

HCA-DOH Monthly Tribal Meeting

November 14, 2018



Agenda

1:00 PM Welcome, Blessing, Introductions

Health Care Authority

1:10 PM Integrated Managed Care Implementation on January 1, 2019

1:30 PM Beacon Health, Administrative Service Organization (ASO) for Crisis System

1:50 PM HCA Responses to Request for Tribal Involvement in DBHR Planning

2:10 PM Certified Public Expenditure for Tribal Outpatient SUD Services to Non-AI/AN

2:30 PM HCA Updates

Department of Health

2:45 PM DOH Updates

3:00 PM Closing

(Meeting will transition to:

Tribal Consultation on Unified SAMHSA Block Grant Report, 3:00 – 5:00 pm)



Jessica Diaz, HCA Payment Redesign Analyst

Integrated Managed Care Implementation on January 1, 2019





Health Care Integration

Presenters:

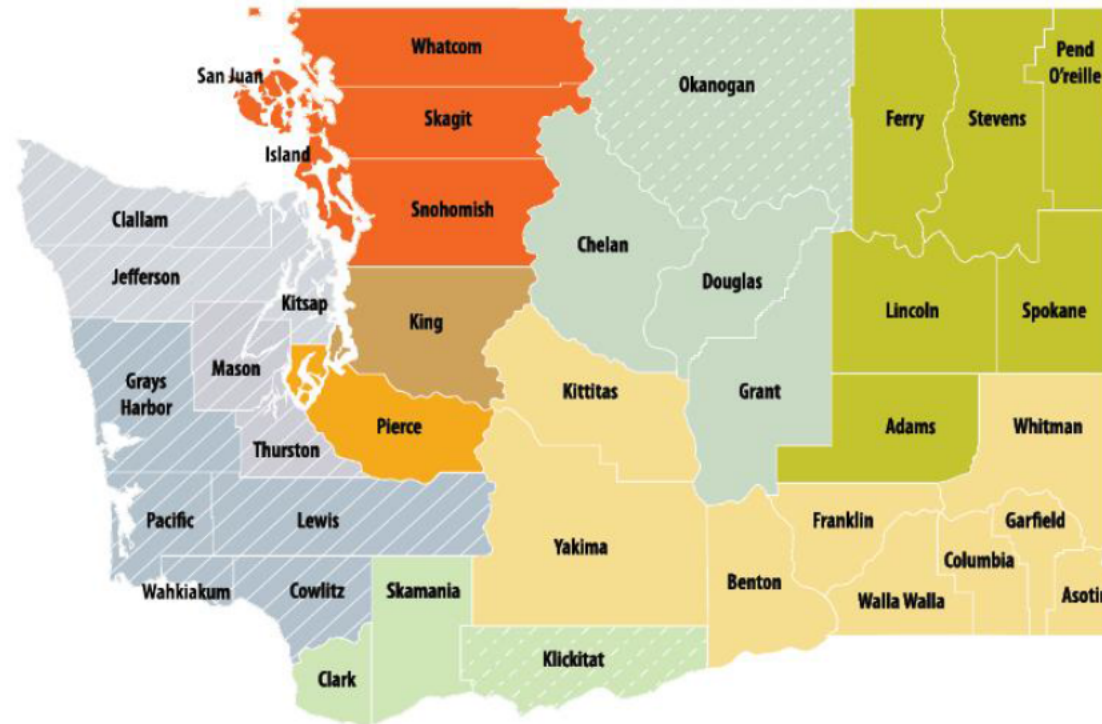
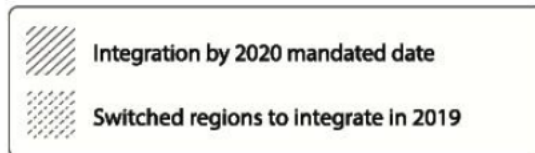
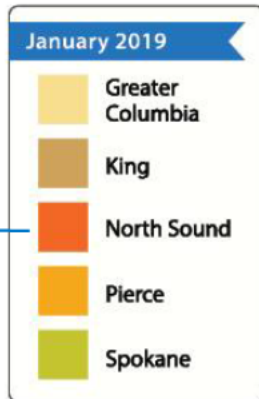
Isabel Jones

