**HCA-Tribal Government-to-Government Protocol**

**and Plan for Coordination of Services**

The purpose of this Government-to-Government Protocol and Plan for Coordination of Services (this G2G Protocol and Plan) between the Health Care Authority (HCA) (including HCA’s contractors, such as the Behavioral Health-Administrative Services Organizations (ASOs) and the Managed Care Organizations (MCOs)) and the federally recognized Tribe (including their off-reservation tribal facilities) is to make sure individuals, both American Indian/Alaska Native (AI/AN) and non-AI/AN, who need HCA-funded services are able to receive those services in a timely manner.

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| **Region** | **Tribes (off-reservation facilities in parentheses)** | **IHS Facilities, UIHPs, UIOs, Other AI/AN-Led Organizations** |
| Great Rivers RSA | Chehalis, Cowlitz, Quinault, Shoalwater Bay |  |
| Greater Columbia RSA | Yakama | Yakama IHS |
| King RSA | Cowlitz (health facility), Muckleshoot, Snoqualmie | Chief Seattle Club, Seattle Indian Health Board |
| North Central RSA | Colville | Colville IHS |
| North Sound RSA | Lummi, Nooksack, Samish, Sauk-Suiattle, Stillaguamish, Swinomish, Tulalip, Upper Skagit |  |
| Peninsula RSA | Hoh, Jamestown S’Klallam, Lower Elwha Klallam, Makah, Port Gamble S’Klallam, Quileute, Suquamish |  |
| Pierce RSA | Puyallup |  |
| Spokane RSA | Colville, (Healing Lodge of the Seven Nations), Kalispel, Spokane | American Indian Community Center, Colville IHS, NATIVE Project, Spokane IHS |
| Southwest Washington RSA | Cowlitz (health facility), Yakama |  |
| Thurston/Mason RSA | Chehalis, Nisqually, Skokomish, Squaxin (including Northwest Indian Treatment Center) |  |

#### **PART I: Tribal Crisis Coordination Protocol**

The purpose of Part I, the Tribal Crisis Coordination Protocol, is to establish relationships and protocols for the provision of culturally appropriate services for individuals on tribal reservation lands and AI/AN not on reservation lands who are presenting a mental health or substance use disorder crisis. This Tribal Crisis Coordination Protocol is considered an informal working agreement. HCA will not require each tribe, tribal organization, and state agency partner organizations to sign this agreement, although if parties feel it necessary, signatures can be added to this Protocol.

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| **Start Date:** |  | | **Annual Review Date:** |  |
| **Annual Review Participants:** | |  | | |
| **Annual Review Location:** | |  | | |

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| --- | --- | --- | --- |
| **Tribal Contact:** |  | **Title:** |  |
| **Address:** |  | | |
| **Phone:** |  | **Fax:** |  |
| **Email:** |  | | |

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| --- | --- | --- | --- |
| **Tribal Contact:** |  | **Title:** |  |
| **Address:** |  | | |
| **Phone:** |  | **Fax:** |  |
| **Email:** |  | | |

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| --- | --- | --- | --- |
| **HCA OTA Contact:** |  | **Title:** |  |
| **Address:** |  | | |
| **Phone:** |  | **Fax:** |  |
| **Email:** |  | | |

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| **ASO Contact:** |  | **Title:** |  |
| **Address:** |  | | |
| **Phone:** |  | **Fax:** |  |
| **Email:** |  | | |

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| --- | --- | --- | --- |
| **DCR Agency/ DCR Contact:** |  | **Title:** |  |
| **Address:** |  | | |
| **Phone:** |  | **Fax:** |  |
| **Email:** |  | | |

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| **MCO Contact:** |  | **Title:** |  |
| **Address:** |  | | |
| **Phone:** |  | **Fax:** |  |
| **Email:** |  | | |

