



North Central Accountable
Community of Health

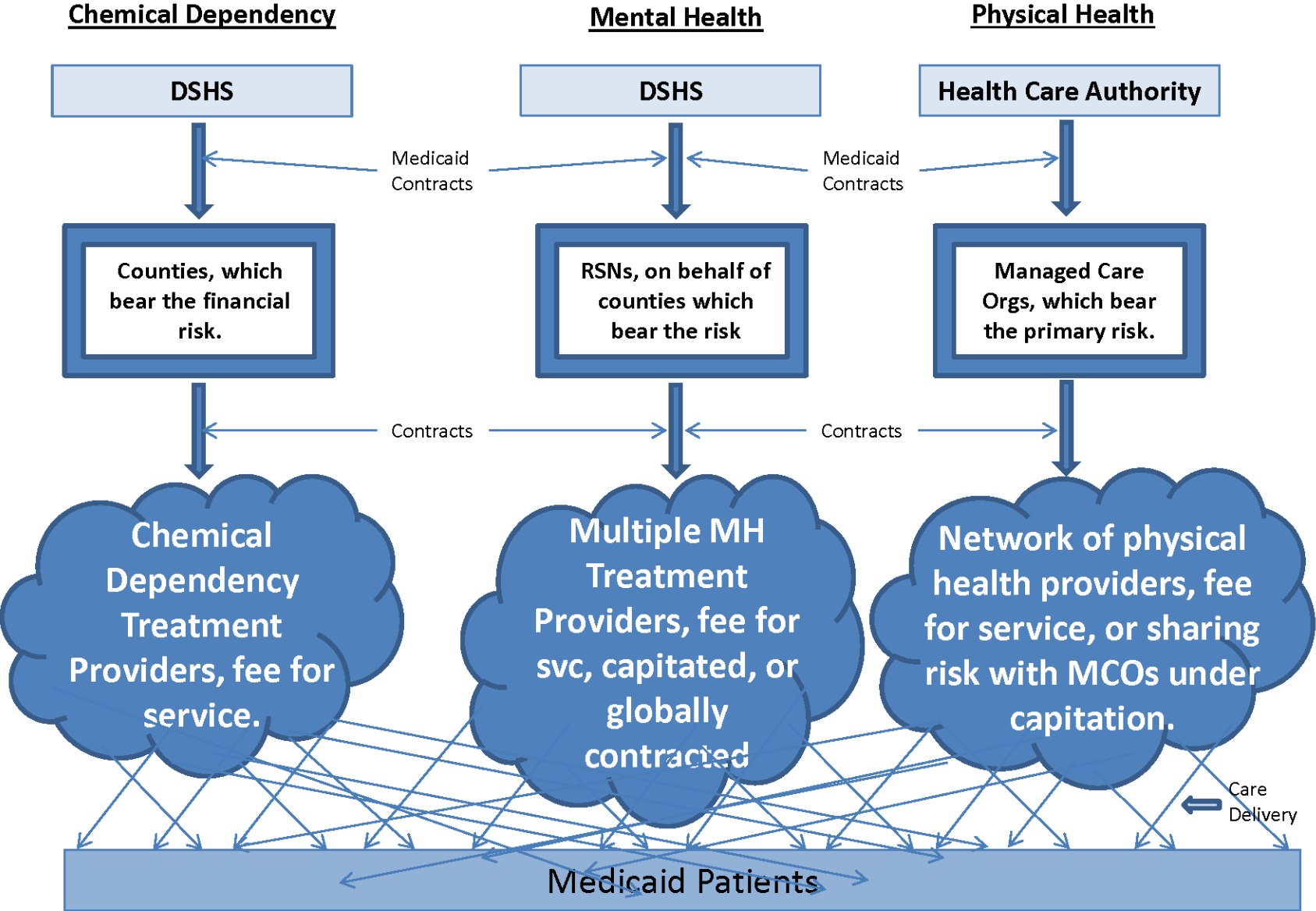
Okanogan County Fully-Integrated Medicaid Contracting

