



# Monthly Tribal Meeting

June 6, 2018

Jessie Dean  
Tribal Affairs Administrator  
Office of the Director

Tamara Fulwyler  
Tribal Relations Director  
Office of the Director

# Agenda

- 9:00 AM Welcome, Blessing, Introductions
- 9:10 AM Division of Behavioral Health & Recovery (joining HCA on July 1)
- State Targeted Response to Opioid Epidemic
    - Opioid Prevention & Treatment Media Campaign
    - Year 2 Project Overview
  - WISE Curriculum for Tribes and Tribal Partners
  - Tribal E&T Update
  - 1115 Waiver Amendment – Medicaid funding for SUD IMDs
  - Other DBHR Updates
- 10:30 AM Health Care Authority
- Change Coming to Secure Access Washington (SAW)
  - Health Information Technology
  - Other HCA Updates
- 11:00 AM Department of Health
- Opioid Response Plan
  - Other DOH Updates
- Noon Closing

Division of Behavioral Health & Recovery

# Behavioral Health

# Tribal Media and Resources Campaign

Tina Anderson, STR Program Manager in coordination with  
Kelly Stowe, Media Relations Manager, Office of Communications and  
Alicia Morales, Media Relations Manager, Office of Communications



# Overview

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Washington State, through the Department of Social and Health Services' (DSHS) Division of Behavioral Health and Recovery (DBHR) was awarded nearly \$12 million as part of the State Targeted Response (STR) to the Opioid Crisis Grants sponsored by the Substance Abuse Treatment Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), and Center for Substance Abuse Prevention (CSAP).

# State Targeted Response to Opioids

## Public Education Campaign

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- The STR grant is part of a program designed to address the opioid crisis by:
  - Increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through prevention, treatment, and recovery activities.
- The STR grant includes a statewide public education campaign, created with Tribal Communities to link individuals to prevention, treatment and support services

# PARTNERS

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- Tribal Council members
- Communities agency members and individuals
- Office of Indian Policy staff
- Staff from Behavioral and Wellness Centers
- Youth Centers
- Others who interact with target audiences

# GOAL

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- Work with Tribal Communities state wide to find the best approach and produce culturally relevant Tribal Opioid Media and Resources campaigns specifically designed for the Native American Tribes in Washington State.
- The focus of the campaigns are to increase access to treatment, reduce unmet treatment need, reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder in Tribal communities across Washington State.



# OBJECTIVES

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- Raise awareness about:
  - The dangers of Opioid Use Disorders (OUD)
  - Safe storage, safe use, and safe disposal practices
  - How to respond to an opioid overdose
  - Treatment options for OUD including access and Medication Assisted Treatment (MAT)

# PLAN

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- Year one of the campaign was designed to address our state's opioid epidemic within the Tribal communities by promoting public education and awareness related to opioid use disorders and overdose.
- During this campaign, the STR Program Manager, OOC, and a consultant completed two focus groups and 13 insight interviews with Tribal leaders from 15 of the 29 recognized Tribes.
- What we heard during those sessions was that Tribes wanted a campaign that represented the Tribal community with Tribal images through the creation of videos, posters, rack cards, media displays (digital), brochures, and transportation ads.

# STRATEGIES

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- Based on the information received from Tribal leaders, DSHS was able to develop the materials needed for both parts of the Tribal Media and Resources campaign.

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## **TIMELINE**

- November 2017 and continued through April 30, 2018.

## **AUDIENCE**

- Native Americans residing in Washington State.

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## **Prevention Focus**

- Young adults (18-25)
- Parents of young adults
- Older adults

## **Treatment Focus**

- Tribal members looking to seek treatment
- Community Members
- Tribal Elders/Council members

# Tribal Media Resources

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- Tribes have the ability to add their own logos, images and/or information to the materials. For those Tribes without graphic design departments, OOC will provide that service for them.
- A Tribal Media and Resources webpage was created with information about prevention and treatment that will include all materials created in this campaign and can be located at [www.watribalopioidsolutions.com](http://www.watribalopioidsolutions.com)
- The OOC and the STR Program Manager have provided updates to IPAC sub-committees and other events.

## **DSHS developed, implemented and evaluated a comprehensive statewide plan that includes:**

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- Targeted social media
- Fliers
- Posters
- Rack Cards
- YouTube Videos
- PSA's
- Website
- Materials in pdf format that can be downloaded from webpage

# FACEBOOK AD / PREVENTION



**Washington State DSHS** ...

Published by Kelly Lee Stowe [?] - May 17 at 12:46pm · 🌐

Overdose rates in Indian Country are nearly triple the rate of any other community in Washington ... our children deserve better. Learn more at [watribalopioidsolutions.com](http://watribalopioidsolutions.com)



YOUTUBE.COM

**OUR CHILDREN**

This PSA is a part of the Opioid Tribal Campaign in Washington State. For more information go to: [WaTribalOpioidSolutions.com](http://WaTribalOpioidSolutions.com) v14 4.20.18

 **1,088** people reached

 **Boost Unavailable**



# FACEBOOK AD / TREATMENT

**Washington State DSHS**  
Published by Kelly Lee Stowe [?] · May 2 at 12:12pm · 🌐

Everyone's road to recovery is different. Learn more at [WATribalOpioidSolutions.com](http://WATribalOpioidSolutions.com)

journey to recovery

8,475 people reached

Boost Unavailable

# MEASURING SUCCESS

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- Success is measured using website hits, social media reach, and if the Tribes experience an increase in community members reaching out to them; because they've seen the materials and either reached out to learn more on prevention or where to get treatment.
- To date, DSHS has had four campaign ads on Facebook. These ads have reached over 3,000 people on prevention and over 13,000 people on treatment in less than a month.

# Tribal Input and Distribution

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- All the prevention and treatment materials for this campaign were developed after several meetings with more than 15 Tribal Communities in Washington and could not have been created without their input.
- At the end of April, DSHS Office of Communication created 61 Tool Kits that included 21 posters, 22 rack cards, 3 brochures and 2 flash drives that focused on the prevention and treatment and were mailed to all the Tribal leaders and liaisons throughout the state.

## Media and Resource Materials Are Well Received

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- In the month of May right after the launch of the campaign, DSHS has received many requests to provide additional materials for different conferences to include:
  - North Sound Behavioral Health, Ending Homeless Conference, Savvy Caregivers Conference and Say it Out Loud Conferences
  - Paddle to Puyallup and Canoe Journey, Muckleshoot Behavioral Health, Squaxin Island Clinics, Community Services Division, and the Division of Child Support offices throughout the state
  - Just to name a few and to share and display these materials at their office, clinics and/or upcoming events

# Materials Developed

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## PREVENTION

- 18,000 posters
- 68,000 rack cards

## TREATMENT

- 5,700 posters
- 19,000 rack cards
- 9,000 brochures

DSHS Office of Communications can add Tribal logos and have materials printed and mailed directly to the Tribes.

**[www.watribalopioidsolutions.com](http://www.watribalopioidsolutions.com)**

The webpage went live on April 30, 2018 as a one stop shop for information, videos and materials that can be downloaded and printed directly from the website

***For more information about the  
State Targeted Response to Opioids  
Media Campaign please call***

*Tina Anderson (360) 584-6072*  
[Tina.Anderson@dshs.wa.gov](mailto:Tina.Anderson@dshs.wa.gov)

*To order materials please call*  
*Alicia Morales (360) 902-7780*  
[Alicia.Morales@dshs.wa.gov](mailto:Alicia.Morales@dshs.wa.gov)

# State Targeted Response to the Opioid Crisis Grants Short Title: Opioid STR

Stephanie S. Endler, DBHR, MPA Project Director



Washington State  
Department of Social  
& Health Services

Transforming lives



# SAMHSA STR Grant

- Part of the 21st Century Cures Act, signed December 13, 2016, by President Obama
  - Promotes and funds the acceleration of research into preventing and curing serious illnesses; accelerates drug and medical device development.
  - Addresses the opioid abuse crisis; and tries to improve mental health service delivery.
  - **STR State award allocations based on need: \$485 million in grants to help states and territories combat opioid addiction**
- Year two of the STR Grant began May 1, 2018

## Washington State Interagency Working Plan

### Priority Goals

**Goal 1:  
Prevent Opioid  
Misuse and  
Abuse**



**Improve  
Prescribing  
Practices**

**Goal 2:  
Treat Opioid  
Dependence**



**Expand Access  
to Treatment**

**Goal 3:  
Prevent Deaths  
from Overdose**



**Distribute  
naloxone to  
people who use  
opioids**

**Goal 4:  
Use Data to  
Monitor and  
Evaluate**



**Optimize and  
expand data  
sources**

### Priority Actions

## **Prevention Projects - Overview**

- 1. Prescriber/Provider Education (\$40,000)**
- 2. UW TelePain (\$40,619)**
- 3. \*Public Education Campaign (\$745,149)**
- 4. Safe Storage Curricula and Training (\$20,000)**
- 5. Prevention Workforce Enhancements (\$60,000)**
- 6. \*Community Prevention and Wellness Initiative (CPWI) Expansion (\$900,000)**
- 7. Analysis of Evidence-Based Practices (\$50,000)**
- 8. Community Enhancement Grants (\$300,000)**
- 9. Naloxone Distribution (\$200,000)**

