

HCA-DOH Monthly Tribal Meeting

Wednesday ~ June 5, 2019

9:00 AM – 1:00 PM

Location: Sue Crystal Conference Center, Cherry Street Plaza, 626 8th Avenue SE, Olympia, WA

Webinar: <https://attendee.gotowebinar.com/register/3550192596046502914>



Agenda

9:00 AM Webinar Check, Welcome, Acknowledgement, Blessings, Introductions

Department of Health

9:15 AM DOH Updates

Health Care Authority

9:30 AM HCA Updates

9:45 AM Tribal Opioid Solutions Media Campaign Media Buys Plan

10:05 AM AmeriCorps Volunteer Opioid Response Host Site Opportunity

10:20 AM FFS Provider Expansion Outreach

10:45 AM *Break*

11:00 AM Behavioral Health Legislative Updates

11:30 AM HCA Priorities

12:30 PM Closing/Adjourn



Webinar Check, Welcome and Acknowledgement, Blessing, Introductions

Opening



Tamara Fulwyler
DOH Tribal Relations Director

Department of Health Updates



Healthy Brain Initiative



Road Map for Indian Country

alzheimer's association



Washington State Health Care Authority

Collaborations/Consultations

2019 Foundational Public Health Services	6/26/19, 2pm, DOH Tumwater
BHI Behavioral Health Attestation	August AIHC Delegates meeting



Jessie Dean
Tribal Affairs Administrator
HCA Office of Tribal Affairs

HCA Updates



Lucilla Mendoza
Tribal Behavioral Health Administrator
HCA Office of Tribal Affairs

Behavioral Health Updates



Tribal Roundtables and Consultation: Trueblood Settlement

Meeting and Topic	Date and Time	Location and Webinar Registration URL
Roundtable 1: Forensic Navigators	June 11, 2019 10:00 a.m. – 11:30 a.m.	Department of Social and Health Services, Blake West 4450 10 th Avenue SE, Lacey, WA 98503 (Immediately after IPAC BHA Subcommittee Meeting, 9:00 – 10:00 a.m.) https://global.gotowebinar.com/eojoin/5471677133201919233/2864118237721851649
Roundtable 2: Enhanced Peer Support and Housing Support Services	June 19, 2019 10:00 a.m. – Noon	Health Care Authority, Cherry Street Plaza, Sue Crystal Conference Center 626 8 th Avenue SE, Olympia, WA 98501 (During the HCA Tribal E&T Workgroup Meeting) https://global.gotomeeting.com/join/315124685
Roundtable 3: Law Enforcement and the Courts (State and Tribal)	June 26, 2019 11:00 a.m. – 1:00 p.m.	Health Care Authority, Cherry Street Plaza, Sue Crystal Conference Center 626 8 th Avenue SE, Olympia, WA 98501 (Immediately after HCA-DOH Monthly Tribal Meeting, 9:00 – 11:00 a.m.) https://register.gotowebinar.com/register/8965590828693302017
Consultation	August 7, 2019 11:00 a.m. – 1:00 p.m.	Health Care Authority, Cherry Street Plaza, Sue Crystal Conference Center 626 8 th Avenue SE, Olympia, WA 98501 (Immediately after HCA-DOH Monthly Tribal Meeting, 9:00 – 11:00 a.m.) https://attendee.gotowebinar.com/register/8983491977708817667

Block Grant Consultation

Meeting	Date and Time	Location and Webinar Registration URL
Roundtable 1	June 26, 2019 09:30 a.m. – 11:00 a.m.	Health Care Authority, Cherry Street Plaza, Pear Conference Room 626 8 th Avenue SE, Olympia, WA 98501 (During HCA-DOH Monthly Tribal Meeting, 9:00 – 9:30 a.m.) https://attendee.gotowebinar.com/register/8965590828693302017
Roundtable 2	July 31, 2019 10:00 a.m. – 11:30 a.m.	The NATIVE Project of Spokane 1803 W Maxwell, Spokane, WA 99201 and Health Care Authority, Cherry Street Plaza, Apple Conference Room 626 8 th Avenue SE, Olympia, WA 98501 https://attendee.gotowebinar.com/register/5765169772465223170
Consultation	August 5, 2019 09:00 a.m. – 10:30 a.m.	Health Care Authority, Town Square 2 St Helens room #321 626 8 th Avenue SE, Olympia, WA 98501 https://attendee.gotowebinar.com/register/2547129035895111426

Tribal Prevention Gathering Update

▶ Tribal Marijuana and Opioid Prevention Gathering – 4th Annual SAVE THE DATE!