North Central Accountable Community of Health

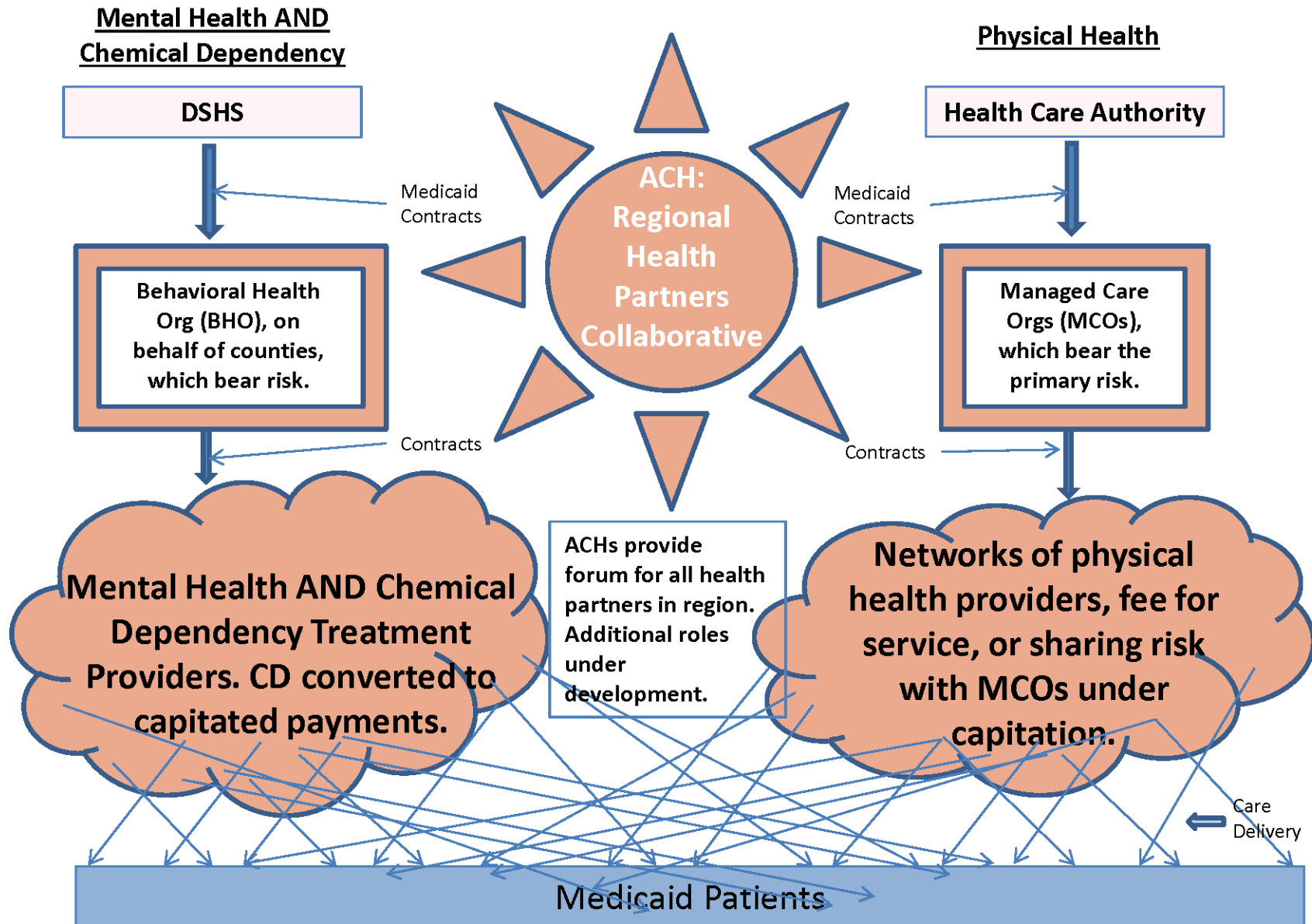
Integrated Managed Care

- State legislation directed the Health Care Authority to integrate the care delivery and purchasing of physical and behavioral health care for Medicaid statewide by 2020.
- Regional service areas have the choice to adopt the new payment model before 2020.
- Chelan, Douglas, and Grant counties opted to implement integrated care January 1, 2018.
- Okanogan County opted to implement integrated care January 1, 2019.