# Prevention #1

- **Prescriber/Provider Education** (\$40,000)
  - Goal #1 **Prevent opioid misuse and abuse**; *Strategy 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.*
- Description: Host two symposium events – year one was for Washington State dental prescribers and oral health care providers who commonly treat youth and adults with injuries and acute pain. Year two will likely focus on sports medicine.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

## Prevention #2

- **UW TelePain** (\$40,619)
  - Goal #1 **Prevent opioid misuse and abuse**; *Strategy 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.*
- Description: Provide partial funding to the University of Washington (UW) for a weekly TelePain program that provides access to a multidisciplinary panel of experts that provide didactic teaching and case consultation to primary care providers to reduce overdose related deaths by improving the knowledge and prescribing practices of primary care providers.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

## Prevention #3

- **\*Public Education Campaign (\$745,149)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.*
- Description: Work with the DSHS Communications Office and additional media vendors as needed to design, test and disseminate various public education (cable, radio, newsprint, and social media) messages that promote public education with tribes to meet community needs.
- DBHR Lead Manager(s): Mallory Peak & Tina Anderson

## Prevention #4

- **Safe Storage Curricula and Training (\$20,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.*
- Description: Innovative pilot project to integrate prescription drug misuse and abuse prevention education into existing state services that parents and caregivers receive. This project will engage state agencies to submit project proposals up to \$5,000 to establish internal capacity to provide prescription misuse/abuse prevention education and messaging.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

## Prevention #5

- **Prevention Workforce Enhancements (\$60,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.*

Description: Enhance funding support to Annual Washington State Prevention Summit and Spring Youth Forum. This support will increase the availability of educational opportunities for youth and prevention professionals (and related fields) by providing presentations and workshops geared toward opioid misuse and abuse prevention.

- DBHR Lead Manager: Angie Funaiole



## Prevention #6

- **\*Community Prevention and Wellness Initiative (CPWI) Expansion (\$900,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 3: Prevention opioid misuse in communities, particularly amongst youth.*
- **Description:** Using an evidence-based school and community process, DBHR has expanded CPWI to five additional high-need communities. These CPWI sites will conduct local strategic planning and decision-making to focus on addressing local needs by implementation of evidence-based strategies and programs, as well as, initiating educational events/activities to increase community awareness about prescription drug and opioid misuse/abuse.
- **DBHR Lead Manager:** STR Prevention Manager Alicia Hughes

## Prevention #7

- **Analysis of Evidence-Based Practices (\$50,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 3: Prevention opioid misuse in communities, particularly amongst youth.*
- Description: Contract with Washington State University (WSU) to conduct analysis of current selection of evidence-based practice with outcomes in the most salient factors related to youth misuse/abuse of prescriptions drugs.
- DBHR Lead Manager: Angie Funaiole & Rebecca Grady

## Prevention #8

- **Community Enhancement Grants (\$300,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevention misuse.*
- Description: Utilize application process to fund services to 10-15 communities in Washington State to implement evidence-based programs and drug take back and educational strategies over the course of one-year with the goal of reducing or preventing prescription medicine and opiate misuse and abuse.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

## Prevention #9

- **Naloxone Distribution** (\$200,000)
  - **Goal 3: Intervene in opioid overdoses to prevent death**  
*Strategy 2: Make system-level improvements to increase availability and use of naloxone.*
- WA-Opioid STR funding will provide naloxone to vulnerable and underserved populations in partnership with ADAI. This program will help meet the need by providing naloxone to places at both high relative risk (in terms of the local opioid overdose mortality rate) and high absolute risk (in terms of the total number of fatal overdoses and estimated heroin using population).

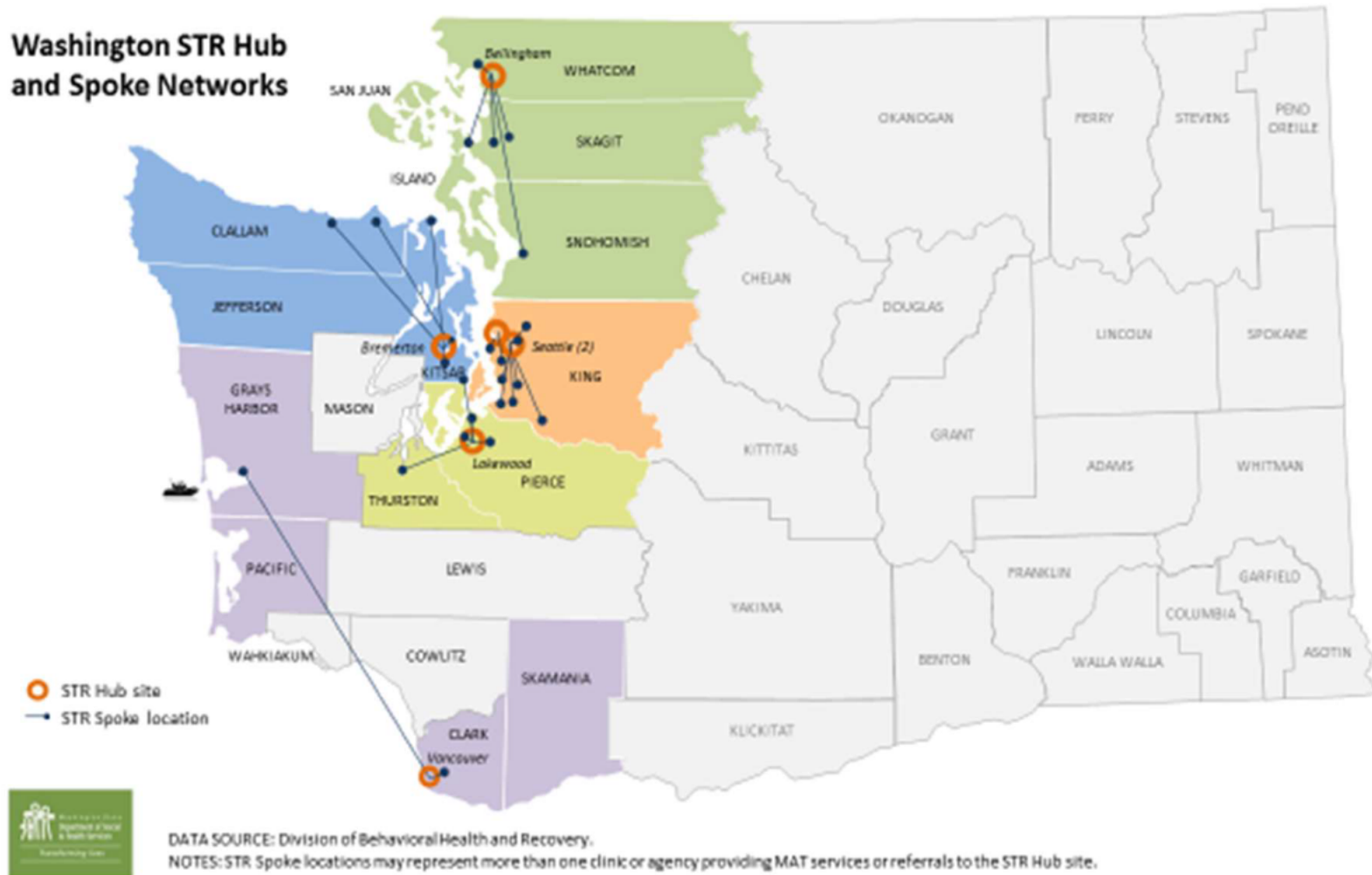
# Treatment Projects - Overview

1. **\*Hub and Spoke (\$4,995,951)**
2. **\*Mobile OTP Van (\$400,000)**
3. **\*Low-Barrier Buprenorphine Pilot (\$130,000)**
4. **PathFinder Peer Project (\$1,660,000)**
5. **\*Tribal Treatment (\$275,000)**
6. **Treatment Payment Assistance (\$242,524)**
7. **DOC Treatment Decision Re-entry Services & COORP (\$690,500)**
8. **Bridge to Recovery (JRA) (\$201,000)**
9. **Prescription Monitoring Program (\$250,000)**

# Treatment #1

- **Hub and Spoke (\$4,995,951)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
- DBHR will expand access for statewide access to Medication Assisted Treatment (MAT) and reduce unmet need by developing and implementing six (6) hub and spoke models. Hubs are regional centers serving a defined geographical area that will support spokes. Hubs will be responsible for ensuring that at least two of the three Federal Drug Administration approved MAT are available. Spokes (five per hub) are facilities that will provide behavioral health treatment and/or primary healthcare services, wrap around services, and referrals to patients referred to them by the hub.

# Hub and Spoke Locations



## Treatment #2

- **\*Mobile OTP Vans (\$400,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
- Funding will be provided to Evergreen Treatment Services to purchase, customize, and deploy a Opiate Treatment Program (OTP) mobile van to expand services in urban areas.



## Treatment #3

- **\*Low-Barrier Buprenorphine Pilot (\$130,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
- WA-Opioid STR together with ADAI will develop a low-barrier buprenorphine model to induce and stabilize highly vulnerable people with OUD on buprenorphine in a community based setting. People will be provided buprenorphine quickly, typically within 1-48 hours, then will receive flexible dosing/prescribing so that they are able to stabilize over 30-60 days. They will be provided ongoing support of a nurse care manager and transitioned to maintenance at a community based health clinic.