Jessica Diaz

Update on Integration Status

Integrated managed care regions

Nov. Update: ←
North Sound Transition
delayed until 7/1/19



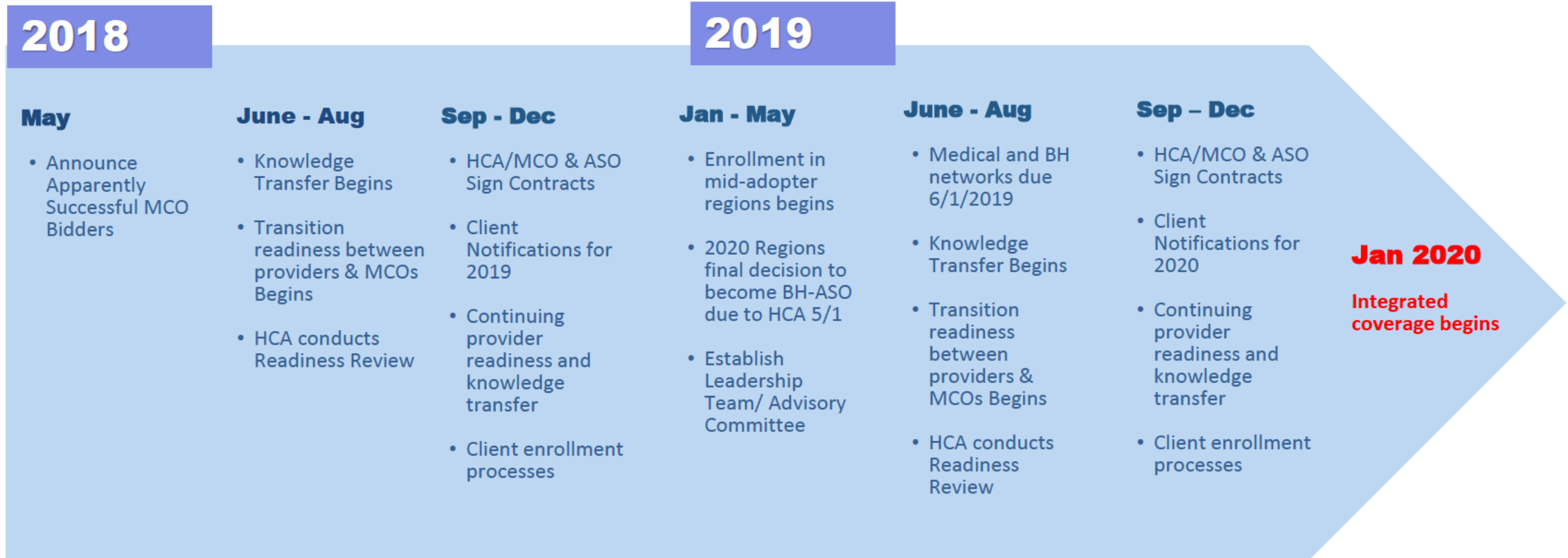
Update on Integration Status

Managed care region	Amerigroup	Community Health Plan	Coordinated Care	Molina Healthcare	United Healthcare
As of January 2019					
Greater Columbia	●	●	●	●	
King	●	●	●	●	●
North Central	●		●	●	
North Sound	●	●	●	●	●
Pierce	●		●	●	●
Spokane	●	●		●	
Southwest	●	●		●	
Coming January 2020					
Thurston-Mason	●			●	●
Great Rivers	●			●	●
Salish	●			●	●

Nov. Update: ←
 North Sound Transition
delayed until 7/1/19

Note: Apple Health Foster Care is a statewide program, provided through Apple Health Core Connections (Coordinated Care of Washington).

