Planning Committee for Fall Tribal Summit: 31 people responded to the survey. The majority (60%) wanted an in-person fall summit but there were enough that wanted a virtual that we will plan a hybrid conference. It's tentatively scheduled for October 7-8, the preferred month from the survey. Volunteers for agenda planning are needed.
 - Funding Update for 2021: The 2021 budget for January -December has not been formally approved. We are cautiously moving forward and will be reaching out to eligible tribes once new staff are on-boarded. We hope to hire 2 new staff to start sometime in August. The CMS Tribal Affairs meeting will share support for continued MFPTI funding.
- Training and Resource development is beginning to reopen at ALTA. Tribes interested in co-hosting in-home aide trainings, AFH trainings, Savvy Caregiver trainings can contract ALTA Tribal Affairs to partner on trainings.
- Adult Protective Services Check-In. Interviews for Region 3 Program Manager will begin this week. The deputy regional administrator position is also open. APS has been receiving call about self-neglect issues for elders during this heat. Reporters are encouraged to make a report online. The benefits of online reporting include a confirmation number and 24-hour availability to reporters, seven days a week. You may also report by:

Phone: 1-877-734-6277

Email: apscentralintake@dshs.wa.gov

Fax: 1-833-866-5590

TTY: 1-833-866-5595

- WA Department of Commerce – New Housing Finance Unit 2021-2023 Opportunities. Multiple funds are competitively available. Slides attached with details and links. Contact Sean Harrington for more information: sean.harrington@commerce.wa.gov

2021 HTF Solicitations' Projected Timelines

	Continuing Affordability, \$10M NOFA #HFU-2021-01	Cottage Communities, \$8.8M NOFA #HFU-2021-02	Traditional HTF*, \$83M NOFA #HFU-2021-02	Rapid Capital Housing Acquisition, \$93.8M NOFA# HFU-2021-03			HOME and NHTF, \$22M NOFA# TBD
				Phase 1	Phase 2	Phase 3	
Release Date	June 2	June 17	June 17	July 8	Sept 16	Feb 1, 2022	Mid-December 2021
Technical Assistance Period	June 2-17	June 17 – August 16	June 17 – August 16	July 8-31	Sept 16 – Oct 15	Feb 1 – March 5, 2022	December 2021- January 2022
Deadline for Waiver Requests	June 17	August 16	August 16	July 31	October 15	March 5, 2022	February 15, 2022
APPLICATIONS DUE (By Noon, 12pm)	July 1, Starting at 8am	September 15	September 15	August 5	November 10, 2021	April 5, 2022	March 15, 2022
Internal Review	July	Oct-Nov	Oct-Nov	August	November	April 2022	March 15 – April 30, 2022
Coordination w/Other Funders	July	November	November / (March for projects with 4%)	August	November	April 2022	May 2022
Awards Announced	August 31, 2021	December 15, 2021	December 15, 2021 (4% due date TBD)	September 2, 2021	December 15, 2021	May 3, 2022	May 15, 2022

- WA CARES – New state long-term care insurance benefit provided to employees who have paid into the fund over the course of 10 years (vested). January 2022, contributions will begin toward \$36,500 in benefits, that will increase with inflation. Tribal employers will be able to opt-in/opt-out. See website WACARESFund.wa.gov . Code Reviser change has been filed for rule making on WA CARES. Tim Collins, OIP will work with ESD to share information and provide input and include tribes in development work. No tribes have shared a decision to opt-in at this time. July 20th is next tribal workgroup. Will tribal economic development enterprises can be included in the opt-in.
- AL TSA Strategic Plan: <https://www.dshs.wa.gov/altsa/about-us> . Links to the full strategic plan were distributed. Individual specific goals for working with tribes were reviewed. Materials shared. (moved to August agenda)
- Exemption Policy for burial and memorial funds – finalize information for WA Connections; Information provided at an earlier IPAC subcommittee was given a final review and approved for sharing with WA Connections. (moved to August agenda)
- AL TSA Matrix review & update (moved to August agenda)

- DDA clients with tribal affiliation (self-identified) and receiving DDA services
- Questions from Tribal Members
- [Developmental Disabilities Administration Eligibility](#) – To be found eligible as a client of DDA, a person must:
 - Be a Washington State resident;
 - Have evidence of a qualifying developmental disability that began before age 18; and
 - Have evidence of substantial limitations.