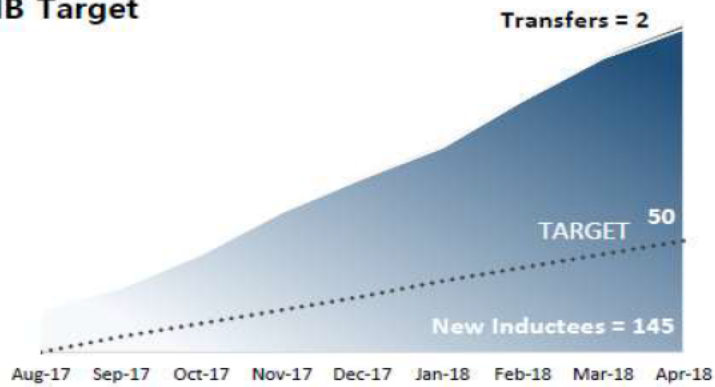
Low Barrier Buprenorphine  
**Seattle Indian Health Board**

STR Monthly Summary Report

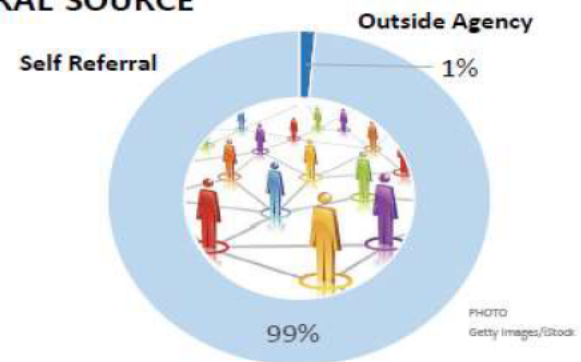
Total Treatment Events **171**  
 Unduplicated Patients **147**



**SIHB Target**

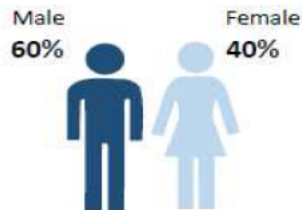


**REFERRAL SOURCE**

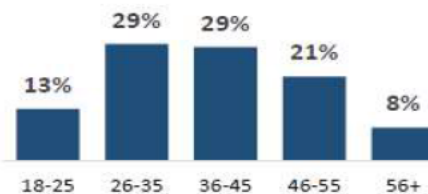


**DEMOGRAPHICS**

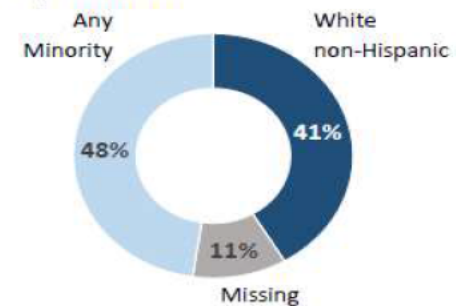
**GENDER**



**AGE DISTRIBUTION**



**RACE/ETHNICITY**



## Treatment #4

- **PathFinder Peer Project (\$1,660,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
- PathFinder Peer Project will build on the already established DBHR Projects for Assistance in Transition from Homelessness (PATH) program to provide SUD peers recovery support in two environments, emergency rooms and homeless encampments. The project will link the individuals to needed MAT services and assist in navigating systems and addressing barriers to independence and recovery.

# Peer PathFinder

- Great Rivers BHO – Columbia Wellness \*
- Greater Columbia BHO – Central WA Comprehensive Mental Health
- Greater Columbia BHO – Lourdes Counseling
- King County BHO – DESC
- King County BHO – Sound (Seattle) Mental Health
- North Sound BHO – Compass Health – Snohomish
- North Sound BHO – Compass Health – Whatcom
- Salish BHO – Peninsula Behavioral Health
- Pierce – Comprehensive Mental Health \*
- Pierce – Greater Lakes Mental Health\*
- Spokane BHO – Spokane (Frontier) Mental Health
- Early Adopter Region – Community Services Northwest\*
- Thurston/Mason BHO – Capital Recovery Center



<p><span style="display: inline-block; width: 15px; height: 15px; background-color: #f9c99d; border: 1px solid black; margin-right: 5px;"></span> <b>Great Rivers BHO</b> Cowlitz Grays Harbor Lewis Pacific Wahkikum</p>	<p><span style="display: inline-block; width: 15px; height: 15px; background-color: #e69d00; border: 1px solid black; margin-right: 5px;"></span> <b>Salish BHO</b> Clallam Jefferson Kitsap</p>	<p><span style="display: inline-block; width: 15px; height: 15px; background-color: #3399cc; border: 1px solid black; margin-right: 5px;"></span> <b>Thurston-Mason BHO</b> Mason Thurston</p>	<p><span style="display: inline-block; width: 15px; height: 15px; background-color: #92d050; border: 1px solid black; margin-right: 5px;"></span> <b>North Sound BHO</b> Island San Juan Snohomish Skagit Whatcom</p>	<p><span style="display: inline-block; width: 15px; height: 15px; background-color: #a6c9e0; border: 1px solid black; margin-right: 5px;"></span> <b>Greater Columbia BHO</b> Asotin Benton Columbia Franklin Garfield Kittitas Klickitat Walla Walla Whitman Yakima</p>	<p><span style="display: inline-block; width: 15px; height: 15px; background-color: #9999cc; border: 1px solid black; margin-right: 5px;"></span> <b>Spokane County Regional BHO</b> Adams Ferry Lincoln Okanogan Pend Orielle Spokane Stevens</p>	<p><span style="display: inline-block; width: 15px; height: 15px; background-color: #f9c99d; border: 1px solid black; margin-right: 5px;"></span> <b>North Central BHO</b> Chelan Douglas Grant</p>
<p><span style="display: inline-block; width: 15px; height: 15px; background-color: #92d050; border: 1px solid black; margin-right: 5px;"></span> <b>Optum Pierce BHO</b> Pierce</p>		<p><span style="display: inline-block; width: 15px; height: 15px; background-color: #e69d00; border: 1px solid black; margin-right: 5px;"></span> <b>King County BHO</b> King</p>	<p><span style="display: inline-block; width: 15px; height: 15px; background-color: #9999cc; border: 1px solid black; margin-right: 5px;"></span> <b>Southwest Washington RSA*</b> Clark Skamania</p>			



\* Services in Clark and Skamania counties are managed by the Washington Health Care Authority's Apple Health plans. For more information, call 1-800-562-3022.

# Treatment #5

- **\*Tribal Treatment (\$275,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
  - WA-Opioid STR funding will be used to add treatment training tracks to currently established tribal conferences, provide funding for tribal participants to attend the conferences. Funding will also be used to create and distribute media campaigns for tribes to build awareness related to MAT/OD treatment options for Native Americans.

## Treatment #6

- **Treatment Payment Assistance (\$242,524)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
- Each of the 10 Regional Service Areas will receive funding to off-set the cost of providing treatment services to opioid use disorder patients who have financial barriers to treatment access. This funding is intended to offset deductible and co-pays for patients seeking treatment for OUD services but are unable to meet co-pay requirements.

## Treatment #7

- **OUD Treatment Decision Re-entry Services & COORP** (\$690,500)
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in the criminal justice system.*
- WA-Opioid STR together with the Department of Corrections (DOC) will develop and operate two programs. The **Reentry** work-release and violator programs will be located in five communities across Washington State and provide re-entry services for discharging work-release and parole violators who have been identified as having OUD. The second program; **Care for Offenders with OUD Releasing from Prison** (COORP) will identify incarcerated individuals with OUD, expected to be released, and connect individuals to MAT services in the county of their release, and expedite their enrollment in a Medicaid health plan. Individuals with OUD will receive Naloxone upon release from incarceration.

## Treatment #8

- **Bridge to Recovery (JRA) (\$201,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in the criminal justice system.*
- Develop an evidenced-based Juvenile Rehabilitation model that reduces substance abuse disorders, increases education and employment opportunities for youth and addresses systemic barriers that perpetuate the cycle, and implement ACRA reentry transition activities that link youth to mainstream services



## Treatment #9

- **Prescription Monitoring Program (\$250,000)**
  - **Goal 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions** *Strategy 1: Improve Prescription Monitoring Program functionality to document and summarize patient and prescriber patterns to inform clinical decision making. Strategy 2: Utilize the PMP for public health surveillance and evaluation*
- WA-Opioid STR funding together with the Department of Health (DOH) will support PMP staffing in creating prescriber feedback reports to assist individual providers and provider groups in reviewing their prescribing practices. PMP data will also be provided to DBHR prevention data as an integral part of the developing data books in the development of the CPWI sites and other local substance use disorder planning efforts.