Medicaid Funding: Beginning State as of 2015

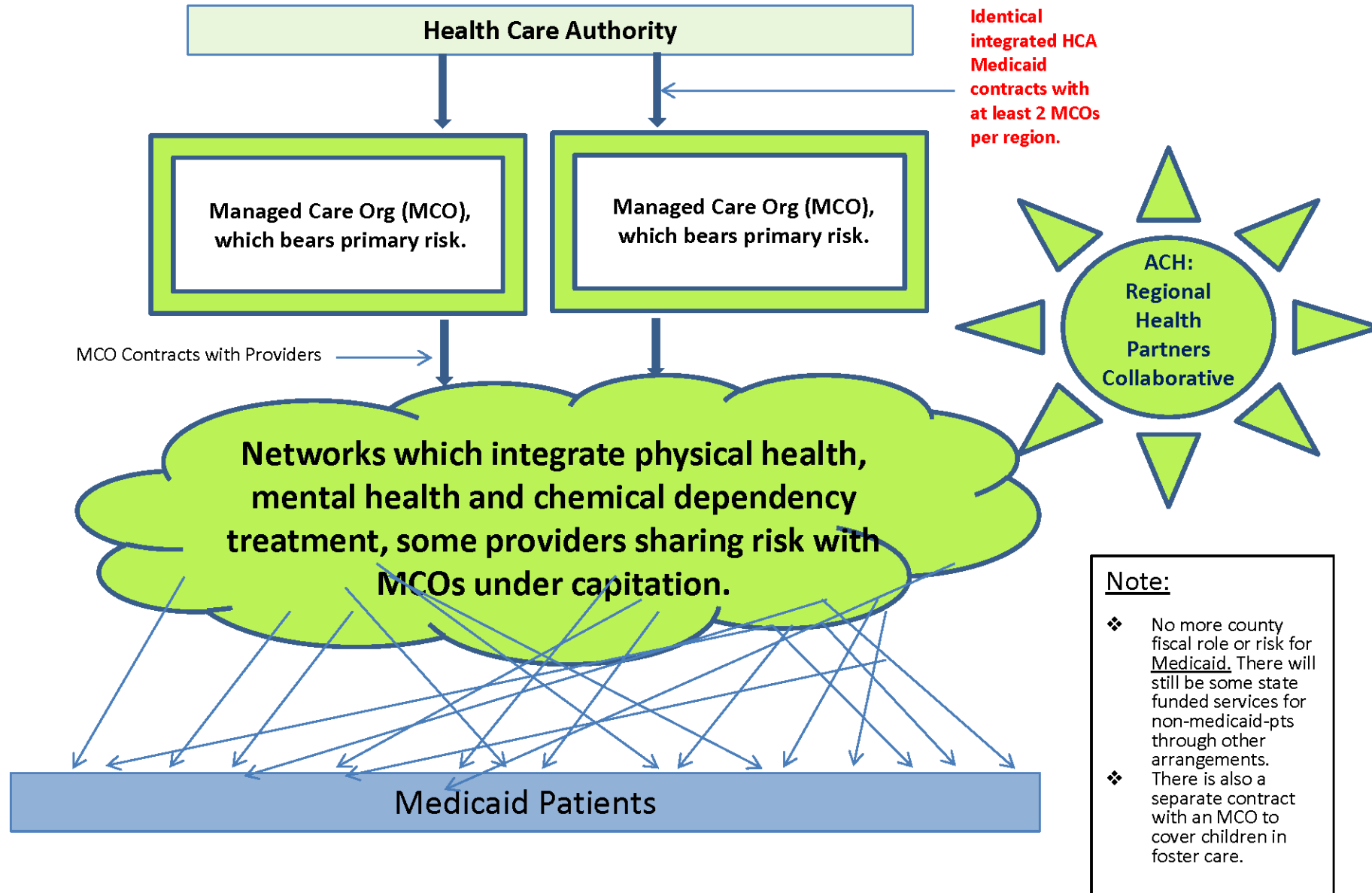


Medicaid Funding: Interim Situation with BHOs – Beginning April 1, 2016



Fully Integrated Medicaid – By January 1, 2018 in North Central Region

Integrated Physical Health, Mental Health and Chemical Dependency



What will change?

- Behavioral Health Services will no longer be coordinated or authorized by the Behavioral Health Organization (BHO), and will instead will be coordinated through Apple Health plans.
- Individuals may enroll in one of the three Apple Health Managed Care Organization (MCO) plans in the region: Amerigroup, Coordinated Care and Molina
- Community Health Plan of Washington & United Health Care will no longer be available plans in Okanogan County beginning January 1, 2019
- Beacon Health Options will be the Administrative Services Organization in North Central that will coordinate the crisis system, beginning January 1, 2019

How does this help clients?

- It allows clients access to the full complement of medical and behavioral health services, through a single managed care plan.
- It is a fundamental step to support clinical integration at the provider level.
- There is strong evidence of integrated care delivery to effectively address co-morbid conditions and deliver holistic care.
- Washington is part of a national trend to remove barriers to care and support coordination.
- In Southwest Washington, the first region to adopt this model, 10 of 19 outcomes measured in the first year showed statistically significant improvement, relative to other regions.



North Central Accountable Community of Health

North Central ACH Fully-Integrated Medicaid Contracting Advisory Committee

Advisory Committee

The purpose of the Fully-Integrated Medicaid Contracting (FIMC) Advisory Committee is to serve as the primary local advisory body providing stakeholder input regarding the implementation of fully integrated Medicaid contracting in Grant, Chelan, and Douglas counties beginning January 1, 2018 and incorporating Okanogan County by January 1, 2020.