Medicaid Integration Timeline



Key Acronyms

RSA – Regional Service Areas

MCO – Managed Care Organization

BHO – Behavioral Health Organization

AH – Apple Health (medical managed care)

ACH – Accountable Community of Health

BH-ASO – Behavioral Health Administrative Services Organization

FIMC – Fully-Integrated Managed Care

HCA – Health Care Authority

NC – North Central

Mid-Adopter Regions: Regions pursuing fully-integrated managed care before 2020



Contact Information

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Inna Liu, Assistant Vice President, Account Partnership

Leah Becknell, Account Partnership Director Southwest and North Central Washington

Beacon Health – Administrative Service Organization for Crisis System





BH-ASO Overview

November 14, 2018

Shared Mission and Vision



*Our mission is to **help people live their lives to the fullest potential.** Our vision focuses on **improving the health and well-being of individuals coping with mental health and substance use conditions.***



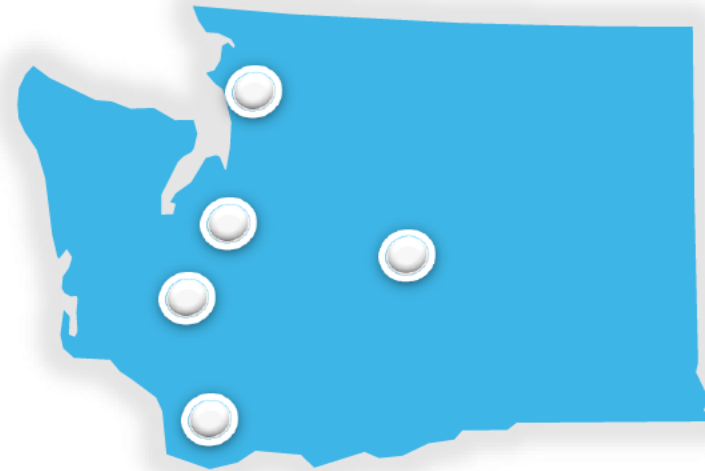
*Healthier Washington will help people **experience better health** throughout their lives and **receive better**—and more **affordable**—**care** when they need it.*

Across the United States, Beacon partners with leading Medicaid programs to advance innovation and integration of behavioral health services

Beacon is Committed to Strong Partnerships with Washington State

Strong Medicaid and Non-Medicaid Experience

- Implemented first Behavioral Health-Administrative Service Organization (BH-ASO) in Clark and Skamania Counties in ~90 days
- On January 2018, implemented second BH-ASO in Chelan, Douglas, and Grant Counties
- Manage the crisis system access and coordination contracts with the Integrated Managed Care (IMC) Managed Care Organizations (MCO), county governments, key providers, and other community groups



Dedicated Local Teams

- BH-ASO team in Vancouver and Wenatchee
- Building a BH-ASO team in Pierce County