Transforming  
Lives

# Questions



## Contact Information:

Stephanie S. Endler, MPA Project Director,  
DBHR

[Stephanie.endler@dshs.wa.gov](mailto:Stephanie.endler@dshs.wa.gov)

# WRAP-Around with Intensive Services (WISe) Follow Up

Paul Davis, MSW, Children's BH Administrator



## Wrap-Around with Intensive Services (WISe)

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- Consistent screening and assessment, and comprehensive behavioral health services and supports to Medicaid-eligible individuals, up to 21 years of age, who have complex behavioral needs—youth and their families are served
- Required Elements of WISe:
  - Intensive Care Coordination
  - Intensive Services provided in Home and Community Settings
  - **Mobile Crisis Intervention and Stabilization Services**

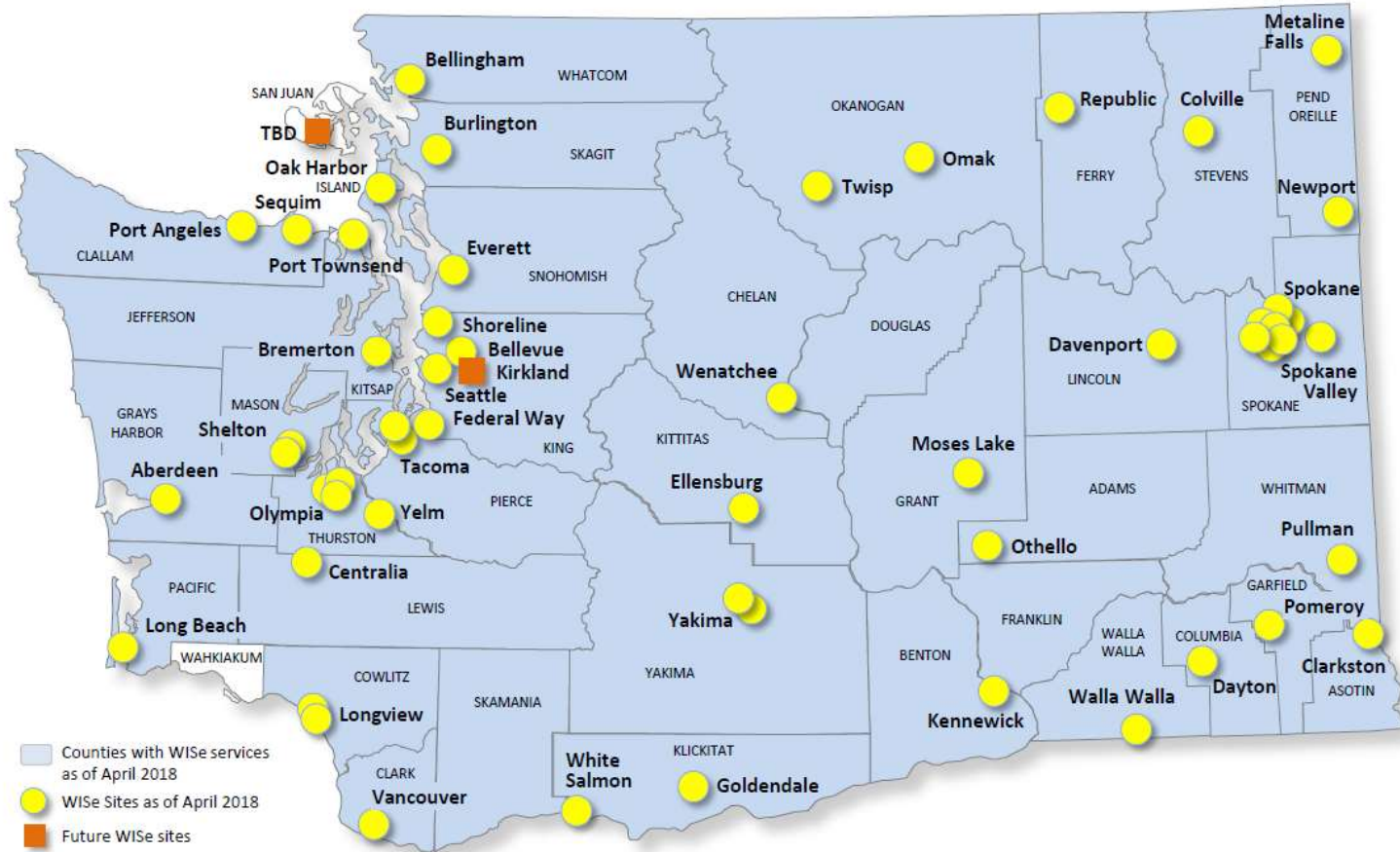
## Wrap-Around with Intensive Services (WISe)

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- Builds on the strengths of the youth and their family
- Uses a Child and Family Team (CFT) approach to address the needs of the youth and their family
- Focuses on increasing and strengthening natural supports for the youth and their family
- Provides Peer Support to Youth and Families Certified Peer Counselor(s)
- Maintain an average case load size of 10 for each WISe Care Coordinator.
- Provide 24/7 crisis intervention to youth and families, from staff who are preferably drawn from the WISe team.

# WiSe Service Providers

As of April 2018

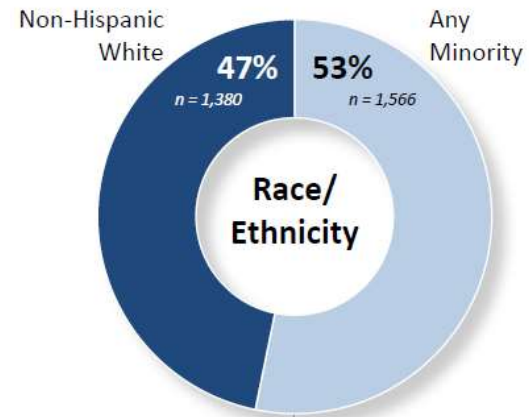
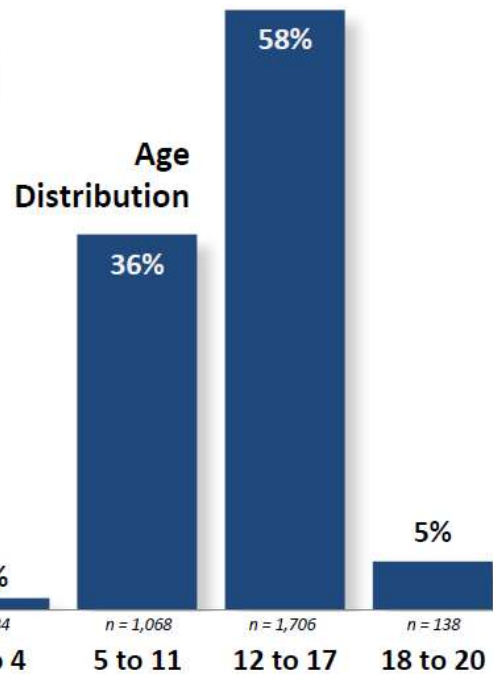
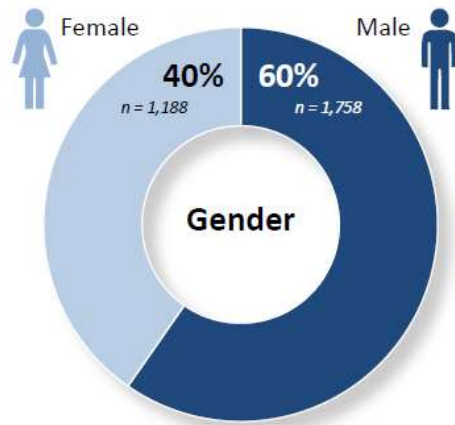


NOTES: Map shows 55 WiSe sites operating as of April 2018 and 2 future WiSe sites.



## Demographics of WISE Clients

Served July 2016 – June 2017



### MINORITY DISTRIBUTION *Not mutually exclusive*

- 23% Hispanic (686)
- 17% Black (500)
- 13% American Indian/Alaska Native (369)
- 6% Asian/Pacific Islander (170)



SOURCE: Administrative data. ProviderOne data available for n = 2,946 WISE clients served July 2016 through June 2017 (SFY 2017), linked to DSHS Integrated Client Databases. See February 2018 WISE dashboard for additional information.

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# WISe Resources

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- Visit the WISe Implementation Website:  
<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wraparound-intensive-services-wise-implementation>
- Resources available on this site:
  - WISe Manual
  - Information Sheets
  - Implementation Plan
  - E-Learning Modules
  - Settlement Agreement
- *Google Search:* WISe Implementation
- *Questions about WISe:* [WISeSupport@dshs.wa.gov](mailto:WISeSupport@dshs.wa.gov)



## **WISE Training for Tribal Communities and Curriculum Adaptation**

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- **Follow up on April WISE Training**
  - Thank you to Upper Skagit and Marilyn Scott for hosting the training!
  - Debrief with leaders
- **Curriculum Development**
  - Identify a fiscal agent
  - Identify if Tribes would like for DBHR to adapt Curriculum based on feedback
  - Identify and recruit Tribal partners to participate in the curriculum adaptation

# WISe Symposium

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- **July 11-12, 2018**
- The WISe Symposium is free to attend, however registration is required of all attendees.
- The symposium will take place in Kennewick, Washington at the Three Rivers Convention Center

<http://wise-symposium.org/>

## Thank You

**Lucilla Mendoza MSW, CPP / Tribal Behavioral Health Administrator**

Division of Behavioral Health and Recovery (DBHR)

Behavioral Health Administration (BHA)

[mendol2@dshs.wa.gov](mailto:mendol2@dshs.wa.gov)

**Tina Burrell, Children's Behavioral Health Administrator-WISE**

Behavioral Health Administration (BHA)