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| **Annual Modification and Evaluation of the Tribal Crisis Coordination Plan** |
| Describe timeframe for review and modification of this Trial Crisis Coordination Protocol. Describe how you will determine that this coordination plan has provided successful coordination of crisis services with Tribe.  ***Suggestion:*** *Establish review timeline and protocol. Outline successful outcome measures, including annual meetings, # of crisis cases coordinated, and successful coordination throughout the year.* |
| **Response:** [Add text below] |
| **Prior to Intervention: Protocol to Access Tribal Land** |
| Describe the process for Designated Crisis Responder (DCR) agency or crisis line organization to identify if an individual has an AI/AN affiliation, is a member/citizen of a Tribe, and if their medical home is an Indian Health Care Provider (IHCP). |
| **Response:** [Add text below] |
| Describe procedure for crisis responders and non-Tribal DCR to access Tribal lands to provide services including crisis response and Involuntary Treatment Act evaluations. |
| **Response:** [Add text below] |
| List Tribal program staff to be notified to access Tribal Lands where there is a referral request for a non-tribal DCR to provide services including crisis response and ITA evaluations **during business hours.*****Suggestion:*** *Limit to one or two contacts.* |
| **Response:** [Add text below] |
| List Tribal program to be notified to access Tribal Lands where there is a referral request for a non-tribal DCR to provide services including crisis response and ITA evaluations **after business hours (evenings, weekends, and holidays). *Suggestion:*** *Limit to one or two contacts.* |
| **Response:** [Add text below] |
| Describe process, timeframe and key staff to notify Tribal authorities when crisis services are provided on Tribal lands **during business hours**. ***Suggestion:*** *This may be the Indian Health Care Provider or Tribal Behavioral Health Program.* |
| **Response:** [Add text below] |
| Describe process, timeframe and key staff to notify Tribal authorities when crisis services are provided on Tribal lands **after business hours (evenings, weekends, and holidays). *Suggestion:*** *This may be the Indian Health Care Provider or Tribal Behavioral Health Program.* |
| **Response:** [Add text below] |
| If non-tribal DCRs are not allowed to conduct ITA evaluations on Tribal Land describe the protocol to transport the Individual to a facility for the ITA evaluation and detention (or utilize telehealth capabilities) **during business hours**. ***Suggestion:*** *Designate one or two locations during business hours.* |
| **Response:** [Add text below] |
| If non-tribal DCRs are not allowed to conduct ITA evaluations on Tribal Land describe the protocol to transport the Individual to a facility for the ITA evaluation and detention (or utilize telehealth capabilities) **after business hours (evenings, weekends, and holidays)**. ***Suggestion:*** *Designate one or two locations after business hours.* |
| **Response:** [Add text below] |
| Describe alternative protocol in the event none of the contacts cannot be reached in a crisis. |
| **Response:** [Add text below] |
| **After the Intervention** |
| Describe how crisis responders will debrief and coordinate care with Tribal mental health providers, Indian Health Care Providers, MCOs if applicable and others identified in the plan after crisis services have been provided.  ***Suggestions:*** *List tribal BH and IHCP contacts to coordinate care once a non-tribal DCR decides* ***to detain/revoke*** *a Least Restrictive Alternative (LRA) or Conditional Release (CR) the Individual for presenting a mental health and/or substance use disorder crisis.* |
| **Response:** [Add text below] |
| Describe the process when a non-Tribal DCR and Tribal mental health provider determines to detain or not for involuntary commitment. |
| **Response:** [Add text below] |
| If individual is involuntarily detained and there are no Evaluation & Treatment (E&T) or Secure Withdrawal Management and Stabilization (SWMS) beds available, specify where the individual will be held and under what authority. |
| **Response:** [Add text below] |
| Describe responsible parties for care coordination for individuals in managed care or not on managed care (Medicaid fee-for-service for AI/AN). (Possible responsible parties include Tribe/Indian Health Care Provider ASO, MCO, or HCA Regional Tribal Liaisons) |
| **Response:** [Add text below]  Individuals in Managed Care: [Add text below]  Individuals not in Managed care:[Add text below] |
| Describe process for managed care entities to coordinate care with individuals that identify with AI/AN affiliation, tribal citizenship, or Indian Health Care Provider Primary Care Provider. |
| **Response:** [Add text below] |

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| **Voluntary Hospital Intervention** |
| Contact person at the ASO, MCO or Crisis Coordination Hub if the Tribal Behavioral Health provider would like to consult on a voluntary hospitalization or substance use disorder secure withdraw management and stabilization services. |
| **Response:** [Add text below] |
| **Youth Voluntary Hospitalization:** Provide information on how to access Children’s Long-Term Inpatient Program (CLIP) beds and participate on CLIP regional committees. |
| **Response:** [Add text below] |

