HCA-DOH
Monthly Tribal Meeting

Wednesday ~ August 7, 2019
9:00 AM – 1:00 PM
Location: Sue Crystal Conference Rm, Cherry Street Plaza, 626 8th Avenue SE, Olympia, WA

Register for the webinar here
https://attendee.gotowebinar.com/register/8983491977708817667

If you prefer to just dial in to the webinar – register for the webinar to receive your dial in instructions
Agenda

9:00 AM  Welcome, Acknowledgement and Blessing, Introductions

Department of Health

9:10 AM  MMR Vaccine Law Change
9:20 AM  Updates

Health Care Authority

9:40 AM  New HCA Indian Nation Agreements and Closing Out of DBHR Portion of DSHS Consolidated Contracts (Jessie Dean/Lucilla Mendoza)

10:00 AM  Preview: Mental Health IMD 1115 Waiver (Louise Nieto)
10:15 AM  Planning: Collaboration on SUD IMD 1115 Waiver Assessment (Karen Jensen)
10:30 AM  HCA Updates
  • Training on Trauma Informed Approaches (Lucilla Mendoza/Vicki Lowe)
  • AI/AN Opioid Response Workgroup (Lucilla Mendoza/Vicki Lowe)
  • Tribal E&T Workgroup (Lucilla Mendoza/Vicki Lowe)
  • Upcoming RT and Consultations (Lucilla Mendoza)

11:00 AM  Tribal Consultation: Trueblood Implementation

1:00 PM  Closing
Webinar Check, Welcome and Acknowledgement, Blessing, Introductions

Opening
NEW IMMUNIZATION LAW & THE HEALTH CARE PROVIDER ROLE

Washington State Department of Health
Office of Immunization & Child Profile

The Washington Chapter of the American Academy of Pediatrics

DOH Pub #348-728
Presenters

Gregory C. Endler
Deputy Director of Health Promotion
Center for Public Affairs
Washington State Department of Health
Today’s Presentation

- Provide an overview on the new school and child care immunization requirements in the new law
- Identify immunization exemptions allowed in Washington
- Review what the health care practitioner’s role is in the exemption process
New Immunization Law

Engrossed House Bill 1638 affects both:
- Children in licensed child cares
- Children in public and private schools

It became law on:
- July 28, 2019

The Focus of the Law is on:
- Measles, Mumps, and Rubella Vaccination
New Immunization Law

Change #1:
- The option for *personal and philosophical exemptions* for measles, mumps, and rubella (MMR) vaccine was removed.

Current Vaccine Exemptions Types Include:
- Religious
- Religious Membership
- Medical
- Personal/Philosophical
New Immunization Law

Change #2:

Employees & volunteers at child cares need to show proof of MMR vaccination

- Affects all licensed child care centers, ECEAP (Early Childhood Education & Assistance Program), and Head Start
- Employees and volunteers must provide proof of MMR
  - (Documentation, lab titer, or medical exemption)
Who is Allowed to Sign an Exemption?

- Physician licensed under chapter 18.71 or 18.57 RCW
- Naturopath licensed under chapter 18.36A RCW
- Physician Assistant licensed under chapter 18.71A or 18.57A RCW
- Advanced registered nurse practitioner licensed under chapter 18.79 RCW
Clinicians’ role in religious, personal or philosophical exemptions...

Provide counseling on:

- Benefits & risks of the recommended vaccines
- The risks of vaccine-preventable disease
- And the rationale for the recommended schedule

*Your signature attests only to having provided counseling. The clinician has no role in assessing parents’ religious beliefs.*
Clinicians’ Role in Medical Exemptions...

- Determine if the child has a contraindication or precaution to receiving vaccines.

- Determine if the condition is temporary or permanent.

- Your signature attests to your having concluded that the vaccine(s) is **not advisable** for this child.

- If you conclude that the child **could** receive the vaccine, **do not sign**.
Valid Contraindications/Precautions to MMR Include:

- Severe immunodeficiency: hematologic, solid tumors, chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, HIV if immunocompromised
- Parent or sibling with congenital or heredity immunodeficiency
- Receipt of antibody containing blood product within 11 months
- Severe allergic reaction (anaphylaxis) to a prior dose or a vaccine component (neomycin)
- History of thrombocytopenia
- Pregnancy
Conversations with Parents...