Division of Behavioral Health and Recovery (DBHR)

tina.burrell@dshs.wa.gov



# Tribal Evaluation and Treatment Facility Workgroup

Vicki Lowe, American Indian Health Commission, Executive Director  
Charlene Abrahamson, American Indian Health Commission, Project Manager



# Tribal E&T Workgroup Updates

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- Project Overview
  - **GOAL:** Develop a detailed plan for at least one Evaluation and Treatment Facility that is culturally appropriate for American Indian and Alaskan Natives and financially sustainable, accessing and maximizing multiple funding resources (state and federal).
    - Tasks include at developing an analysis of facilities and siting options, operational costs and funding structures, law and regulations, clinical model and cultural programming, and governance structure for long-term management of the facility
- Dear Tribal Leader Letter – Identify Tribes or Tribal Organizations interested in participating on Consortium/Board for long term management of Tribal E&T
  - Letter of Interest Requested by June 8, 2018 to [mendol2@dshs.wa.gov](mailto:mendol2@dshs.wa.gov) & [vicki.lowe.aihc@outlook.com](mailto:vicki.lowe.aihc@outlook.com)

# Tribal E&T Workgroup Updates

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- Tribal Consortium Subcommittee Meeting
  - June 14, 2018 from 9:30 am – 3:00 pm
  - Location: Healing Lodge of the Seven Nations 5600 East Eight Avenue, Spokane Valley, Washington 99212
  - Agenda Items:
    - Presentation and Q&A from Board Members
    - Tour of the Healing Lodge Facilities
    - E&T Workgroup Debrief Meeting with Tribal Leaders
- Join our workgroup!
  - Next workgroup meeting: June 18, 2018

# 1115 Waiver Amendment: Medicaid for Residential SUD

Richard Van Cleave, DBHR, Federal  
Programs Manager



## 1115 Waiver Amendment – Medicaid for SUD IMDs

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Purpose of Waiver:

- Medicaid funding for treatment in SUD IMD facilities.

Update on progress:

- July 1, 2018 target date.
- Mandatory CMS milestones.

Milestones of Interest

- Independent assessment for admits to residential SUD treatment.
- MAT available or facilitated in residential SUD treatment.



# 1115 Waiver Amendment – Medicaid for SUD IMDs

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## Other Milestones

- Full spectrum of SUD treatment options.
- Comprehensive treatment and prevention of opioid use disorder.
- Assessment of MAT availability statewide.
- Use of ASAM placement criteria.
- Improved care coordination and transitions between levels of care.

# Additional Announcements

Lucilla Mendoza, DBHR, Tribal BH  
Administrator



## SAMHSA Funding Announcements (FOA)

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- Strategic Prevention Framework – Partnership for Success (Due 7/6/2018)
- Tribal Native Connection Grant (Due 6/22/2018)
- Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) (Due 7/9/2018)
- State Opioid Response (SOR) – (Due TBD)
  - SAMHSA is the lead federal agency
  - \$1 billion nationally for States and Tribes
    - \$50 million set-a-side for Tribal Governments
  - Resources intended to support Prevention and Treatment Services, Priority to increase MAT utilization

Health Care Authority

# Medicaid and PEBB



# Change Coming to Secure Access Washington (SAW)

Jerry Britcher  
Chief Information Officer  
Enterprise Technology Services

## Current State

The current login page features a dark blue header with the 'SAW SecureAccess WASHINGTON' logo. A progress bar at the top shows six steps: 1 Name & email, 2 User ID & password, 3 Review information, 4 Security check, 5 Check email, and 6 Log in to account. The main content area is dark blue and contains a message: 'Your SecureAccess Washington account has been activated. Log in to access your account and register for services.' Below this are input fields for 'User ID:' and 'Password:', each with a 'Forgot?' link. A 'LOGIN' button is at the bottom. The footer includes copyright information for 2015 and a 'Privacy Notice' link.

## Future State

The future state login page has a green header with the Seal of the State of Washington and the text 'WELCOME to your login for Washington state.' Below the header is a grey bar with the 'SecureAccess Washington' logo and three buttons: 'SIGN UP!', 'GET HELP', and 'TIPS OFF'. The main content area is white and features a 'LOGIN' section with 'USERNAME' and 'PASSWORD' input fields and a 'SUBMIT' button. To the right is the 'ON BEHALF OF WaTech' logo, which includes the text 'Washington Technology Solutions' and 'the consolidated technology services agency | P04-03.06.006'.

## Current State

The current interface shows a top navigation bar with 'My Secure Services', 'Account Management', and 'Help'. Below this is a secondary bar with 'My Services', 'Add a New Service', and 'Contact Us'. A yellow notice states: 'Please note: SAW is a shared portal serving multiple state agencies. To get help with a service provided through SAW, please contact the sponsoring agency directly. Click the "Contact Us" button to view a list of agency contact information.' A table lists services with columns for Service, Agency, Description, Status, and Action.

Service	Agency	Description	Status	Action
<a href="#">TARGET2000</a>	Health Care Authority	TARGET: Treatment and Assessment Report Generation Tool	Active	<a href="#">Remove</a>

## Future State

The future interface features a green header with the Seal of the State of Washington and the text 'GOOD AFTERNOON! What can we help you access today?'. Below the header is a navigation bar with 'ACCOUNT', 'GET HELP', 'TIPS OFF', and 'LOGOUT'. A section titled 'ADD A NEW SERVICE' contains a table of services. A 'WaTech' logo is also present on the right side.

SERVICE	DESCRIPTION	MEMBERSHIP	ACTION
kbatest1	kbatest1	Active ?	<a href="#">Remove</a>
kbatest2	kbatest2	Active ?	<a href="#">Remove</a>
Test	Test	Active ?	<a href="#">Remove</a>



# Updates in Health Information Technology Initiatives

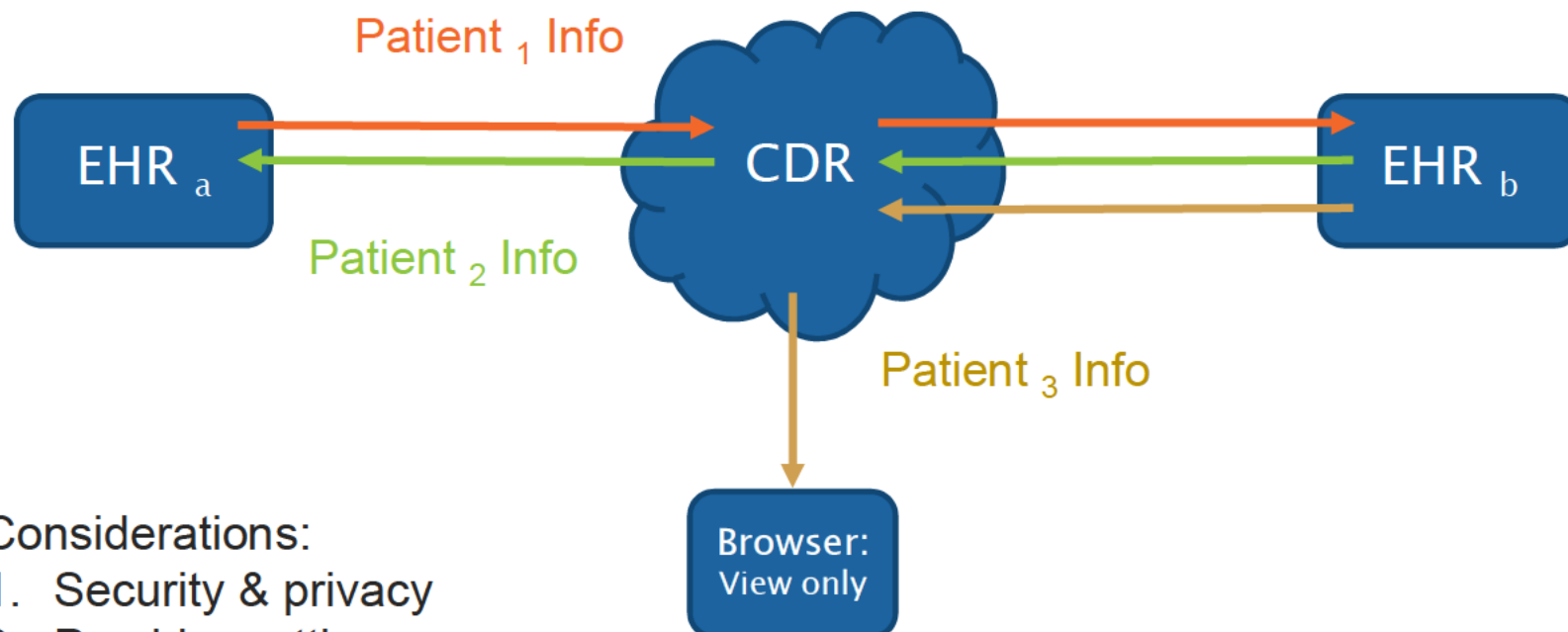
Dennis Worrell  
Health IT Engagement  
June 6, 2018



## What is the CDR?

- Secure cloud-based database storing clinical & claims info for Washington state's Apple Health enrollees (Medicaid)
  - Physical health now, working on consent guidelines for SUD/other sensitive data
- Data transmitted from Providers over Washington State's secure Health Information Exchange (HIE) into the CDR.
- HIE = "highway" CDR = "supermarket"