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| **Inpatient Discharge Planning** |
| Describe the process for DCR agency, crisis line organization, or MCO to identify if an individual has an AI/AN affiliation, is a member/citizen of a Tribe, and if their medical home is an IHCP medical home. |
| **Response:** [Add text below] |
| Describe the procedure for inpatient providers and the Tribal Behavioral Health provider to coordinate for discharge planning for tribal citizens who utilized **mental health or substance use disorder** inpatient services for individuals in managed care and for individuals not in managed care |
| **Response:** [Add text below]  Individuals in Managed Care: [Add text below]  Individuals not in Managed care:[Add text below] |

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| **Tribal Designated Crisis Responders** |
| Is the Tribe interested in implementation of a Tribal Designated Crisis Responder or does the Tribe already have a Tribal DCR?  If so, who is the Tribal DCR and what are their credentials in accordance with RC 71.05.020; 71.24.025 and 71.34.020.  Who was the Tribal Authority that provided the request in writing?  ***Suggestion:*** *List the supervisor for the Tribal DCR.* |
| **Response:** [Add text below] |
| Describe potential opportunities for the Tribal DCR to access DCR and crisis related training and/or technical support from a non-Tribal crisis DCR agency or individual DCR. |
| **Response:** [Add text below] |
| Is there an agreement in place from the Tribal Authority and ASO describing hiring, funding and operational processes? Provide agreement and date this was submitted to HCA. |
| **Response:** [Add text below] |

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| **Indian Behavioral Health Hub Information** |
| **Response:** [Add text below] |

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| **Codes of Civil Detainment (ITA)** |
| **Response:** [Add text below] |

**PART II: Tribal Care Coordination and Transition Protocol**

The purpose of Part II, the Tribal Care Coordination and Transition Protocol, is to establish relationships and protocols for the provision of culturally appropriate services for AI/AN and non-AI/AN individuals who receive health care and/or social services from the Indian Health Service, Tribal health programs, or other Indian Health Care Providers. This Tribal Care Coordination and Transition Protocol is considered an informal working agreement. HCA will not require each tribe, tribal organization, and state agency partner organizations to sign this agreement, although if parties feel it necessary, signatures can be added to this Protocol.

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| **Care Coordination and Transition Planning for State Hospital Patients** |
| Describe the process for an ASO (and ASO-contracted health care provider or social service agency) to coordinate care and/or plan transitions with the Indian Health Service, Tribal programs, or other Indian Health Care Providers for AI/AN or non-AI/AN individuals in state hospitals who receive health care and/or social services from the Indian Health Service, Tribal programs, or other Indian Health Care Providers. |
| **Response:** [Add text below] |

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| **Care Coordination and Transition Planning for MCO Enrollees** |
| Describe the process for an MCO (and MCO-contracted health care provider or social service agency) to coordinate care and/or plan transitions with the Indian Health Service, Tribal programs, or other Indian Health Care Providers for AI/AN or non-AI/AN individuals who receive health care and/or social services from the Indian Health Service, Tribal programs, or other Indian Health Care Providers. |
| **Response:** [Add text below] |

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| **Resource Linking for Youth in Indian Child Welfare/Foster Care (DCYF)  or Juvenile Rehabilitation (DCYF)** |
| Describe the tribal resources and non-tribal resources for AI/AN or non-AI/AN youth in Indian Child Welfare/Foster Care or in Juvenile Rehabilitation, including resource contact name and information. |
| **Response:** [Add text below] |

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| **Resource Linking for AI/AN and non-AI/AN Individuals**  **in the Medicaid Fee-for-Service Program** |
| Describe the tribal resources and non-tribal resources for AI/AN or non-AI/AN individuals in the Medicaid Fee-for-Service Program. |
| **Response:** [Add text below] |

**PART III: Government-to-Government Collaboration Plan**

The purpose of Part III, the Government-to-Government (G2G) Collaboration Plan, is to achieve or implement one or more mutually agreed upon goals, issues, or requests. For each goal, issue, or request, the G2G Collaboration Plan will include the mutually agreed upon activities to be carried out by HCA and the Tribe, expected outcomes, lead staff or organizations, and goal date for HCA and/or the Tribe. Periodically, HCA and the Tribe will meet regularly to update the G2G Collaboration Plan, with such updates recorded in the G2G Collaboration Plan. HCA may maintain the G2G Collaboration Plan in a file or document separate from this file or document.