Medical Exemptions
- Be respectful and cordial
- Provide attention to, and empathy for, the parents’ concerns
- Be firm and consistent about what you can – and cannot – do for them with regard to a medical exemption

Religious Exemptions
- Your job is to provide information and guidance, not to assess the validity of their religious claim
- Don’t let your personal feelings damage your relationship with the parents- this will diminish your ability to have any influence with them in the future.
Resources

Routine MMR Vaccination Recommendations (Including Contraindications)
  •  https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html

DOH Law Change Page
  •  https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ExemptionLawChange

DOH Law Change FAQ
  •  https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ExemptionLawChange/ExemptionLawFAQs

Certificate of Exemption Page
  •  https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization#exempt
Tamara Fulwyler
DOH Tribal Relations Director

Department of Health Updates
## Collaborations/Consultations

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHI Behavioral Health Attestation</td>
<td>8/15/19 AIHC Delegates meeting</td>
</tr>
<tr>
<td>Roundtable on T21: Science &amp; Policy</td>
<td>8/15/19 After the AIHC Delegates meeting</td>
</tr>
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</table>
# Dear Tribal Leader Letters

<table>
<thead>
<tr>
<th>DATE</th>
<th>SUBJECT</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/19</td>
<td>MMR Vaccine Law</td>
<td>Greg Endler</td>
</tr>
<tr>
<td>7/2/19</td>
<td>Rulemaking Vital Records</td>
<td>Katitza Holthaus</td>
</tr>
<tr>
<td>7/3/19</td>
<td>2019 FPHS Tribal Consultation</td>
<td>Tamara Fulwyler</td>
</tr>
<tr>
<td>7/26/19</td>
<td>Diabetes Epidemic and Action Report</td>
<td>Sara Eve Sarliker</td>
</tr>
<tr>
<td>7/26/19</td>
<td>Maternal Child Health Needs Assessment</td>
<td>Kathy Estes</td>
</tr>
<tr>
<td>7/26/19</td>
<td>Roundtable on Tobacco/Vape Sales: Science &amp; Policy</td>
<td>Tamara Fulwyler</td>
</tr>
<tr>
<td>7/30/19</td>
<td>Dental Quality Assurance Commission: Sexual Misconduct &amp; Patient Notification for Opioid Prescriptions</td>
<td>Jennifer Santiago</td>
</tr>
<tr>
<td>8/2/19</td>
<td>Intensive Behavioral Health Treatment Facilities &amp; Mental Health Peer Respite Centers</td>
<td>Julie Tomaro</td>
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## Healthy Youth Survey 2018 Data*

### Grade 6
**American Indian or Alaskan Native, Any**

<table>
<thead>
<tr>
<th>American Indian or Alaskan Native, Any</th>
<th>not Indian or Native</th>
<th>92.2% ± 1.1% 8,867</th>
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<tbody>
<tr>
<td>all or part Indian or Native</td>
<td>7.8% ± 1.1% 747</td>
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</table>

### Grade 8
**American Indian or Alaskan Native, Any**

<table>
<thead>
<tr>
<th>American Indian or Alaskan Native, Any</th>
<th>not Indian or Native</th>
<th>94.1% ± 1.0% 8,371</th>
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<tbody>
<tr>
<td>all or part Indian or Native</td>
<td>5.9% ± 1.0% 524</td>
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### Grade 10
**American Indian or Alaskan Native, Any**

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<thead>
<tr>
<th>American Indian or Alaskan Native, Any</th>
<th>not Indian or Native</th>
<th>95.0% ± 1.0% 7,693</th>
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</thead>
<tbody>
<tr>
<td>all or part Indian or Native</td>
<td>5.0% ± 1.0% 403</td>
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</tbody>
</table>

### Grade 12
**American Indian or Alaskan Native, Any**

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<tr>
<th>American Indian or Alaskan Native, Any</th>
<th>not Indian or Native</th>
<th>95.7% ± 1.1% 5,431</th>
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</thead>
<tbody>
<tr>
<td>all or part Indian or Native</td>
<td>4.3% ± 1.1% 245</td>
<td></td>
</tr>
</tbody>
</table>