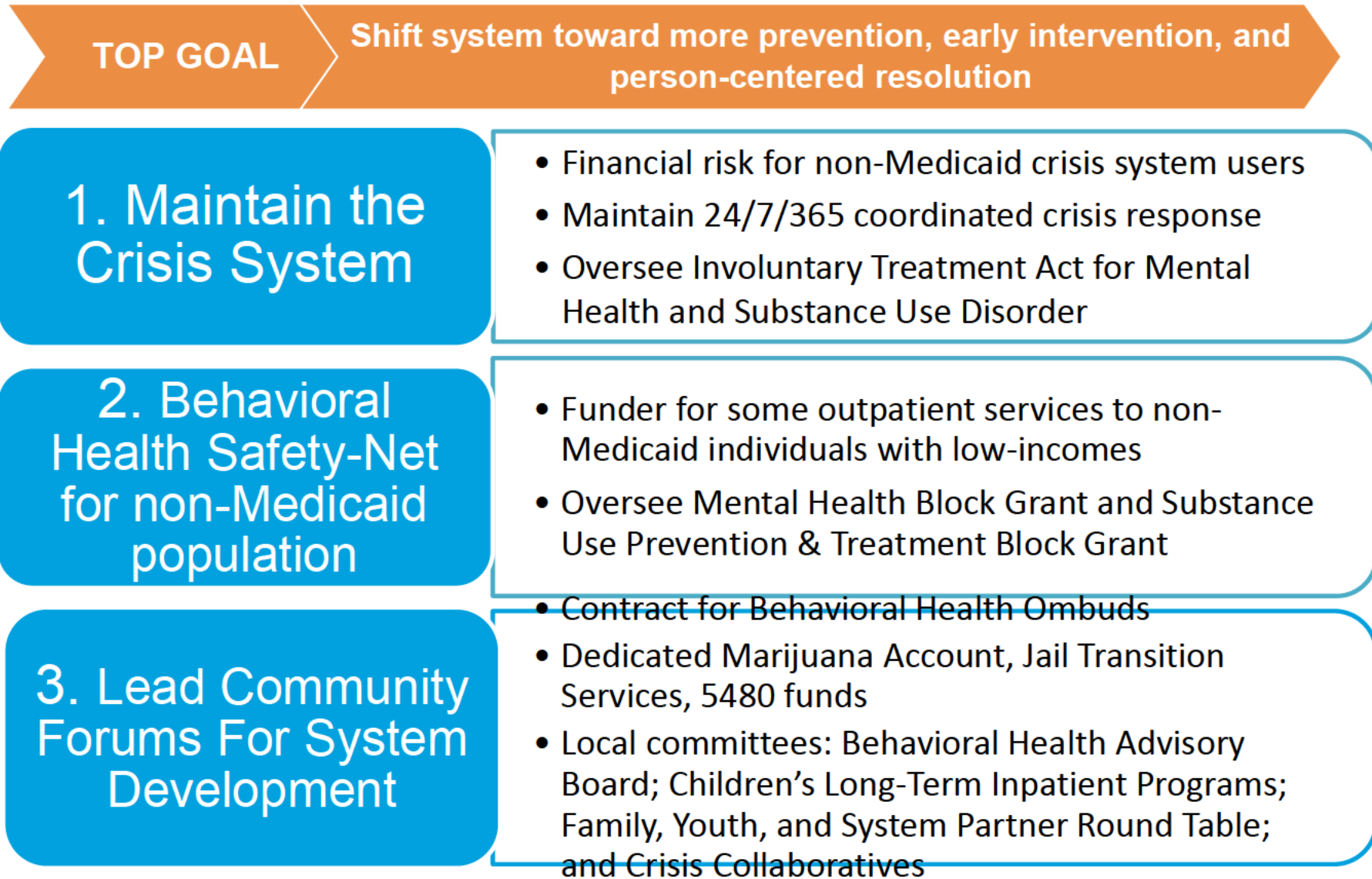
Military, Commercial, Employer Experience

- Military contract served out of Bellingham
- Boeing MHSUD and EAP contract

As the BH-ASO, Beacon is at the Center of the Regional BH Delivery System



Beacon has 3 main functions as the BH-ASO



Approach to Crisis Services

The Mission of the Crisis System is to:

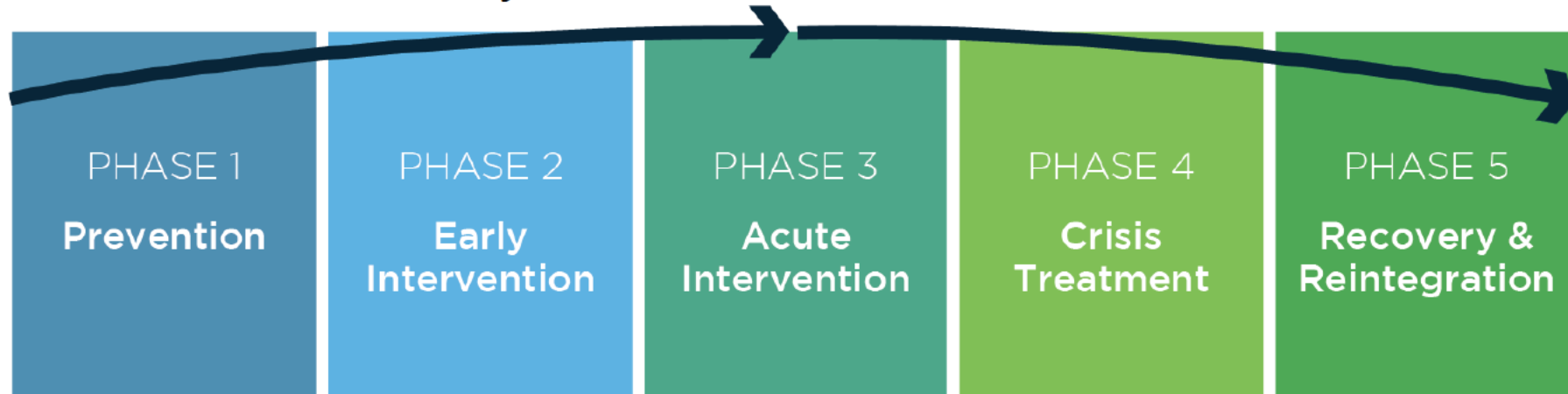
- Deliver high-quality, culturally competent, clinically, and cost-effective, integrated community-based behavioral health crisis assessment, intervention, and stabilization services that promote resiliency, rehabilitation, and recovery.

The Purpose of the Crisis System is to:

- Respond rapidly, assess effectively, and deliver a course of treatment
- Promote recovery, ensure safety, and stabilize the crisis
- Facilitate access to other levels of care
- Offer community-based behavioral health emergency services in order to bring treatment to individuals in crisis, allow for individual choice, and offer medically necessary services in the least restrictive environment that is most conducive to stabilization and recovery

Organizing Framework for Crisis System

- Transform crisis user experience from detention to prevention
- Increase coordination and transparency
- Beacon has direct “control” over only some of the key parts of the Behavioral Health system.