- ▶ Dates – June 27 & 28, 2019
- ▶ Hosted by the Lummi Nation at the Silver Reef Hotel, Bellingham, WA
- ▶ Register -

<https://www.surveymonkey.com/r/2019TribalPxGathering>

Save the Date
2019
MARIJUANA & OPIOID PREVENTION
TRIBAL GATHERING
**HEALTH, HEALING,
& HOPE**
Hosted by the Lummi Nation
& the WA State Health Care Authority
June 27 & 28, 2019
Silver Reef Hotel, Casino, Spa Bellingham, WA
Register at:
<https://www.surveymonkey.com/r/2019TribalPxGathering>

Upcoming Conferences

▶ 2019 WASHINGTON BEHAVIORAL HEALTHCARE CONFERENCE

- ▶ June 13-14, 2019
- ▶ Hilton, Vancouver, WA

“Cultivating Community Solutions”



▶ REGION 10 OPIOID SUMMIT IN VANCOUVER

- ▶ August 6, 2019 Preconference Meetings
- ▶ August 7-8, 2019 Opioid Summit – Science to Practice: Addressing the Opioid Crisis
- ▶ August 9, 2019 Chronic Opioid Therapy: A Patient-Centered Approach to Assessment, Tapering, Maintenance, and Treatment
- ▶ Hilton, Vancouver, WA



American Indian/Alaska Native Opioid Response Workgroup (AI/AN ORW)

▶ Upcoming meetings

- ▶ June 11, 2019, 2 p.m. – 4 p.m.
- ▶ August 6, Tentative 10 a.m. – 3 p.m.
 - ▶ In Person Preconference Meeting at Region 10 Opioid Summit
 - ▶ Location: Hilton Inn, Vancouver, WA
 - ▶ Registration: <http://region10opioidsummit.org/>

▶ Update Timeline

BH Project Updates

▶ Tribal E&T

- ▶ Tribal DCR Training – Postponed to August 2019
- ▶ Advisory Committee & Executive Board (Consortium) Update

▶ WISe Project

- ▶ Wrap Around with Intensive Services case rate for Tribal programs to be presented at the June Tribal Compliance and Operations Worgroup
 - ▶ June 12 from 9-12

Michelle Hege, CEO
DH

Tribal Opioid Solutions Media Campaign – Media Buys



Stefania Appia

Senior Analyst

Washington Service Corps, Washington State Employment Security Department

AmeriCorps, Service Corps Host Sites – Opioid Response



AmeriCorps Recovery Corps

Washington Service Corps



Focus Areas

- ▶ Tribal Populations
- ▶ Pregnant & Parenting Women
- ▶ Rural Communities
- ▶ Youth & Young Adults (16-34)



AmeriCorps Member Services

- ▶ Education & Prevention
 - ▶ Outreach
 - ▶ Training
- ▶ Access to Care
 - ▶ Intake
 - ▶ Assessments
- ▶ Treatment & Recovery
 - ▶ Peer Coaching
 - ▶ Wrap-Around Services



Contact Information

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Sandra Mena-Tyree
Fee-for-Service Administrator
HCA, Division of Behavioral Health and Recovery

Fee-for-Service Provider Outreach for Behavioral Health Services



Background

▶ Background

- ▶ Eligible American Indian/Alaskan Native Apple Health clients are automatically placed in the Fee-for-Service (FFS) system, with the choice of opting into managed care.

▶ What this means?

- ▶ All eligible clients have the freedom to choose any behavioral health provider in Washington state participating in the fee-for-service delivery system without regard to catchment area.

How does FFS affect access?

- ▶ AI/AN Apple Health clients can use FFS behavioral health providers to access care outside of a managed care organization.
- ▶ FFS providers allow greater regional access to care across the state.
- ▶ *Recruiting more FFS significantly expands access to care.*

Why do we need to recruit FFS providers?

- ▶ Currently, there are significant geographic care gaps in north central and northeastern Washington.
- ▶ If we are able to recruit more providers into the FFS system, we can significantly improve access to mental health and substance use treatment.

What are our goals?

- ▶ There are currently 331 non-Tribal Providers registered to be a FFS providers
- ▶ Increase providers in northeastern WA by 5%
- ▶ Connect with individuals who can support FFS recruitment.