*SOURCE: https://www.ashys.net/Analyzer
Includes students at Chief Leschi and Chief Kitsap Academy*
Around the DOH

- Recruiting Chief of Emergency Preparedness & Response
- Monthly communicators’ call
- Monthly health officers’ call
- Correcting birth certificates
- Support for SBIT Yellow Brick Road
- Support for Paddle to Lummi 2019
MMR Vaccine Law Change Presentation by Greg Endler
Tamara Fulwyler
DOH Tribal Relations Director

Department of Health Updates
Collaborations/Consultations

| BHI Behavioral Health Attestation | August AIHC Delegates meeting |
Health Care Authority Updates
New HCA Indian Nation Agreements and Closing Out of DBHR Portion of DSHS Consolidated Contracts (Jessie Dean/Lucilla Mendoza)
1115 MH IMD Waiver Application

Louise Nieto, LMFT, Behavioral Health Administrative Programs
HCA, Division of Behavioral Health & Recovery
1115 MH IMD Waiver Background

- Federal rules prohibit the use of Medicaid funds for services to individuals who reside in an Institution for Mental Disease (IMD) for more than 15 days during a calendar month.

- In 2016 CMS offered states the opportunity to apply for an 1115 demonstration waiver allowing Medicaid-funded treatment in SUD IMDs.

- In 2017 Washington State was granted an 1115 waiver amendment for SUD IMD facilities. The amendment application required the state to make changes to its SUD treatment system.

- A 2018 executive order allows 1115 waivers for MH IMD facilities.
Washington State’s 1115 MH IMD Waiver Application

- The target date for submission is March 2020 and after CMS approval, implementation begins July 1, 2020.
- The state is seeking technical assistance and further guidance from CMS regarding application requirements.
1115 MH IMD Waiver Requirements

• Requirements similar to those under the SUD IMD 1115 Waiver:
  – States must meet milestones within two years.
  – Requires an average 30 day stay during the demonstration.
  – States will report quarterly on a common set of metrics.
  – Requires an approved implementation plan and updated HIT plan before state begins using Medicaid for MH IMDs.

• Requirements different than those under the SUD IMD Waiver:
  – Does not apply to individuals under age 21 unless they reside in certain IMD facilities
  – Maintenance of financial effort will be considered when reviewing applications, in order to ensure states continue to fund outpatient services.
  – Requires accredited facilities.
Required 1115 MH IMD Waiver Milestones

• **Quality of Care**: Accredited facilities, screening for co-occurring conditions, compliance requirements, and utilization management.

• **Improved Care Coordination**: Pre-discharge care coordination, housing assessment, follow-up calls, and strategies to increase data sharing among providers.

• **Increased Access to Care**: Focuses on crisis stabilization, statewide assessments of mental health outpatient networks, and evidence-based tools for determining level of care.

• **Earlier Identification and Engagement**: Programs to increase the number of younger adults in treatment, supported employment, and integration of behavioral health care in non-specialty care settings (schools and primary care).
# 1115 MH IMD Waiver Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Project Milestone</th>
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</thead>
<tbody>
<tr>
<td>4/1/2019</td>
<td>Project Start</td>
</tr>
<tr>
<td>5/1/2019</td>
<td>Determine SMEs</td>
</tr>
<tr>
<td>5/15/2019</td>
<td>Info Gathering</td>
</tr>
<tr>
<td>6/1/2019</td>
<td>Secure Budget for Contractors (RDA, Mercer)</td>
</tr>
<tr>
<td>7/1/2019</td>
<td>Complete Draft Application</td>
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<tr>
<td>7/15/2019</td>
<td>Complete Application/Exec Review</td>
</tr>
<tr>
<td>10/1/2019</td>
<td>Tribal Notice &amp; Draft Application for Review</td>
</tr>
<tr>
<td>10/1/2019</td>
<td>Public Notice</td>
</tr>
<tr>
<td>11/1/2019</td>
<td>Begin Tribal Roundtables</td>
</tr>
<tr>
<td>12/1/2019</td>
<td>Tribal Consultation</td>
</tr>
<tr>
<td>1/1/2020</td>
<td>Submit Application to CMS</td>
</tr>
<tr>
<td>7/1/2020</td>
<td>CMS Approval/Begin FFP</td>
</tr>
</tbody>
</table>
Medicaid Transformation Project