LIVED EXPERIENCE: In program development, oversight and service delivery

PLAYERS: Strong, cross-sector collaborations

LOGISTICS: Processes to facilitate movement of people and data

COMPETENCIES: Skills that promote resolution and reduce harm

PARTS: Services used as intended and producing results

Beacon's Goals in Washington

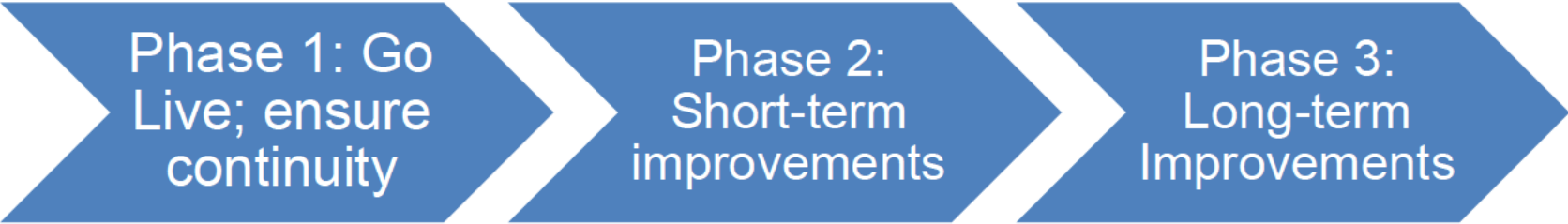
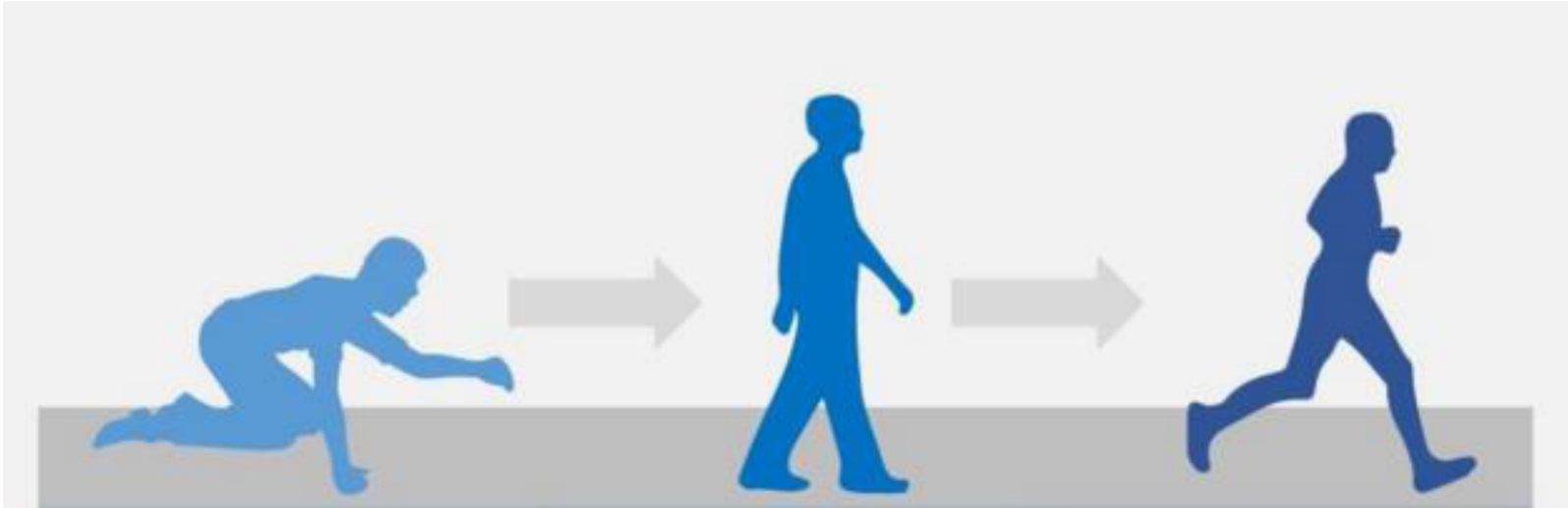
- 1. Build a full continuum of crisis services.** Beacon is committed to operating as part of continuum of integrated services, with deep connections to community resources and in seamless partnership with IMC MCOs. Beacon will work to identify gaps in the delivery system and execute a strategic action plan to develop appropriate levels of care with a recovery oriented philosophy.
- 2. Reduce crisis system recidivism.** Beacon will work to develop an excellent network of behavioral health providers and ensure clinical effectiveness of contracted programs to help prevent crisis service utilization and ensure seamless transitions based on an individual's needs.
- 3. Promote proactive crisis planning.** Beacon will work to educate and link community partners around crisis prevention, as well as promote proactive crisis planning.
- 4. Manage utilization and provider contracts within budgeted dollars.** Close fiscal management and clinical management are necessary to ensure long-term sustainability of Beacon's role as the BH-ASO.

Tribal Coordination for Crisis and Involuntary Commitment Evaluation Services

In partnership with Tribes, Beacon will work on developing a plan for providing crisis and ITA evaluation on Tribal Lands in the region:

- Procedures for crisis responders and non-Tribal DCRs to access Tribal lands to provide services including crisis response and ITA evaluations that includes:
 - Notification and authority to provide services after business hours
 - Coordination with Tribal Mental Health providers and any others
 - Transportation to non-Tribal lands for ITA evaluations and detentions if required
 - Specifics on where individuals will be held and under what authority if no E&T or secure withdrawal management and stabilization beds are available.
- Procedures and timeframe for evaluating the plan's efficacy and a procedure and timeframe for reviewing or modifying the plan to the satisfaction of all parties.