The Advisory committee:

- Provides information and recommendations to HCA regarding the current health care delivery and payment system in North Central Washington, and to inform the implementation of fully-integrated managed care; ensuring that regional priorities and local considerations are incorporated in program design.
- Provides feedback to the State to inform key decision-making and respond to proposals put forth by the HCA.
- Identifies potential opportunities for technical assistance that could assist providers or other stakeholders during the transition to full integration. Informs HCA and the North Central Accountable Community of Health (NC ACH) about technical assistance needs identified in the community.
- Informs HCA and the NC ACH board about any problems, issues or concerns from the local level.
- Assists the State in engaging additional stakeholders in North Central, by educating stakeholders who may not be as informed about the transition, keeping regional stakeholders and community members informed of implementation progress and helping to answer questions in the community.

The FIMC Advisory Committee is open to any Grant, Chelan, Douglas, and Okanogan County stakeholders who are interested in participating. Representatives from the following sectors have been especially encouraged to participate:

- Behavioral Healthcare Providers
- Behavioral Health Organization
- Crisis Service Providers
- Physical Healthcare Providers
- Criminal Justice/Law Enforcement
- Hospitals
- FQHCs
- Housing service agencies
- Supported employment agencies
- Consumer advocacy organizations
- North Central behavioral health ombudsman

FIMC Advisory Committee meetings are held no less than monthly and will continue through the end of 2017. All meetings have an option to participate via teleconference for those unable to attend in person. NC ACH staff, in collaboration with HCA and the North Central Behavioral Health Organization, establishes the agendas. Notes for all meetings are provided by NCACH staff.



Early Warning System

Managed Care Rates

IT/EHR

Consumer Engagement

- Provide recommendations and work to engage the consumer sector in system change efforts related in integrated managed care.
- Ensure that consumers maintain confidence and continuity in the care they are receiving.
- Ensure a smooth transition to FIMC through the development of clear communication materials, client notifications, and transparent transition processes.
- Leverage existing structures and avenues to collaborate with consumer groups to gather consumer perspective, identify consumer concerns, gaps in understanding of FIMC, etc.

All meeting materials for the Advisory Committee and Workgroups (agendas, notes, presentations, etc.) are publicly available on the NCACH website (www.mydocvault.us) under the FIMC Advisory Section. All Workgroups are facilitated and staffed by the NCACH.

Knowledge Transfer meetings are a mechanism for MCOs, prior to contract implementation of Integrated Managed Care within a region, to learn critical information about the new provider network and service delivery that has been provided through the BHOs. A variety of topics will be discussed in these meetings to prepare for implementation and a smooth and transition between the BHO closing, and the MCOs becoming responsible for the coordination of behavioral health services. The Health Care Authority facilitates these bi-monthly meetings that are held from June to December of 2017.

Purposed Fully-Integrated Medicaid Contracting Planning Process

Okanogan County 2018

Chelan, Douglas, and
Grant Counties,
Jan. 1, 2018 FIMC
Transition

Advisory Committee

Consumer Engagement
Workgroup

Early Warning System
Workgroup

IT/EHR
Workgroup

Managed Care Rates
Workgroup

Purposed
Okanogan County,
Jan. 1, 2019 FIMC
Transition

Okanogan Coalition for
Health Improvement:
Broad Stakeholder Input
Consumer Engagement

Okanogan FIMC
Provider Group:
Early Warning System
IT/EHR Planning

All Stakeholders:

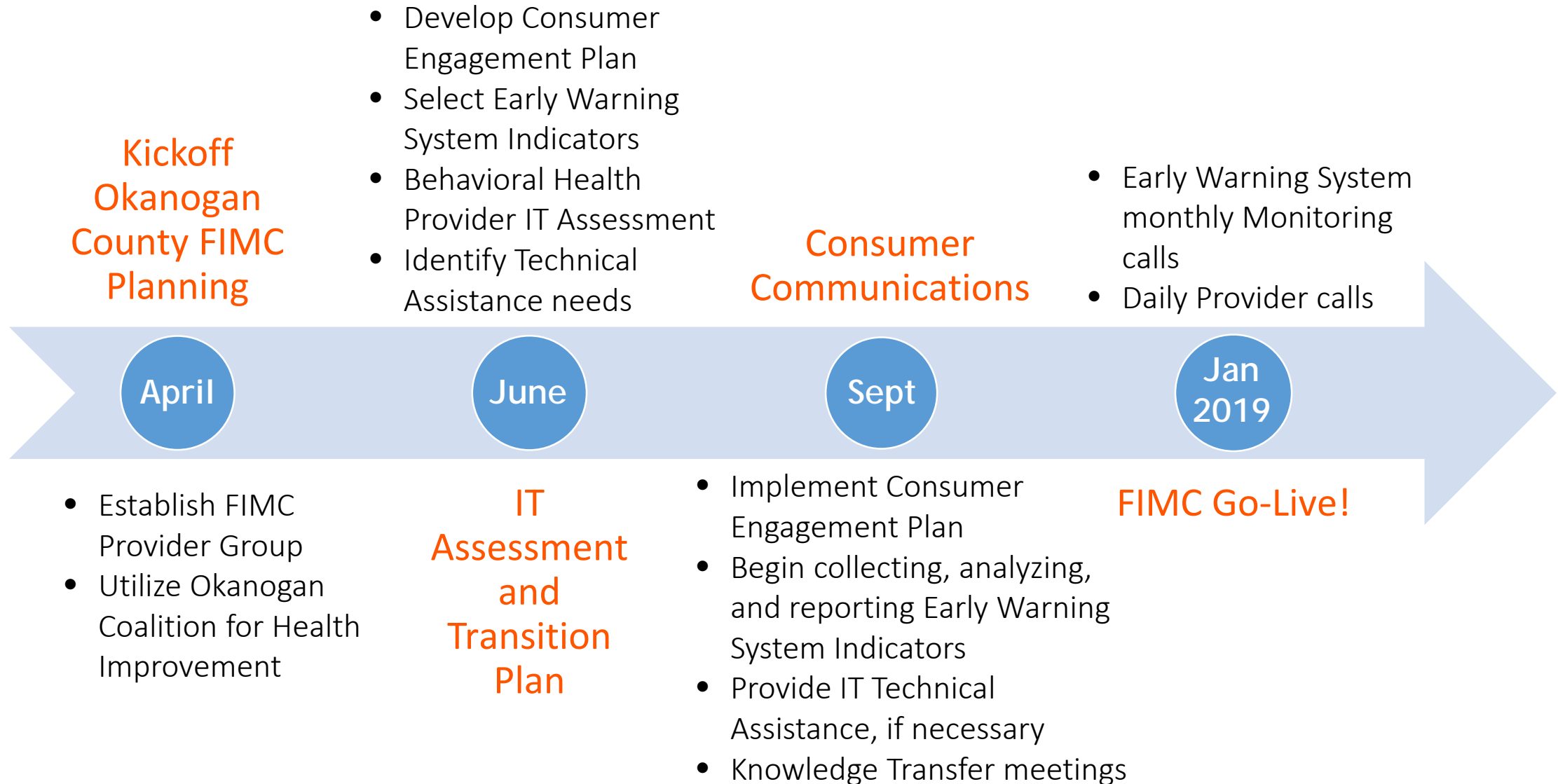
Physical Health Providers
Behavioral Health Providers
Community-Based Organizations
Managed Care Organizations
Administrative Service
Organization
Law Enforcement
Emergency Medical Services
Consumers
Criminal Justice
Ombudsman
Public Health

Providers:

Okanogan Behavioral Health Care
Confluence Health
Family Health Centers
Mid-Valley Clinic
North Valley Hospital
Three Rivers Hospital
Health Care Authority
North Central Accountable
Community of Health
Others as necessary



Fully-Integrated Medicaid Contracting Okanogan County Timeline



North Central Accountable Community of Health

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North Central Accountable Community of Health

Contact

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BH-ASO Overview

June 12, 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.*

Beacon partners with leading Medicaid programs to advance innovation and integration of BH services

We implemented new Medi-Cal autism benefits on behalf of



8 Medicaid plan partners.

Beacon has managed the country's first statewide Medicaid carve-out since 1996 serving



450K children and adults.



We partner with **17 health plans;**

10 of them operate as a Medicaid Mainstream MCO and specialty SMI program (HARP).



500K Medicaid enrollees in 75% of Colorado counties and an ACO program.