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| **Goals/Issues/Requests** | **Activities** | **Expected Outcomes** | **Lead staff/organizations and goal date** | **Status Update** |
| 1. [To be completed] |  |  |  |  |

**PART IV: Tribal Representation for Various HCA-related Meetings**

The purpose of Part IV, Tribal Representation for Various HCA-related Meetings, is to help HCA and the Tribe/Indian Health Care Provider track the different HCA-related meetings to which the Tribe or an Indian Health Care Provider may send a delegate/representative, and the names and contact information of such delegates/representatives and alternates.

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| **Governor’s Indian Health Advisory Council** |
| **Description of Meeting:** The Governor’s Indian Health Advisory Council (GIHAC) at least three times annually when the legislature is not in session to consider issues in our state’s Indian health care delivery system that cannot be resolved at the agency level. The Council includes representatives from tribes, Indian health, state agencies, and legislators. GIHAC facilitates training for state agency leadership, staff, and legislators on the Indian health system and tribal sovereignty and provides contracting and performance oversight of service coordination organizations or service contracting entities (RCW 70.320.010) to address impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers. With assistance from HCA, AIHC,  and other member entities of the advisory council, the reinvestment committee of the advisory council GIHAC biennially prepares or amends the Indian health improvement advisory plan. The reinvestment committee also oversees approved expenditures from the Indian Health improvement reinvestment account.  **Type of Meeting**: [Formal: Government-to-Government] or [Formal: Representative Advisory] or [Formal: Governance] or [Informal: Workgroup] |
| **Delegate/Representative Name, Title, Email, and Phone Number:** [Add text]  **Alternate Name, Title, Email, and Phone Number:** [Add text]  **Tribal Council Resolution Required:** [Yes or No]  **If required, Tribal Council Resolution on File:** [Yes or No] |

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| **American Indian Health Commission for Washington State** |
| **Description of Meeting:** AIHC Delegates are officially appointed by Tribal Councils to represent each individual Tribe, and Urban Indian Health Organization representatives serve as members-at-large. The ultimate goal in promoting increased tribal-state collaboration is to improve the health status of American Indians and Alaska Natives by influencing state and tribal health policy and resource allocation. Key activities:   * Identify health policy issues with potential impacts to AI/AN and advocate Tribal Urban Indian concerns * Coordinate policy analysis and Tribal and Urban Indian Program engagement * Collaborate with the state and Tribes and Urban Indian Programs for response on state initiatives * Disseminate health information to Tribal and Urban Indian leaders and health programs * Advance culturally grounded best practices to promote health equity and eliminate American Indian and Alaska Native health disparities * Coordinate health systems changes and impacts to ensure AI/ANs receive quality care and services * Promote the government-to-government relationships between tribes and state health agencies   The AIHC host bi-monthly delegate meetings to carry out the business of the AIHC and share information with AIHC Delegates. The AIHC also sponsors a biennial health summit to bring Tribal leaders and State partners to collaboratively work toward improving the health status of Washington’s AI/AN population. The audience includes tribal leaders, federal representatives, state officials, health and human service providers, and others from across the state that work to create an action plan for the subsequent two years.  **Type of Meeting**: [Formal: Government-to-Government] or [Formal: Representative Advisory] or [Formal: Governance] or [Informal: Workgroup] |
| **Delegate/Representative Name, Title, Email, and Phone Number:** [Add text]  **Alternate Name, Title, Email, and Phone Number:** [Add text]  **Tribal Council Resolution Required:** [Yes or No]  **If required, Tribal Council Resolution on File:** [Yes or No] |

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| **HCA Monthly Tribal Meeting** |
| **Description of Meeting:** Hosted by HCA and DOH with Tribal leaders, Tribal Indian Health Care Programs, and Urban Indian Health Programs held monthly on second Wednesdays to discuss important Indian Health Care issues  **Type of Meeting**: [Formal: Government-to-Government] or [Formal: Representative Advisory] or [Formal: Governance] or [Informal: Workgroup] |
| **Delegate/Representative Name, Title, Email, and Phone Number:** [Add text]  **Alternate Name, Title, Email, and Phone Number:** [Add text]  **Tribal Council Resolution Required:** [Yes or No]  **If required, Tribal Council Resolution on File:** [Yes or No] |