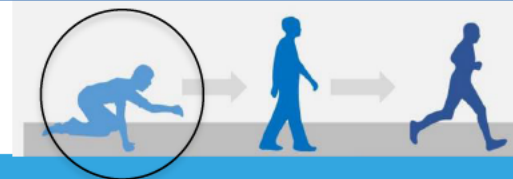
Beacon's System Development Approach: Crawl, Walk, Run



Year 1: Beacon's Approach in Pierce, Okanogan & Klickitat Counties

Objective	*Status	Detail
Maintain continuity of existing system; minimize disruption		Use Early Warning System to ensure no increase in crisis services
Identify gaps & develop strategic action plan for enhancing local crisis system		Leverage crisis consultant to assess and develop report
Manage utilization and provider contracts within budgets		Track trends in inpatient use; success in enrolling on Medicaid
Reduce crisis system recidivism		Ensure notice and close coordination for high utilizers to prevent future crises
Increase proactive crisis planning		Implementation and use of individualized plans & referrals
Enhance collaboration/hand-offs between providers to promote prevention, seamless transitions and timely resolution		Coordination between MCOs, providers, and Law Enforcement with crisis hotline

*Status: ● Positive
● Neutral
● Negative



Year 2: Beacon's Approach in North Central Washington

Beacon brought in a nationally recognized consultant in crisis systems to review and assess the crisis system and help create a strategic development plan.

Key recommendations:



For more details, please refer to the North Central Region Crisis System of Care Strategic Development Plan

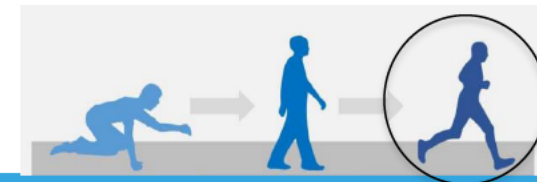


Year 3+: Beacon's Approach in Southwest Washington

Summary of Key Initiatives for 2018-2019



- Award A-MCI contract & launch by July
- Launch data dashboard
- Implement revised medical clearance protocol
- Written protocols for key crisis system players
- Strengthen ties with criminal justice
- Establish First Episode Psychosis Program
- Launch new crisis triage and stabilization center with Lifeline
- Develop non-traditional crisis service pathways via micro-grant program
- Collaborate with Sheriff and criminal justice systems
- Explore new respite care and transport options
- Complete a care experience analysis
- Collect and analyze community input on future MHBG & SAPT funding allocation
- Collaborate with BHAB to update community plans
- Update provider contracts




Thank You, Questions, & Contact Information

Leah Becknell

Account Partnership Director for North
Central and Southwest Washington

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360-208-7484



**EVERY
8 HOURS
IN WASHINGTON,
ONE PERSON
DIES BY
SUICIDE.
LET'S MAKE IT ZERO.**

Call the Southwest Washington Crisis Line for free, confidential support. We are here for you 24/7.
800-626-8137 | TTY 866-835-2755
wa.beaconhealthoptions.com

Source: American Foundation for Suicide Prevention

Jessie Dean, HCA Tribal Affairs Administrator

HCA Responses to Request for Tribal Involvement in DBHR Planning



BH Strategic Planning and Collaboration with Tribes

How can Tribes collaborate with DBHR for strategic planning and program design?

Program policies, procedures, grant funding applications and renewals are often dependent on state level strategic planning processes.

DBHR Programs Informed By...

