

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.

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.

Start Date:		Annual Review Date:	
Annual Review Participants:			
Annual Review Location:			

Tribal Contact:		Title:	
Address:			
Phone:		Fax:	
Email:			

Tribal Contact:		Title:	
Address:			
Phone:		Fax:	
Email:			

HCA OTA Contact:		Title:	
Address:			
Phone:		Fax:	
Email:			

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

DCR Agency/ DCR Contact:		Title:	
Address:			
Phone:		Fax:	
Email:			

MCO Contact:		Title:	
Address:			
Phone:		Fax:	

Email: _____

Annual Modification and Evaluation of the Tribal Crisis Coordination Plan

Describe timeframe for review and modification of this Tribal 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]
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]
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]

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]

Tribal Crisis Care Coordination Hub Information

Response: [Add text below]

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.

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]

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]

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]

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.

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

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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.

Governor's Indian Health Advisory Council
Description of Meeting: [Add text, suggest adding meeting dates and strategic plan, if applicable]
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]

American Indian Health Commission for Washington State
Description of Meeting: [Add text, suggest adding meeting dates and strategic plan, if applicable]
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]

HCA Monthly Tribal Meeting
Description of Meeting: [Add text, suggest adding meeting dates and strategic plan, if applicable]
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]

HCA Tribal Compliance and Operations Workgroup

Description of Meeting: [Add text, suggest adding meeting dates and strategic plan, if applicable]

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]

Tribal Centric Behavioral Health Advisory Board

Description of Meeting: [Add text, suggest adding meeting dates and strategic plan, if applicable]

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]

HCA Opioid Response Workgroup

Description of Meeting: [Add text, suggest adding meeting dates and strategic plan, if applicable]

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]

Regional Family Youth System Partner Round Table

Description of Meeting: [Add text, suggest adding meeting dates and strategic plan, if applicable]

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]

Regional Children’s Long Term Inpatient Program (CLIP) Committee

Description of Meeting: [Add text, suggest adding meeting dates and strategic plan, if applicable]

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]