What providers should know

- ▶ Participation in the fee-for-service program significantly improves treatment access and outcomes for American Indian and Alaskan Native Apple Health clients.
- ▶ Participation in the delivery system can expand the provider's client base and help them develop meaningful relationships with Tribes.
- ▶ Registering for the fee-for-service delivery system does not affect the provider's current contract with any managed care organization.
- ▶ *Registration is easy.*

Next steps

1. Present at HCA monthly tribal meeting.
2. Tribes consult on outreach strategy and process.
3. Draft informational booklet for providers.
4. Give providers detailed information about the positive impact of registering for FFS.
5. Remind providers how easy it is to register for FFS, how to do and why it is important.
6. Connect with contacts at agencies to discuss registering for the FFS program.

Questions?

More Information:

Sandra Mena-Tyree , DBHR

Fee-for-Service Administrator

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Break



Keri Waterland, Assistant Director
HCA, Division of Behavioral Health and Recovery

Behavioral Health Legislation Updates



Behavioral Health - overarching

2SHB 1394 Concerning community facilities needed to ensure a continuum of care for behavioral health patients

- Requires the Health Care Authority (HCA) to assess community capacity to provide long-term inpatient care to involuntary patients and contract for such services to the extent that certified providers are available.
- Suspends the certificate of need requirement relating to construction of psychiatric beds or expansion of psychiatric bed capacity until June 30, 2021.
- Requires the Department of Health to license and certify intensive behavioral health treatment facilities, mental health peer respite centers, and to allow an enhanced rate to be paid to nursing homes that convert to assisted living or residential treatment facilities.
- Requires HCA to establish a daytime mental health drop-in center pilot in Yakima until July 1, 2022, and issue a report by December 1, 2021.

E2SHB 1593 Establishing a behavioral health innovation and integration campus within the University of Washington School of Medicine

- Creates a behavioral health innovation and integration campus within the University of Washington School of Medicine.
- Directs the UW School of Medicine to submit a development and siting plan to the Office of Financial Management and the Legislature by December 1, 2019.

E2SSB 5432 Concerning fully implementing behavioral health integration for January 1, 2020, by removing behavioral health organizations from law; clarifying the roles and responsibilities among the health care authority, department of social and health services, and department of health, and the roles and responsibilities of behavioral health administrative services organizations and Medicaid managed care organizations; and making technical corrections related to the behavioral health system

- Removes behavioral health organizations from law.
- Establishes managed care organizations and behavioral health administrative services organizations (BH-ASOs) to manage the community behavioral health system.
- Establishes a work group, led by the Health Care Authority, to determine how to manage access to long-term, involuntary commitment resources in the community until those resources can be transitioned into managed care, and provide a report by December 15, 2019.
- Prohibits BH-ASOs from contracting with themselves to provide services, except that a county or group of counties may contract with a county-run BH-ASO to provide specified services if there is a clear separation of powers, duties, and finances from the BH-ASO.

Substance Use Disorder - specific

ESHB 1768 Concerning substance use disorder professional practice

- Directs the Department of Health (DOH) to create a co-occurring disorder specialist enhancement for master's level mental health professionals and social workers which allows them to treat clients for substance use disorders who have a co-occurring mental health disorder.
- Renames chemical dependency professionals as substance use disorder professionals (SUDPs).
- Expands options for professionals who may provide supervision towards licensure for applicants for certification as an SUDP or co-occurring disorder specialist.
- Changes references to the goal of chemical dependency counseling from assisting clients to achieve and maintain abstinence to assisting clients in their recovery.
- Directs DOH to conduct a sunrise review to evaluate the need for creation of a bachelor's level behavioral health professional credential.

2SHB 1907 Concerning the substance use disorder treatment system

- Changes the name of secure detoxification facility to secure withdrawal management and stabilization facility and expands the definition of this facility.
- Allows a petition for 14 or 180 days of involuntary substance use disorder treatment of a minor to be signed by a chemical dependency professional instead of a mental health professional and an advanced registered nurse practitioner instead of a psychiatric advanced registered nurse practitioner.
- Requires the Health Care Authority (HCA) to update the Designated Crisis Responder Protocols to include substance use disorder commitment information.
- Directs the HCA to certify substance use disorder peer counselors and to include reimbursement for their services in the Medicaid state plan.
- Directs DOH to conduct sunrise reviews to evaluate transfer of the peer support counselor certification program to DOH and to evaluate creation of an advanced peer support specialist credential.