Unified Block Grant
Strategic Planning
Process

Statewide Opioid
Response Plan

Statewide
Prevention Policy
Consortium

Supportive
Employment/
Supportive Housing
Policy Academies

Statewide
Epidemiological
Outcomes
Workgroup

BH Strategic Planning and Collaboration with Tribes

Unified Block Grant Application

Bi-Annual application (every 2 years)

Formal consultation with tribes

Statewide Opioid Response Plan

Plan updated every year

Statewide Epidemiological Workgroup

Ongoing workgroup

Statewide Policy Prevention Consortium (SPE)

5 year strategic plan, needs/resources assessments conducted every 2 years

Supportive Employment/Supportive Housing Policy Academy

Dan Ashby, HCA Accounting Section Manager

Certified Public Expenditures for Tribal Outpatient SUD Services to Non-AI/AN



Jessie Dean, HCA Tribal Affairs Administrator

Lucilla Mendoza, HCA Tribal Behavioral Health Administrator

HCA Updates



SOR Grant Implementation Update & Tribal Projects

SOR Grant OTN RFA

Dear Tribal Leader letter/email that includes RFA

Share DTL/RFA with DOC Tribal Liaison

Due, Nov 20, 2018

Submitted through HCA Online Portal

SOR Additional Tribal Funding Requests

Tribal Opioid Response SABG Grant contracts to be amended

Additional and existing reporting requirements (Tx = GPRA / Px = Minerva)

Up to 16 amendments to tribes and 2 new contracts UIHP (plans will be needed)

SOR Tribal Opioid Workgroup

Presentation and discussion at AIHC State-Tribal Leaders Health Summit

Identify contractor to facilitate workgroup (\$10,000)

Meet 4-6 times during contract period

Develop strategic plan and strategies to be embedded into Statewide Opioid Response Plan



WISe Curriculum Adaptation Update

Funding for this project is in the WISe Workforce Collaborative contract

Tribal participation needed

- Attend 2 day training

- Participate in short term workgroup to update the curriculum

- Develop adaptations as suggested

- Review adaptations with tribal leaders/finalize

To participate – Email Lucilla Mendoza, Tribal Affairs, Tribal Behavioral Health Administrator at lucilla.mendoza@hca.wa.gov

SUD Peer Support Services Updates

Begin work on action items

- Modify application process

- Curriculum updates for SUD services

- Online training development

- Train the Trainer (TOT)

- Testing

- SUD continuing education (develop training pilot)

- SUD peer conference planning

Communication/Collaboration with Tribes

- DTL to request participation

- Send out application and curriculum for review

- Work with CHAP Board regarding request to collaborate on BH Aid Program

SSB 6560 Implementation – Behavioral Health Working Committee

Interagency workgroup on youth homelessness

Address issue of youth experiencing homelessness within 12 months of being discharged from a public system of care

Work with other committees including Office of Homeless Youth (OHY), Juvenile Justice (JJ), Juvenile Rehabilitation (JR), and Dept. of Children Youth and Families (DCYF).

Friday Nov 9th – 10am-12pm

Thursday Dec 6th – 10am-12pm

Wednesday Jan 9th – 10am-12pm

To participate in the Behavioral Health Working Committee and receive the calendar invites for the three meetings mentioned above, please email Amanda Lewis; Amanda.lewis@hca.wa.gov



Tribal Coordination/Crisis Plans

Annual Plans for Tribal Coordination and Crisis Planning

Establish protocols for notification prior, during, and post ITA evaluation and detainment

Establish protocols for how DCRs will access tribal lands

Update contact for all parties on an annual basis

Discuss issues that have come up around access to inpatient MH/SUD facilities to address crisis

BHOs/BH ASOs are not required to have document signed although Tribe can request these be signed

Tamara Fulwyler, DOH Tribal Relations Director

DOH Updates



DOH Updates

DOH Environmental Public Health is organizing a workgroup on the impact of wildfire smoke and invites participation from interested tribal program staff.

DOH Environment Public Health is holding a consultation on 11/29/18 with the Puyallup Tribe on the Kapowsin Water District Project being done by Pierce County.

DOH Prevention and Community Health division is working on its contract with 2Morrow, a new smoking cessation app. There are questions about the data ownership if tribal affiliation is collected.

DOH Health Statistics and Quality Assurance division will host a consultation regarding the tribal attestation; this was requested by AIHC.

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