SUD Midpoint Assessment

Center for Health Systems Effectiveness
Aug 7, 2019
Who we are

About the Assessment

Our ask
Who we are
Assessment Team

Center for Health Systems Effectiveness, Oregon Health & Science University

Lead MTP Evaluator
Dr. John McConnell

IMD MPA Evaluation Lead
Jenny Grunditz

IMD MPA Evaluation staff
Ruth Rowland
Ellena Rosenthal
About the Assessment
Timeline

Section 1115 Waiver approved ("MTP")
New CMS guidance on SUD
Amendment approved ("SUD Amendment")
Tribal consultation
State requests 1115 waiver amendment
SUD Mid-Point Assessment due
Waiver approval end

2017 2018 2019 2020 2021
SUD Amendment Request

Allow Medicaid payment for residential substance use disorder (SUD) treatment in “institutions for mental disease” (IMDs) for more than 15 days per month

• Previously, federal funding for IMD stays limited to 15 days
• Intention: expand access to residential treatment for SUD
CMS Requirements for approval

- SUD Implementation Protocol (milestones)
- SUD Monitoring Protocol
- Mid-Point Assessment
- Others: health IT, budget neutrality
SUD Mid-Point Assessment

Carried out by independent evaluator

Assess progress toward SUD Amendment goals

Completed by December 31, 2020
Assessment tasks

Consult with stakeholders and partners
Assess progress toward milestones, targets
Interview key informants (2 rounds)
Assess budget neutrality
Report findings and recommendations
Collaboration objectives

• Review milestones and methods
• Help us understand context
• Input on assessment design, priorities
  — How will SUD Amendment affect AI/AN Medicaid beneficiaries, tribally affiliated IMDs, IHCPs, urban Indian health organizations?
  — What metrics/measures are most relevant?
  — What factors might aid or hinder changes?
How should we collaborate?
Collaboration preferences

• Group participatory sessions?
• In person with call-in option?
• Stand-alone or part of larger planned event?
• Participants?
• Timing: October/November 2019
Contact

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HCA Office of Tribal Affairs
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Jenny Grunditz
Center for Health Systems Effectiveness
Oregon Health & Science University
youjen@ohsu.edu
Behavioral Health Updates

- Training on Trauma Informed Approaches (Lucilla Mendoza/Vicki Lowe)
- AI/AN Opioid Response Workgroup (Lucilla Mendoza/Vicki Lowe)
- Tribal E&T Workgroup (Lucilla Mendoza/Vicki Lowe)
- Upcoming RT and Consultations (Lucilla Mendoza)
Closing/Adjournment
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Project Specialist  
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Web: [http://www.hca.wa.gov/tribal/Pages/index.aspx](http://www.hca.wa.gov/tribal/Pages/index.aspx)  

Tamara Fulwyler  
Tribal Relations Director  
Email: tamara.fulwyler@doh.wa.gov  

Web: [https://www.doh.wa.gov/ForPublicHealthAndHealthcareProviders/TribalPublicHealth](https://www.doh.wa.gov/ForPublicHealthAndHealthcareProviders/TribalPublicHealth)
Trueblood Settlement of Contempt Agreement
First of All ...