# CDR in Action



## Considerations:

1. Security & privacy
2. Provider vetting
3. Funding

# Roles & Responsibilities

## Sponsor

- Pays for the cost of lives in the CDR, Controls access to CDR data
- HCA is the first sponsor (historical data), MCOs are sub-sponsors

## HIE/CDR Operator

- Manages the HIE and CDR based on policies defined in contractual framework and shared by Sponsor
- OneHealthPort acts in this role

## Trading Partner

- Sends data to the CDR, views CDR data, draws data from the CDR (e.g., hospital, practice)
- Must be a participant in the OneHealthPort HIE

## EHR Vendors

- Ensure transmission files meet national standards
- Set triggers for data submission
- Automate processes for provider compliance

# Privacy & Security in the CDR

- Pending CDR technical consent solution, SUD & other sensitive data can be managed in the system
  - \*Covered Entities (and \*Business Associates of same) signatory to OHP's trust framework agreement may access (as defined by HIPAA)
- Externally audited for HIPAA & SOC2 (Service Operation Center) national security standards
- Data is NIST format compliant (National Institute of Standards and Technology)

# IHCP-specific Funds: MTP Year 1

- \$156,451/Tribe or Urban and \$550,000 to Northwest Portland Area Indian Health Board for the CHAP Board
- Funds come from HCA directly
  - Lena Nachand is the main point of contact and responsible for getting the account established in the FE Portal
  - Holly Jones oversees the contracting process
- Only one restriction
  - Cannot be used for federal matching opportunities
  - Otherwise, these funds may be used for any purpose
- HCA encourages capacity building/systems change
  - Participation in AIHC and development of the IHCP Projects Plan and/or ACHs
  - **Electronic Health Records**
  - Physical – Behavioral Health Integration

# EHR Incentive Payments Available

- 2011 to 2021, hospitals and eligible providers
  1. May need to register your organization thru CMS website:
    - <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html>
  2. Visit HCA's EHR reference page
    - <https://www.hca.wa.gov/about-hca/health-information-technology/electronic-health-records>
  3. Follow attestation instructions thru your ProviderOne portal using HCA's user guides
    - Chose either Eligible Hospital or Eligible Provider
    - <https://www.hca.wa.gov/about-hca/health-information-technology/electronic-health-records#worksheets-and-instructions>

# The CDR is real: Portal View

+

Q

smerk000 ▾
Logout

♀ TEST A TEST (09/01/1978)
ID 314145

**Address** 123 Fake St, CENTRALIA, WA

**Home Phone**

**Work Phone**

**Mobile**

**Gender** Female

**Marital Status** Unknown

**Date of Birth** 09/01/1978

**Age** 38 Years

**Language**

**Primary Care Physician**

**Insurance** Humana: 765 - Gold Plus H2012-Data 090 HMO - Thurston County

★ Add
Claims...
Print

Summary
History 35
Docum... 9
Problems 3
Medicat... 4
Allergies 2
Vitals 11
Proced... 5
Immuni... 1
Labs 0

**Documents** 5/9

08/17/2016	i	08:20 AM	Washington: "Summarization of Episode Note"	📄	↑
08/17/2016	i	08:20 AM	Summarization of Episode by UW Medicine 2014 TST - Washington: "Summarization of Episode Note"	📄	
08/17/2016	i	03:31 AM	Summarization of Episode by ANY TEST HOSPITAL: "SUMMARIZATION OF EPISODE NOTE"	📄	↓

**Medications** 4/4

01/25/2016	ZyrTEC 10MG Oral Tablet (administered)	
01/25/2016	cefTRIAxone 1GM Injection Powder for Solution (administered)	
01/25/2016	Acetaminophen 500MG Oral Capsule (administered)	
01/25/2016	NexIUM 40MG Oral Capsule, Delayed Release (administered)	

**Vital Signs** 5/11

09/14/2015	Height : 66.0 in
09/14/2015	Weight Measured : 155.0 lbs

**Immunizations** 1/1

10/02/2015	influenza, whole (administered)
------------	---------------------------------

79

## Next Steps

- Contact HCA's HIT team about in-person learning sessions and the EHR Incentive Payment Program:
  - Learning Sessions (like this one): [healthit@hca.wa.gov](mailto:healthit@hca.wa.gov), 360-725-1514
  - EHR Incentive Payment Program: [healthit@hca.wa.gov](mailto:healthit@hca.wa.gov), 855-682-0800
    - Leave message, will return call, have your NPI number ready
- Join HIT newsletter for EHR Program updates  
[https://public.govdelivery.com/accounts/WAHCA/subscriber/new?topic\\_id=WAHCA\\_338](https://public.govdelivery.com/accounts/WAHCA/subscriber/new?topic_id=WAHCA_338)
- Contact Lena about DSRIP
- Review OHP's standard user agreement  
[http://www.onehealthport.com/sites/default/files/content-uploads/documents/OneHealthPort\\_HIE\\_Participation\\_Agreement.pdf](http://www.onehealthport.com/sites/default/files/content-uploads/documents/OneHealthPort_HIE_Participation_Agreement.pdf)



Department of Health

# Licensing & Public Health



# ADDRESSING THE OPIOID CRISIS IN WASHINGTON

Tribal Partner Webinar  
June 6, 2018



# Presenters



**Dr. Kathy Lofy**

State Health Officer

WA State Department of Health

[Kathy.lofy@doh.wa.gov](mailto:Kathy.lofy@doh.wa.gov)



**Dr. Charisa Fotinos**

Medical Director

WA State Department of Social and Health  
Services / Health Care Authority

[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)

# Objectives

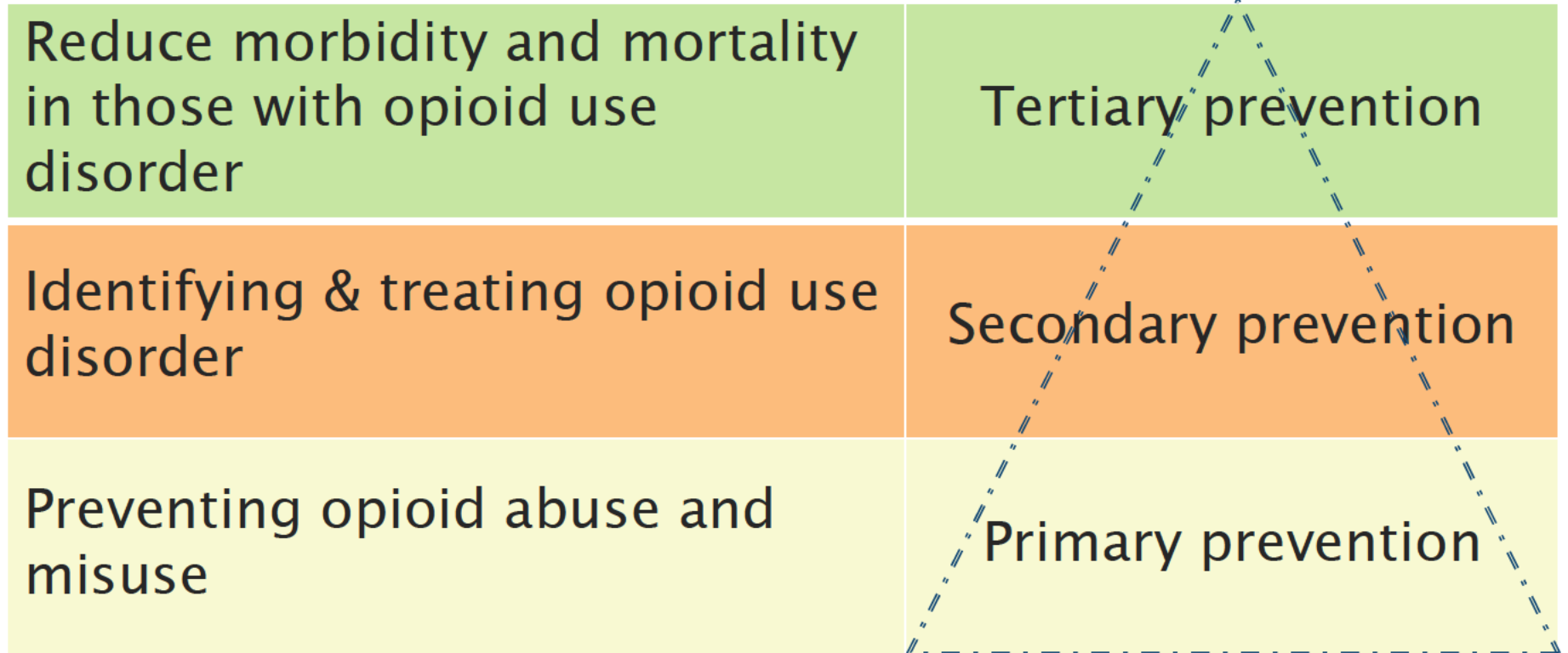
- Provide a high level overview of the State Opioid Response Plan
- Identify ways state agencies can best support tribes and urban tribal health centers in addressing the opioid crisis