Direct to State/County



Health Plan



Direct to State/County & Health Plan

Beacon is Committed to Strong Partnership with Washington State

Strong Medicaid and Non-Medicaid Experience

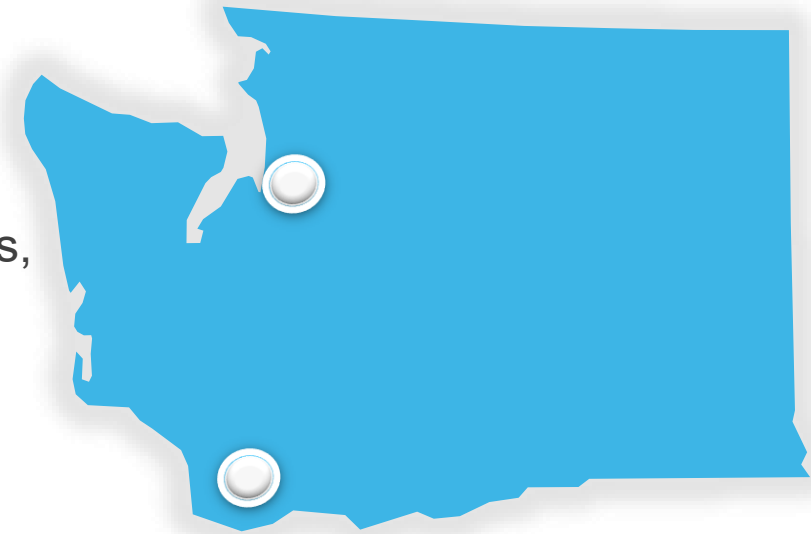
- Implemented the first BH-ASO in partnership in Clark and Skamania Counties in ~90 days
- Added second region as BH-ASO in North Central January 2018
- Manage the crisis system access and coordination contracts with the FIMC MCOs, county governments, key providers and other community stakeholders

Dedicated Local Team

- BH-ASO staff in Vancouver and Wenatchee

Military, Commercial, Employer Experience

- Military contract served out of Bellingham, Washington
- 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

TOP GOAL

Shift system toward more prevention, early intervention, and person-centered resolution

1. Maintain the Crisis System

- Financial risk for non-Medicaid crisis system users
- Maintain 24/7/365 coordinated crisis response
- Oversee Involuntary Treatment Act for MH + SUD

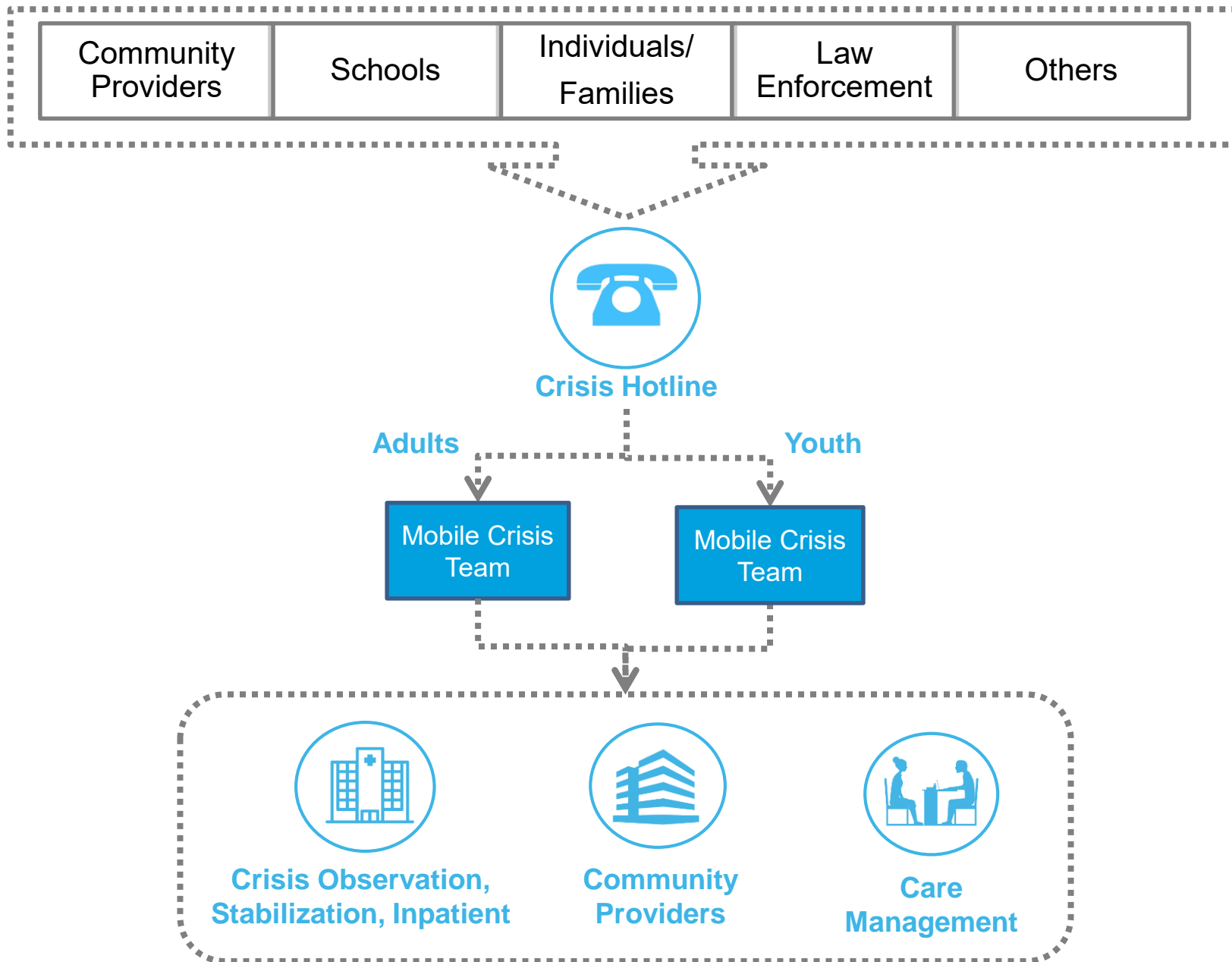
2. BH Safety-Net for non-Medicaid population