2SHB 1528 Concerning recovery support services

- Requires the Health Care Authority to establish a registry of approved recovery residences.
- Requires a recovery residence to meet a nationally recognized certification standard to appear on the registry, or be a chapter of a national recovery residence organization that meets specified standards.
- Prohibits licensed or certified residential substance use disorder treatment agencies from discharging a client to a recovery residence that is not on the registry, effective January 1, 2023.
- Establishes a revolving loan fund to assist operators of new recovery residences or operators who are actively seeking certification for existing residences.
- Allows coverage of technology based substance use disorder recovery supports for Medicaid clients in the community behavioral health program.

Substance Use Disorder – specific, con't.

SSB 5380 Opioid use disorder (OUD) treatment, prevention, and related services

- ▶ Advances progressive opioid policies in various areas, including:
 - ▶ providing better information for patients about opioid prescription risks and alternatives, right of refusal, and safe disposal;
 - ▶ pharmacy standing orders, emergency department dispensing, and HCA-coordinated purchasing of opioid overdose reversal medications;
 - ▶ responses to overdoses by emergency medical services and peer response teams;
 - ▶ prescription monitoring program (PMP) integration with electronic health records;
 - ▶ care for people with OUD and their newborns;
 - ▶ support for MAT by therapeutic courts; and
 - ▶ directing HCA to fund MAT medication in jails if treatment is determined to be medically necessary, and to make efforts to connect incarcerated people on MAT to community providers upon release.
- ▶ Updates outdated language related to abstinence (replacing it with SUD as a medical condition, and referring to the provision of evidence-supported treatments) and pregnant and parenting persons.
- ▶ Supports a pilot project for LEAD in 2 geographic areas.
- ▶ Clarifies opioid treatment program dispensation rules.
- ▶ Requires Medicaid and all state-regulated plans to cover certain MAT medications without prior authorization. Requires HCA to develop recommendations to lower the cost of such medications, and to increase the number of approved buprenorphine prescribers.
- ▶ Permits schools to obtain and maintain opioid overdose medication (typically naloxone) via a standing order, and requires it in larger school districts' high schools except under certain conditions, and for certain staff to administer it.
- ▶ Directs OSPI to develop opioid overdose policy/training guidelines for school districts.
- ▶ Requires public institutions

Trueblood and ITA changes

SSB 5181 Concerning certain procedures upon initial detention under the involuntary treatment act

- Prohibits a person detained for 72 hours under the involuntary treatment act from possessing a firearm for six months following detention on the basis that the person presents a likelihood of serious harm.
- Restores a person's firearm rights automatically six months after detention and requires returning the person's firearms and their concealed pistol license.
- Allows a person to petition the court to restore their firearm rights before the end of the six-month period.

E2SSB 5444 Providing timely competency evaluations and restoration services to persons suffering from behavioral health disorders within the framework of the forensic mental health care system consistent with the requirements agreed to in the Trueblood settlement agreement

- Establishes forensic navigators, employed or authorized by the Department of Social and Health Services (DSHS), to assist individuals who are referred for a competency to stand trial evaluation by providing information to the court to support diversion or placement in outpatient competency restoration, and to help coordinate community services for individuals who are ordered to receive outpatient competency restoration.
- Expands police authority to divert an individual to include individuals believed to have committed any crime, subject to local law enforcement diversion guidelines to be agreed upon with the local prosecutor following input from the defense bar and disability community.
- Provides guidelines and restrictions pertaining to outpatient competency restoration, which must be administered by a provider contracted with DSHS.
- Restricts nonfelony competency restoration to circumstances in which the prosecutor moves for a competency restoration order and proves the existence of a compelling state interest in competency restoration by a preponderance of the evidence.

Children's MH

2SSB 5903 Concerning children's mental health

- ▶ Expands psychiatric residencies in Eastern and Western Washington for residents specializing in child and adolescent psychiatry.
- ▶ Establishes a pilot program related to early identification and intervention for psychosis.
- ▶ Establishes an advisory group to develop a budget to expand the Partnership Access Line Program.

E2SHB 1874 Implementing policies related to expanding adolescent behavioral health care access as reviewed and recommended by the children's mental health work group

- ▶ Renames parent-initiated treatment as family-initiated treatment.
- ▶ Expands family-initiated treatment provisions related to outpatient treatment.
- ▶ Provides guidance to mental health professionals related to disclosure of an adolescent's mental health treatment information to a parent.
- ▶ Provides liability protection for the decision to disclose or not disclose adolescent mental health treatment information to a parent.

Sue Birch, Director

Health Care Authority

HCA Priorities



Closing / Adjournment



Open Session



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