**WA is implementing**

Washington State  
Health Care Authority



# interventions across all 3 levels of prevention



1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

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# Preventing opioid misuse and abuse

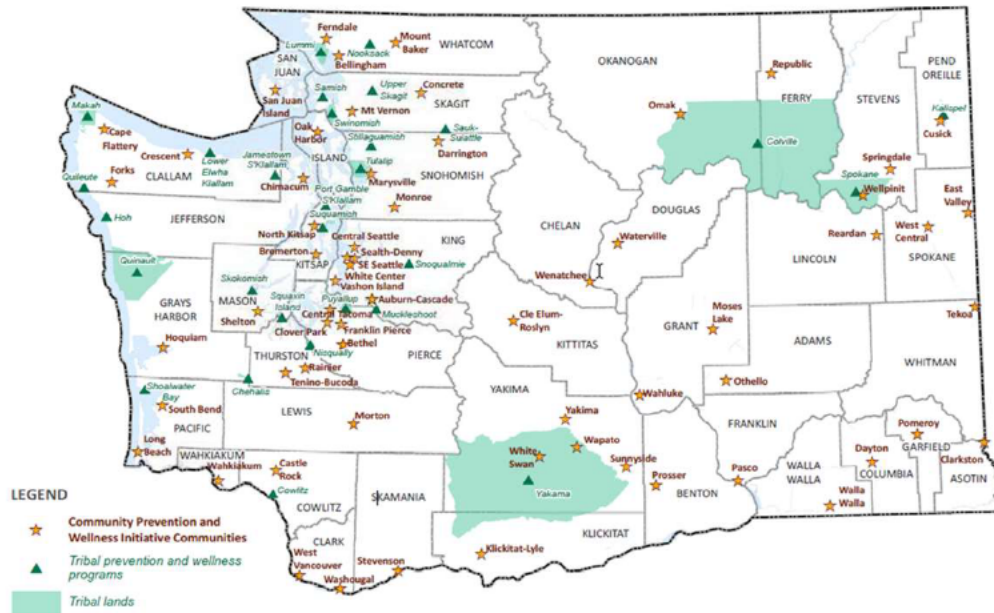
## Community Prevention & Wellness Initiative



Are your prescription pain medications locked up? Nearly 1/2 of American teens who abused Rx meds took them from their parents.



## Public awareness campaigns



SOURCE: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Information System (CORE).

CONTACT: Irina Sharkova, DSHS/RDA/PRES, irina.sharkova@dshs.wa.gov, 360-902-0743



DSHS | Research and Data Analysis Division | Olympia, WA • SEPTEMBER 2017



Transforming lives

1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

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# Safe opioid prescribing—Guidelines & Policies

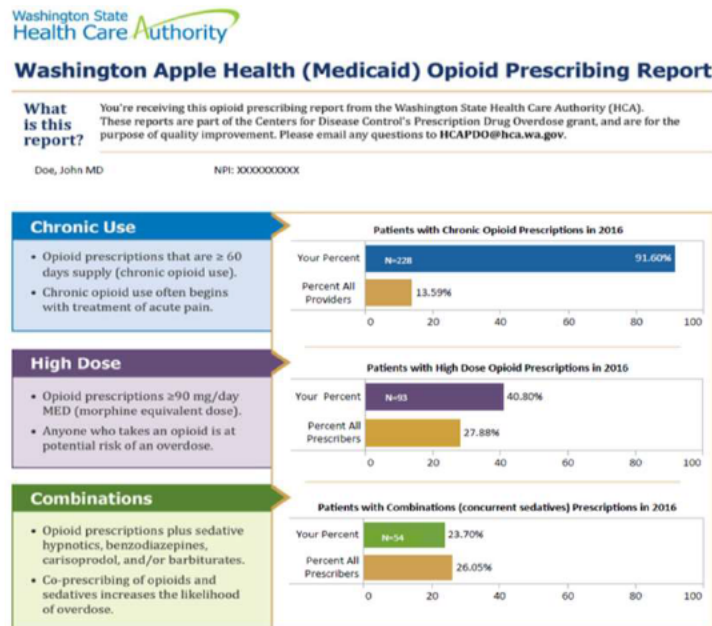
- WA opioid prescribing guidelines
  - NEW dental guideline
  - DRAFT perioperative guideline
- DRAFT opioid prescribing rules
  - Cover opioid prescribing for acute and chronic pain
  - Will be adopted by Jan. 2019
- Medicaid opioid prescribing policy
  - 3 days or 18 pills if  $\leq 20$  years
  - 7 days or 42 pills if  $>20$  years



Washington State Department of  
**Health**

# Provider opioid prescribing feedback reports—Medicaid data only

Individual prescribing reports from Health Care Authority (HCA)



Group prescribing reports on compliance with HCA policy from WSHA, WSMA & HCA

NAME OF HEALTH SYSTEM	Adult		
	Average	STDev	High 1SD
	33.8%	40.4%	-6.6%
			74.1%
Specialty	Adult Noncompliant Scripts	Total Adult Narcotic Scripts	Adult Noncompliant Percentage
Department Total	101	809	12.5%
Adult Hospitalist	2	2	100%
Neurology	2	2	100%
Hematology & Oncology	1	1	100%
Pediatrics	0	0	0%
Podiatry	5	33	15%
Internal Medicine	27	67	40%
Family Medicine	55	153	36%
Gastroenterology	2	6	33%
General Surgery	0	113	0%
Hospitalist	1	9	11%
Obstetrics & Gynecology	5	370	1%
Emergency Medicine	1	49	2%
Hospitalist IM	0	4	0%

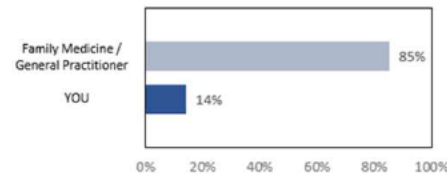
Contact: Jeb Shepard ([jeb@wsma.org](mailto:jeb@wsma.org))



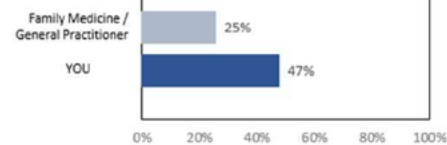
# Provider opioid prescribing feedback reports—all PMP data

Individual reports from PMP Application – available now to those registered

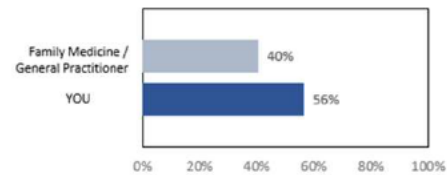
Individual and chief medical officer reports from Department of Health – coming soon



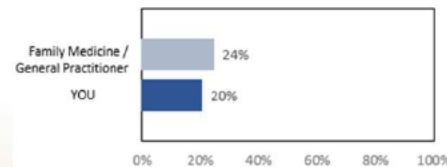
**% PATIENTS WITH NEW >7 DAYS' SUPPLY OF OPIOIDS**  
Number of patients with a new opioid prescription with >7 days' supply (but less than 60) in the current quarter divided by the total number of patients with a new opioid prescription in the current quarter (and none in the previous quarter)



**% PATIENTS WITH CHRONIC OPIOID PRESCRIPTIONS**  
Number of patients with ≥1 chronic (260 days' supply) opioid prescription in the current quarter divided by the total number of patients with an opioid prescription in the current quarter



**% PATIENTS WITH HIGH-DOSE CHRONIC OPIOID PRESCRIPTIONS**  
Number of patients with a chronic (260 days' supply) opioid prescription of 90 morphine milligram equivalents (MME) per day or more averaged in the current quarter divided by the total number of patients with a chronic opioid prescription in the current quarter



**% PATIENTS WITH CONCURRENT OPIOID AND SEDATIVE PRESCRIPTIONS**  
Number of patients who receive ≥1 day(s) of overlapping opioid and sedative prescriptions in the current quarter divided by the total number of patients with an opioid prescription in the current quarter

1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

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How can state agencies support tribes and urban tribal health centers around preventing opioid misuse and abuse?