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| **HCA Tribal Compliance and Operations Workgroup** |
| **Description of Meeting:** Webinar workgroup to discuss billing questions, concerns, and updates. Monthly meeting on 3rd Wednesdays, time varies depending on Tribal consultation/roundtables concurrently scheduled.  **Type of Meeting**: [Formal: Government-to-Government] or [Formal: Representative Advisory] or [Formal: Governance] or [Informal: Workgroup] |
| **Delegate/Representative Name, Title, Email, and Phone Number:** [Add text]  **Alternate Name, Title, Email, and Phone Number:** [Add text]  **Tribal Council Resolution Required:** [Yes or No]  **If required, Tribal Council Resolution on File:** [Yes or No] |

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| **Tribal Centric Behavioral Health Advisory Board** |
| **Description of Meeting:** Board under development from recommendations from the Tribal Evaluation and Treatment Workgroup plan. Monthly meetings, 10am-12pm on 3rd Wednesdays  Nisqually is invited to appoint a delegate by sending HCA OTA an email/letter.  **Type of Meeting**: [Formal: Government-to-Government] or [Formal: Representative Advisory] or [Formal: Governance] or [Informal: Workgroup] |
| **Delegate/Representative Name, Title, Email, and Phone Number:** [Add text]  **Alternate Name, Title, Email, and Phone Number:** [Add text]  **Tribal Council Resolution Required:** [Yes or No]  **If required, Tribal Council Resolution on File:** [Yes or No] |

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| **HCA Opioid Response Workgroup** |
| **Description of Meeting:** Workgroup to conduct resource and gap analysis and develop goals and objectives to address the opioid crisis for individuals who are AI/AN and Tribal communities.  **Type of Meeting**: [Formal: Government-to-Government] or [Formal: Representative Advisory] or [Formal: Governance] or [Informal: Workgroup] |
| **Delegate/Representative Name, Title, Email, and Phone Number:** [Add text]  **Alternate Name, Title, Email, and Phone Number:** [Add text]  **Tribal Council Resolution Required:** [Yes or No]  **If required, Tribal Council Resolution on File:** [Yes or No] |

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| **Regional Family Youth System Partner Round Table** |
| **Description of Meeting:** Washington State Family Youth System Partner Round Tables (FYSPRTs) provide a forum for families, youth, systems, and communities to strengthen sustainable resources by providing community-based approaches to address the individual behavioral health needs of children, youth and families. [https://www.hca.wa.gov/about-hca/behavioral-health-recovery/family-youth-system-partner-round-table-fysprt](file:///\\hcaflcsp002\SECURED\Tribal%20Affairs\Tribal%20Affairs\Behavioral%20Health%20and%20Recovery\Crisis%20Coordination%20Plans\Thurston-Mason%20(Nisqually,%20Chehalis,%20Skokomish,%20Squaxin)\Washington%20State%20Family%20Youth%20System%20Partner%20Round%20Tables%20(FYSPRTs)%20provide%20a%20forum%20for%20families,%20youth,%20systems,%20and%20communities%20to%20strengthen%20sustainable%20resources%20by%20providing%20community-based%20approaches%20to%20address%20the%20individual%20behavioral%20health%20needs%20of%20children,%20youth%20and%20families.)  **Type of Meeting**: [Formal: Government-to-Government] or [Formal: Representative Advisory] or [Formal: Governance] or [Informal: Workgroup] |
| **Tribal Council Resolution Required:** [Yes or No]  **If required, Tribal Council Resolution on File:** [Yes or No] |

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| **Regional Children’s Long Term Inpatient Program (CLIP) Committee** |
| **Description of Meeting:** The ASOs are responsible for convening regional CLIP Committees, which  provide screening for local children/youth being considered for CLIP.  **Type of Meeting**: [Formal: Government-to-Government] or [Formal: Representative Advisory] or [Formal: Governance] or [Informal: Workgroup] |
| **Delegate/Representative Name, Title, Email, and Phone Number:** [Add text]  **Alternate Name, Title, Email, and Phone Number:** [Add text]  **Tribal Council Resolution Required:** [Yes or No]  **If required, Tribal Council Resolution on File:** [Yes or No] |