- Funder for some OP services to non-Medicaid individuals with low-incomes
- Mental Health Block Grant (MHBG) and Substance use Prevention & Treatment (SAPT) block grant admin

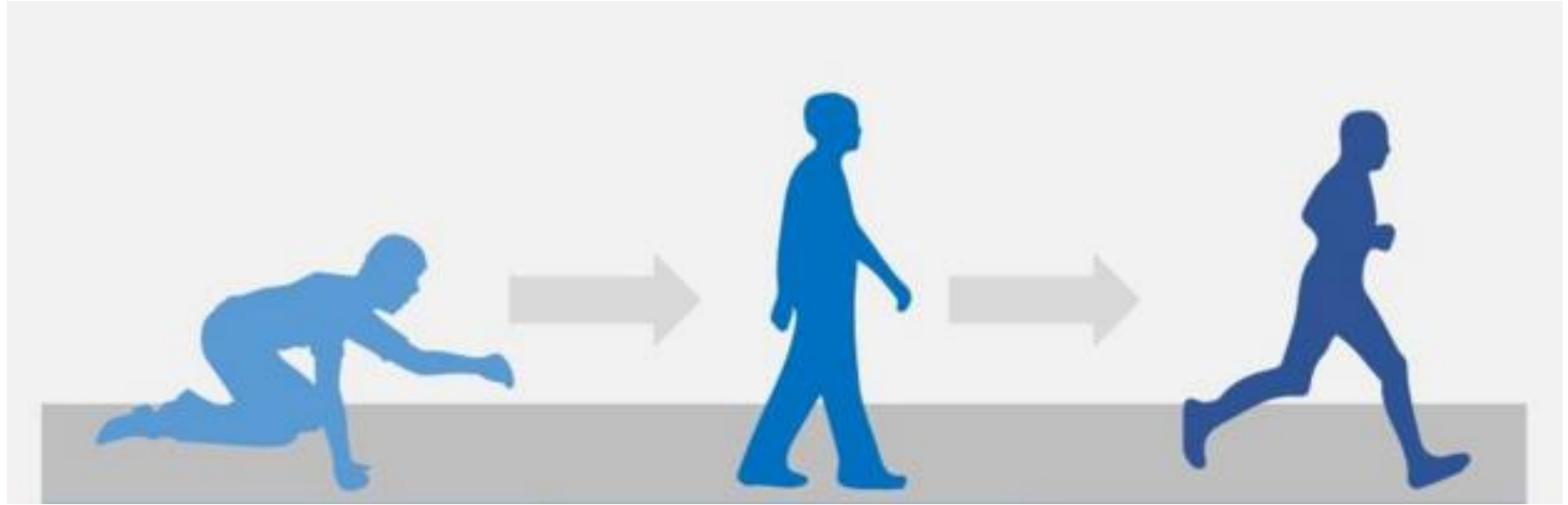
3. Lead Community Forums & System Development

- Contract for BH Ombuds
- Local committees: Behavioral Health Advisory Board; CLIP; FYSPRT; Crisis Collaboratives

Crisis System Flow



System Development Approach: Crawl, Walk, Run



Phase 1: Go
Live; ensure
continuity

Phase 2:
Short-term
improvements

Phase 3:
Long-term
Improvements

Implementation Plan

Collaboration and community engagement

- Strong collaboration between Beacon and MCOs, HCA, ACH and community
- Commitment to alignment with MCO's
- Leverage strengths and understand needs

Education and outreach

- Provider-facing initiatives and training to provide administrative and clinical support
- Steering Committees, Focus Groups, Partnerships

Structural and Operational readiness

- Contract finalization
- Provider readiness: credentialing, recurring engagement meetings, claims/billing, workflows
- Including Okanogan in Beacon led forums

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 FIMC 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 BH 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 stakeholders 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.