1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

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Washington State Department of  
**Health**

# Treating opioid use disorder

- Traditional opioid use disorder treatment
  - Residential detoxification
  - Inpatient residential treatment
  - Outpatient counseling
  - Stand-alone methadone clinics
- Medication Treatment improves treatment outcomes
- Expanding provider networks essential
  - Hub & Spoke Networks (medication prescribers coordinating care with traditional Substance Use Disorder and other behavioral health providers)
  - Broadening scope of methadone clinics to include other medications
  - Primary care clinics

Transforming

  
Washington State  
Department of Social  
& Health Services  
*Transforming lives*

Washington State  
Health Care Authority

1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

# Opioid use disorder – Engagement and Recovery Supports

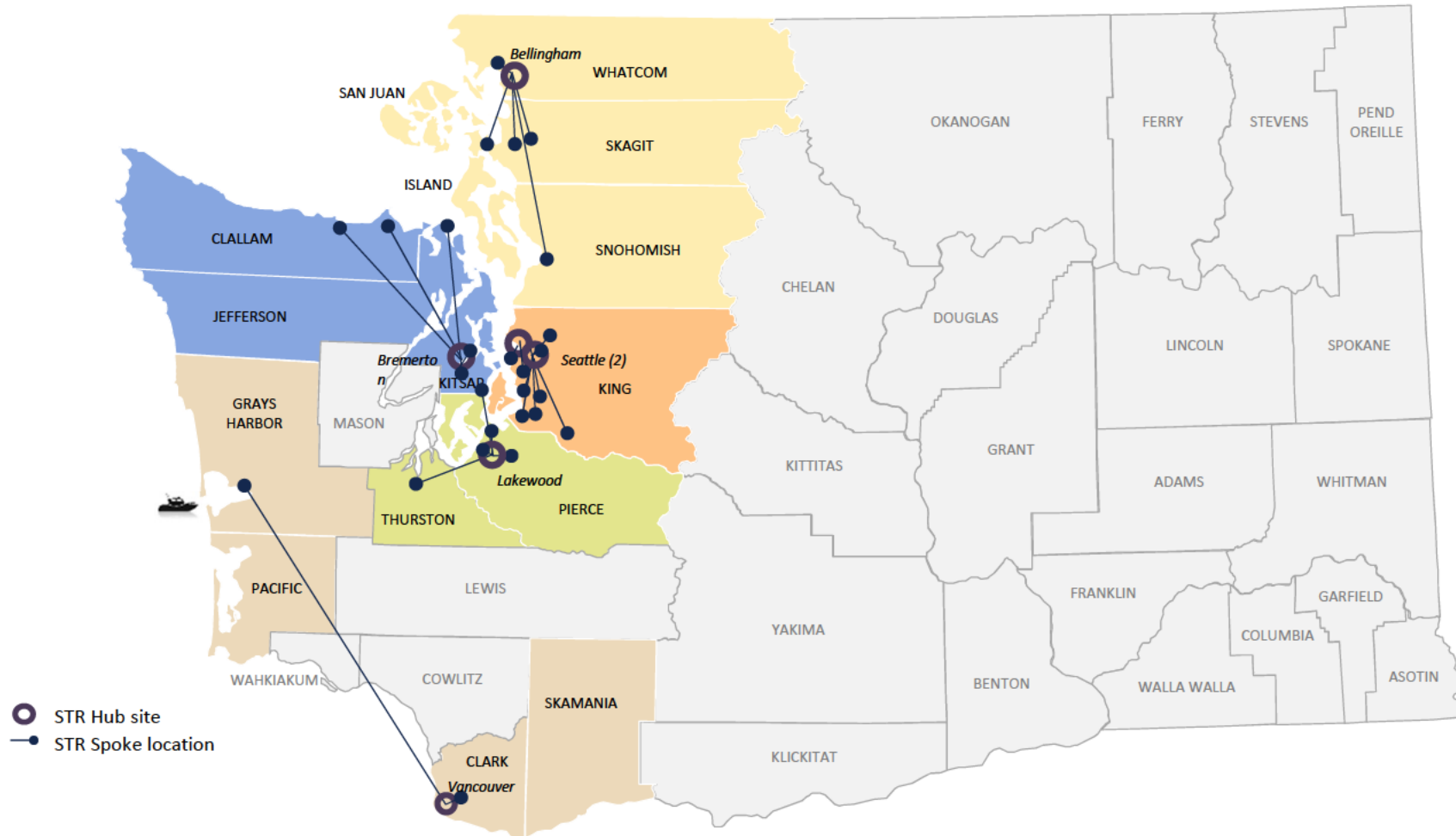
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- Syringe Service Programs
- Supportive Housing and Employment
- Peer Support
- Nurse Care Managers
- Mobile Clinics
- Care Coordination/Case Management
- Recovery Café Models

# WA Opioid Treatment Networks

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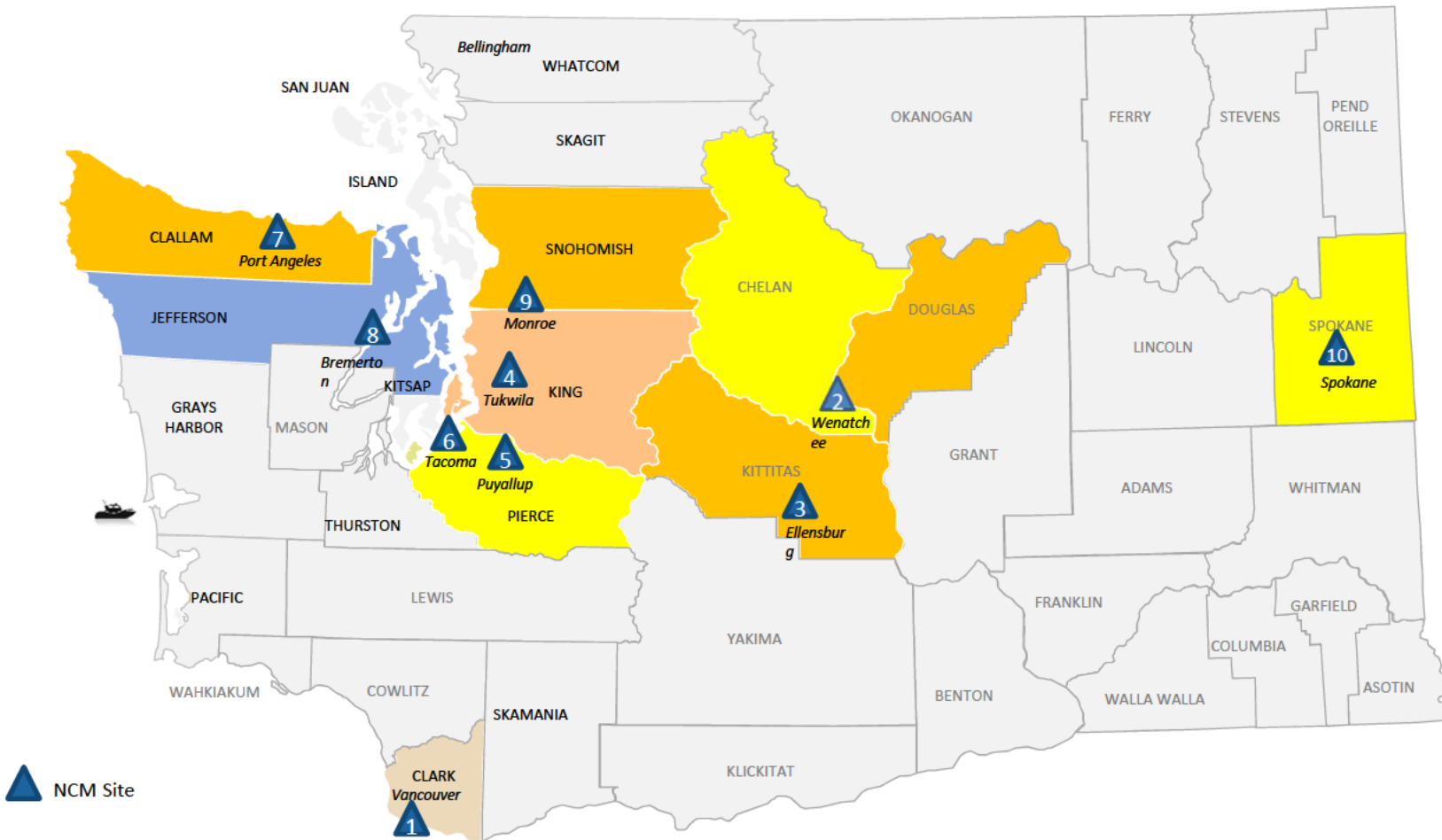


DATA SOURCE: Division of Behavioral Health and Recovery.

NOTES: STR Spoke locations may represent more than one clinic or agency providing MAT services or referrals to the STR Hub site.

# WA Nurse Care Manager Sites

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DATA SOURCE: Division of Behavioral Health and Recovery

1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

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How can state agencies assist tribes and urban tribal health centers with expanding access to treatment for opioid use disorder?



1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

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Health

# Preventing death from overdose

- State agencies are prioritizing overdose education and distribution of naloxone to individuals who use opioids and those mostly likely to witness an overdose
  - Syringe service programs
  - EMS
  - Drug treatment agencies
  - Tribes
  - Emergency departments
  - Jails
  - LHJs
  - Social service providers
  - Law enforcement.

The screenshot shows the homepage of stopoverdose.org. The header is black with the website name in red and white. Below the header is a navigation menu with links for Overdose, Naloxone, Getting Help, For professionals, Resources, and About. The main content area is divided into four colored boxes: Overdose Education (green), Naloxone (blue), Getting Help (blue), and For Professionals (green). Each box contains a title, a brief description, and a list of resources or actions. The Overdose Education box includes links to watch a training video, prevent prescription opioid abuse, and check risks. The Naloxone box includes links to learn about naloxone, find it near you, and start a program. The Getting Help box includes links for opioid use disorder, support for families, and crisis resources. The For Professionals box includes links for drug court, first responders, health care providers, pharmacists, and treatment providers. Each box also features a small icon related to the topic.



1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

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Health Care Authority



How can state agencies assist tribes and urban tribal health centers with reducing morbidity and mortality from opioid use disorder?



# Questions?

# Questions?

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### Lena Nachand

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Tribal Relations Director

Phone: 360.870.8903

Email: [tamarafulwyler@doh.wa.gov](mailto:tamarafulwyler@doh.wa.gov)