- People with mental illness are more likely to be victims of crimes than perpetrators
- Over half (56%) of male inmates reported experiencing childhood physical trauma
- Individuals arrested for minor infractions may spend time in jail, which exacerbates behavioral health issues and results in criminal records, making securing a home and/or job much harder
- Data reveals homeless individuals are more likely to:
  - Be African American or Native American
  - Live in high-density urban areas
  - Have mental illness and substance use problems
  - Receive medical treatment for injuries
  - Receive cash and/or food assistance
Trueblood Case History

Background

• Prior to this case, Washington had been dealing with delays in competency services for more than a decade
• Class members are individuals detained in city and county jails awaiting competency services
Trueblood Case History

The Case

- A.B. by and through Trueblood v DSHS -- “Trueblood”
- Challenged unconstitutional delays in competency evaluation and restoration

Bench trial March 2015, judgment and injunction in April:

- U.S. Constitution requires Washington state to complete evaluations and admissions within seven days, which begins when criminal court signs the order (regardless of when it was transmitted)
- Defendants subsequently appealed this order for in-jail evaluations
  - Now a sliding scale after mediation (7-14, 14-21)
On February 5, 2018, DSHS and plaintiff’s counsel (DRW) agreed to begin to negotiate a settlement.

The Federal District Court for the Western District of Washington approved the Settlement Agreement on December 11, 2018.

It is not a settlement of the lawsuit itself. Rather, it is a settlement of DSHS contempt status.
Statewide Court Orders to DSHS for Competency Services by Order Type*
SFY 2013 - SFY 2019

- Jail-based evaluation
- Inpatient evaluation
- Inpatient restoration
- Total orders

Number of Court Orders

<table>
<thead>
<tr>
<th>SFY</th>
<th>Jail-based evaluation</th>
<th>Inpatient evaluation</th>
<th>Inpatient restoration</th>
<th>Total orders</th>
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<td>2,064</td>
<td>2,511</td>
<td>810</td>
<td>5,485</td>
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<td>2014</td>
<td>2,511</td>
<td>3,219</td>
<td>284</td>
<td>6,014</td>
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<td>2015</td>
<td>3,219</td>
<td>3,419</td>
<td>263</td>
<td>6,901</td>
</tr>
<tr>
<td>2016</td>
<td>3,419</td>
<td>2,962</td>
<td>372</td>
<td>6,753</td>
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<tr>
<td>2017</td>
<td>2,962</td>
<td>3,447</td>
<td>1,288</td>
<td>7,697</td>
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<tr>
<td>2018</td>
<td>3,447</td>
<td>3,764</td>
<td>1,389</td>
<td>8,590</td>
</tr>
<tr>
<td>2019</td>
<td>3,764</td>
<td>4,284</td>
<td>1,565</td>
<td>9,613</td>
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Notes:
*Data in the graph: 1) do not include Pierce Panel Evaluations; 2) do not include those on Personal Recognizance (PR); 3) may include non-competency evaluation referrals prior to 2018 due to limitations of ESH data system; 4) numbers may differ from reports provided elsewhere due to system updates; 5) June 2019 data is first look.
Sources: Aug. 2018 and forward: BHA Forensic Data System (FDS); Prior to Aug. 2018: WSH-FES; ESH - MILO
Graph updated by: Can Du, RDA, July 10, 2019
Phased Approach:

- **Phase one:** 2019-2021
  - Southwest ACH/MCO Region  
    (Clark, Klickitat and Skamania Counties)
  - Pierce County Region/ACH/MCO
  - Spokane Region
    (Better Health Together ACH region)
- **Phase two:** 2021-2023
  - King County- Washington’s most populous
- **Phase three:**
  - look back and either bolster existing or expand to new regions
- **Rinse and repeat**
Trueblood Settlement Governance Structure

Executive Committee is composed of the parties from the Trueblood lawsuit, and the state agencies responsible for implementation of the Agreement.

General Advisory Committee
The General Advisory Committee provides community feedback, flags implementation issues, reviews data and outcomes and makes recommendations to the Executive Committee. This advisory body will be made up of all Executive Committee members in addition to regional and statewide members from key stakeholder and partner entities.
CHARGES FILED and competency to stand trial is in question

COURT ORDER Competency Evaluation

COMPETENT?

YES

TRIAL

NO

TIME LIMIT
* State Hospital, 7 days
* Jail, within 14 days
* Community, no time limit

Competency Evaluation

Either:

1. Inpatient Competency Restoration
   Multiple competency restoration periods may be imposed

2. Outpatient (Community-Based) Competency Restoration

COMPETENCY Restored?