The Revised Code of Washington [71A.10.020\(5\)](#) defines a developmental disability as:

- a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological;
 - other condition of an individual found by the secretary to be closely related to an intellectual disability; or
 - to require treatment similar to that required for individuals with intellectual disabilities, which originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.”
- [DDA Eligibility Flow Chart \(PDF\)](#): An overview of the process to apply for DDA eligibility and services.
 - [Intake and Eligibility](#) – Complete the required forms and documents. You can request a packet by filling out a [Service and Information Request](#) (<https://www.dshs.wa.gov/dda/service-and-information-request>) or by returning the information listed below:
 - [Request for DDA Eligibility Determination Form \(14-151\)](#)
 - [Consent \(14-012\)](#)
 - [Notice of Privacy Practices for Client Confidential Information \(03-387\)](#)
 - [Washington State Voter Registration](#) for applicants age 18 or older
 - Documents that support that you have a developmental disability, as described in [DSHS Form 14-459 Eligible Conditions Specific to Age and Type of Evidence](#) such as:
 - Educational records
 - Psychological records
 - Medical records
 - FMAP
 - [COVID-19 Updates](#)
 - Contracting with DDA:
 - [Interested in Becoming a Certified Supported Living Provider?](#) Follow the steps below:
 - Apply for a business license
 - Complete an [application](#)
 - Mail the complete application packet to Management Services Division, Business Analysis and Application Unit (BAAU) at DSHS.
 - For US Postal Mail: AL TSA BAAU, PO Box 45600, Olympia, WA 98504-5600
 - For Federal Express: AL TSA BAAU, 4450 10th Ave SE (Blake West), Lacey, WA 98503
 - [Additional DDA Contracts available to Tribes](#). See Contracting and [Frequently Asked Questions](#)

- Community Guide and Engagement
- Positive Behavioral Support and Consultation
- Environmental Accessibility Adaptations
- Etc...
- For any questions, requests or comments, please reach Justin Chan chanjk@dshs.wa.gov or your [Local DDA Tribal Liaison](#)

Behavioral Health Administration - Dr. Marie Natrall-Ackles

- Covid-19 Updates-2 active Covid cases at WSH. All facilities are in operations/24/7.
- BHA Liaison update-BHA Native American Cultural Competency Policy (10.22) approved in 6/21. See attached.
- TrueBlood Updates-Moving into Phase 3 (King County)-7/21.

Closing – Brenda Francis-Thomas, Office of Indian Policy

Agenda Items for next meeting:

- Review matrices
- Tribal Initiative
- Adult Family Home Employee Handbook – Long-Term Care Foundation
- Adult Protective Services
- WA CARES
- AL TSA Strategic Plan: <https://www.dshs.wa.gov/altsa/about-us> .
- Exemption Policy for burial and memorial funds –
- AL TSA Matrix review & update
- Covid-19 Updates
- BHA Liaison update
- TrueBlood Updates

Next meeting is on August 10, 2021 from 9 a.m. to 12 p.m.

ALTSA Strategic Plan 2021-2023: <https://www.dshs.wa.gov/altsa/about-us>

All strategic plan goals support improving long-term services and supports for all residents in Washington State. There are also specific goals related to work with Tribes.

Strategic Objective 1.3: WA Cares Fund – Conduct planning and outreach activities for implementation of the Long-Term Services and Supports Trust Act which will deliver benefits to eligible individuals beginning January 2025.

Decision Package: 050 – PL – ES – LTSS Trust Staff/Infrastructure This funding will be allocated for the establishment and launch of the Long-Term Services and Support Trust program.

Funding will be used towards policy formation, IT system creation and support, public outreach, network development and LTSS Trust Commission support.

Importance: Long-term care is not covered by Medicare or other health insurance plans, and the few private long-term care insurance plans that exist are unaffordable for most people. More than 90 percent of seniors are uninsured for long-term care. Approximately 70 percent of individuals who reach age 65 will need long-term care in their lifetimes. Many of those individuals will have to spend down savings to qualify for Medicaid in order to get the care they need. Providing another method for funding long-term care will relieve hardship on families and lower the increasing burden of Medicaid costs on the state budget. ALTSA has a significant role in the planning and implementation of the Trust Act.

Success Measure 1.3.2: Tribes/Tribal Enterprises will have an opt-in option to the WA CARES Fund by June 2023. Action Plan:

- The ALTSA Tribal Affairs Office and the DSHS Office of Indian Policy (OIP) will work with the WA CARES Fund staff and tribes/tribal enterprises/tribal organizations to implement a tribal opt-in provision.
- ALTSA staff and DSHS OIP will coordinate with the Indian Policy Advisory Committee/subcommittee, the Tribal Leaders Social Services Council (TLSSC), the Governor’s Office of Indian Affairs, the Health Care Authority and the Employment Security Department to implement LTSS Commission and tribal recommendations from 2021 workgroups.
- ALTSA staff and DSHS OIP will coordinate with the Indian Policy Advisory Committee/subcommittee, the TLSSC, the Governor’s Office of Indian Affairs, the Health Care Authority and the Employment Security Department to look at other issues or considerations as found by tribes and tribal enterprises (page 8).

Strategic Objective 2.13: Tribal Affairs – Continue to build strong relationships with, and expand contract opportunities for, tribes/tribal organizations to increase access to culturally attuned long-term services and supports for American Indians/Alaska Natives (AI/AN) to age in their homes or community-based settings of their choice.