YES

JAIL

NO

Charges Dropped

Flipped to Civil

Legal Authority: Revised Code of Washington 10.77.
This slide gives me great pause. I wonder if there's another version of this that better illustrates the process?
Elements of Trueblood Settlement
This entire series needs titles and many sections need explanations in the notes. It gets incredibly crowded at points and I'm not sure it holds its effectiveness with so much on the page. Could it be broken down by each point along the timeline instead of trying to cram the entire timeline into the series of slides? Does that make sense?

West, Norah (DHS), 6/14/2019
Elements of Trueblood Settlement

- Increase competency evaluations by increasing the number of evaluators.
- Transition Maple Lane, Yakima Inpatient Competency Facilities.
- Increase inpatient competency restoration beds at WSH, ESH.
Elements of Trueblood Settlement

- Outpatient Competency Restoration + MH Outpatient Treatment
- Increase competency evaluations by increasing number of evaluators
- Court-ordered DSHS Navigators
- Transition Maple Lane, Yakima Inpatient Competency Facilities
- Increase inpatient competency restoration beds at WSH, ESH

Washington State Department of Social and Health Services

Transforming Lives

Washington State Health Care Authority
Elements of Trueblood Settlement

- 4 Housing & Recovery through Peer Services (HARPS)
- Outpatient Competency Restoration + MH Outpatient Treatment
- Increase competency evaluations by increasing number of evaluators
- Court-ordered DSHS Navigators
- Transition Maple Lane, Yakima Inpatient Competency Facilities
- Increase inpatient competency restoration beds at WSH, ESH

Washington State Department of Social and Health Services
Transforming Lives
Washington State Health Care Authority
Elements of Trueblood Settlement

3 Mobile Crisis Teams

Enhanced Crisis Stabilization

4 Housing & Recovery through Peer Services (HARPS)

Outpatient Competency Restoration + MH Outpatient Treatment

Increase competency evaluations by increasing number of evaluators

Court-ordered DSHS Navigators

Transition Maple Lane, Yakima Inpatient Competency Restoration Facilities

Increase inpatient competency restoration beds at WSH, ESH
Elements of Trueblood Settlement

- Intensive Case Management – Case Finding based on RDA HU List
- 3 Mobile Crisis Teams
- Enhanced Crisis Stabilization
- 4 Housing & Recovery through Peer Services (HARPS)
- Outpatient Competency Restoration + MH Outpatient Treatment
- Court Ordered DSHS Navigators
- Enhanced Peer Support Curriculum – Justice Involvement

Transforming Lives

Increase competency evaluations by increasing number of evaluators

Transition Maple Lane, Yakima Inpatient Competency Facilities
Increase inpatient competency restoration beds at WSH, ESH
Elements of Trueblood Settlement

Intensive Case Management – Case Finding based on RDA HU List

3 Mobile Crisis Teams

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4 Housing & Recovery through Peer Services (HARPS)

Outpatient Competency Restoration + MH Outpatient Treatment

Increase competency evaluations by increasing number of evaluators

Court Ordered DSHS Navigators

Transition Maple Lane, Yakima Inpatient Competency Facilities

Increase inpatient competency restoration beds at WSH, ESH

Enhanced Peer Support Curriculum – Justice Involvement

Co-Responder Program WASPC

Crisis Intervention Training

Washington State Health Care Authority
Elements of Trueblood Settlement

- Intensive Case Management – Case Finding based on RDA HU List
- 3 Mobile Crisis Teams
- Enhanced Crisis Stabilization
- 4 Housing & Recovery through Peer Services (HARPS)
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Transition
Maple Lane, Yakima Inpatient Competency Facilities
Increase inpatient competency restoration beds at WSH, ESH

Co-Responder Program WASPC
Crisis Intervention Training

Behavioral Health Workforce Development
Trueblood Settlement Summary and Agreement Document
More Information

For more detail you may refer to:

- The *Trueblood* Settlement Agreement

- Senate Bill 5444
  - [https://app.leg.wa.gov/billsummary?BillNumber=5444&Chamber=Senate&Year=2019](https://app.leg.wa.gov/billsummary?BillNumber=5444&Chamber=Senate&Year=2019)
Thank you

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