Importance: ALTSA continues to focus on strengthening government-to-government relationships with tribes, decreasing barriers to accessing services and advancing culturally attuned services, providers and programs. We will continue to work with tribal organizations to: 1) delay or prevent institutional placement for AI/ANs; 2) identify AI/ANs who are living in institutions and assist them to return to their community of choice; and 3) develop culturally attuned service systems and providers to support AI/ANs once they return to their

communities. Work will focus on developing service contracts and engaging potential partners at the state, tribal and county levels for improved and culturally attuned service delivery of long-term services and supports.

Success Measure 2.13.1: Procure and sign at least three contracts to benefit AI/AN elders, veterans and adults with disabilities by June 2023.

Action Plan:

- ALTSA will engage tribes and tribal organizations to expand information and identify opportunities for the delivery of long-term services and supports to AI/ANs.
- ALTSA will build state agency partnerships (Department of Commerce, Health Care Authority, etc.) to identify complementary funding resources and opportunities for tribal contracting that support elders and individuals with disabilities and provide comprehensive, evolving long-term services and supports with mindfulness to the barriers.
- ALTSA will build strong relationships with long-term service providers to assist with increasing statewide capacity to serve AI/AN older adults and individuals with disabilities during the COVID-19 pandemic and throughout the recovery period.

Success Measure 2.13.2: Identify and implement increased federal financial participation for a minimum of one long-term services and supports contract provided by June 2023.

Action Plan:

- ALTSA will engage tribes to identify long-term services and supports that meet the federal requirements for increased federal financial participation.
- ALTSA will share federal requirements for Indian Health Service contract language updates to help tribal social and health service departments bill for Medicaid-reimbursed long-term services and supports at optimum reimbursement levels.
- ALTSA will develop and implement billing guidelines and systems for Medicaid reimbursed long-term services and supports provided by Tribal Governments/Enterprises in coordination with the Health Care Authority. (page 18-19)

Strategic Objective 3.5: Promote equity, diversity, and inclusion (EDI) practices.

Importance: ALTSA recognizes the relevance of understanding and practicing EDI principles in the delivery of long-term services and supports. Creating and maintaining a work and service delivery environment that recognizes, values, supports and embraces respect for individual differences is important to supporting the administration's vision and to providing equal and culturally competent access to populations that may otherwise be left out or not appropriately or fully served. In order to create and maintain such a workplace culture and service delivery system, ALTSA understands the benefits of integrating equity (fairness), diversity (difference) and inclusion (participative voice) in all areas of its business.

To achieve this goal, support for EDI must start with leadership. ALTSA is committed to building an infrastructure of EDI principles that includes a shared understanding throughout the administration of the benefits of a diverse workforce. Having a diverse workforce can help ALTSA better meet the needs of the people we serve every day. By having certified diversity professionals and executives throughout the v v DSHS | Aging and Long-Term Support Administration P a g e | 24 administration, the principles of fairness, difference and participative

voice will be understood in a manner that reinforces that EDI is not something we do, but is, in fact, who we are. ALTSA recognizes the need to address the ongoing effects of systemic racism on staff and clients. In doing so, ALTSA is committed to better education of leadership and staff members about race and how to practice antiracism. Only by first looking inward and working on ourselves can we truly be committed to providing the highest quality services for the clients we serve.

Success Measure 3.5.1: Provide fundamentals of EDI, to include anti-racism training to ALTSA management and staff by December 2022.

Action Plan:

- ALTSA will continue training staff about EDI principles.
- ALTSA will expand Quality Assurance policies and procedures to measure success.
- ALTSA will continue to expand on Certified Diversity Executive/Certified Diversity Professional (CDE/CDP) learning throughout the administration.

Success Measure 3.5.2: Operationalize EDI principles throughout the organization, as measured by completion of the Action Plan by December 2022.

Action Plan:

- ALTSA will meet or exceed the Culturally and Linguistically Appropriate Services (CLAS) Standards. We will be proactive in supporting a diverse workforce across the administration. We will create and support programs to help retain staff. We will examine institutional practices and policies and remove any potential biases identified within those policies and procedures.
- ALTSA will provide opportunities for staff and leadership to acquire shared language and practices on equity through diversity workshops (regional), discussion opportunities and resource sharing on EDI topics that engage the entire workforce. ALTSA will build on recognized milestones of equity, diversity and inclusion with the additional EQUITY TOOLS of truth, social justice and dismantling racism to advance our progress in removing obsolete structures to create more productive practices and a more inclusive workplace.
- ALTSA will work with tribes and ALTSA EDI to identify barriers and unintended consequences of hidden bias in current practices. Page 23-24)

WA CARES CR-101 on opt in-opt out. Andrea & Brett Cain.

Ipac july subcommittee