ProtoCall Services

- Clinicians operate from a virtual call center environment, no matter their location, to ensure the most availability to answer the call:
 - Portland, Oregon
 - Grandville, Michigan
 - Albuquerque, New Mexico
- Calls are always answered by a Masters-level or PhD clinician
- 24/7/365, on-site Licensed Clinical Supervisors



ProtoCall Services

- More than 20 years of experience providing telephonic access to crisis services
- Accredited and Recognized by:
 - CARF International: Crisis and Information Call Centers
 - American Association of Suicidology (AAS)
 - National Suicide Prevention Lifeline
- Licensed in the State of Washington as a Provider of Crisis Telephone Support
- Engaging collaboratively with providers to better support North Central Washington's access to crisis services



What will change Jan 1, 2019?

- Contract with Beacon (and MCOs)
- North Central regional crisis line for Okanogan community
- Coordination between crisis team and crisis line
- Join regional meetings: BHAB, FYSPRT
- Need to learn more about community needs, mobile crisis, DCR, tribal coordination, etc.

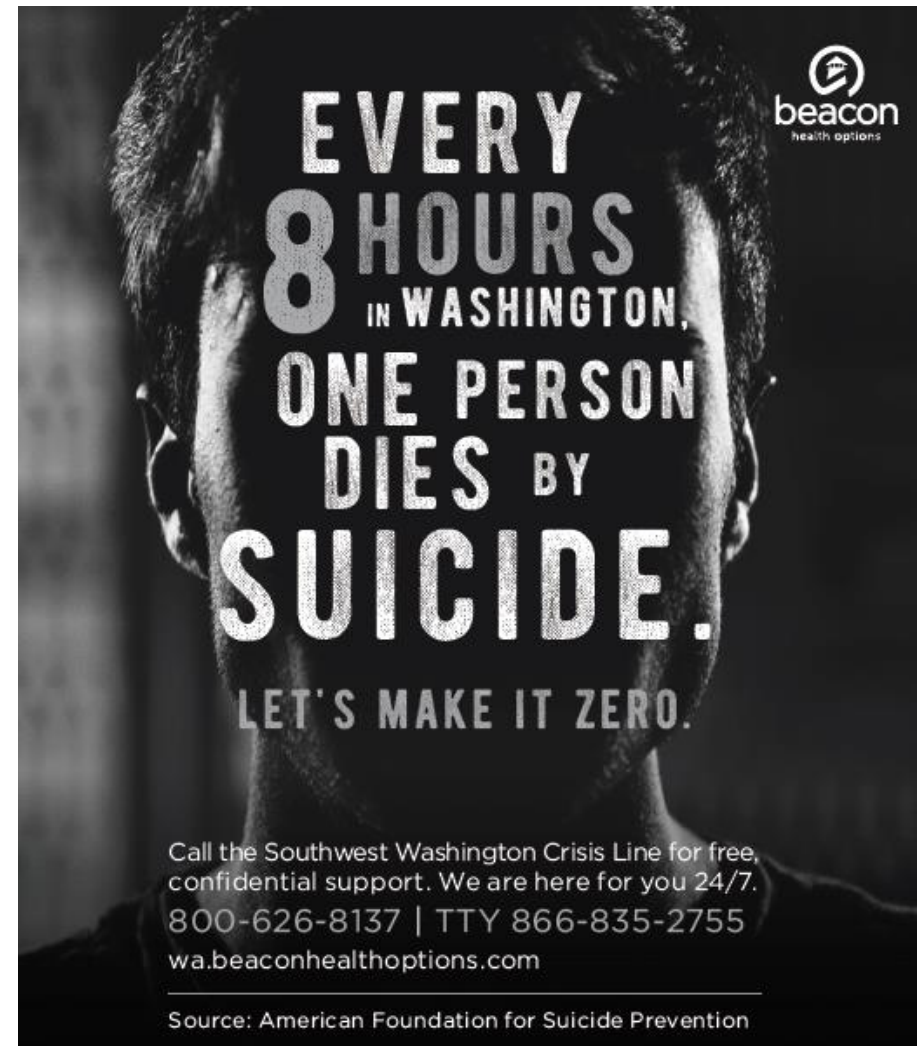
Thank You & Questions

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<http://wa.beaconhealthoptions.com/>

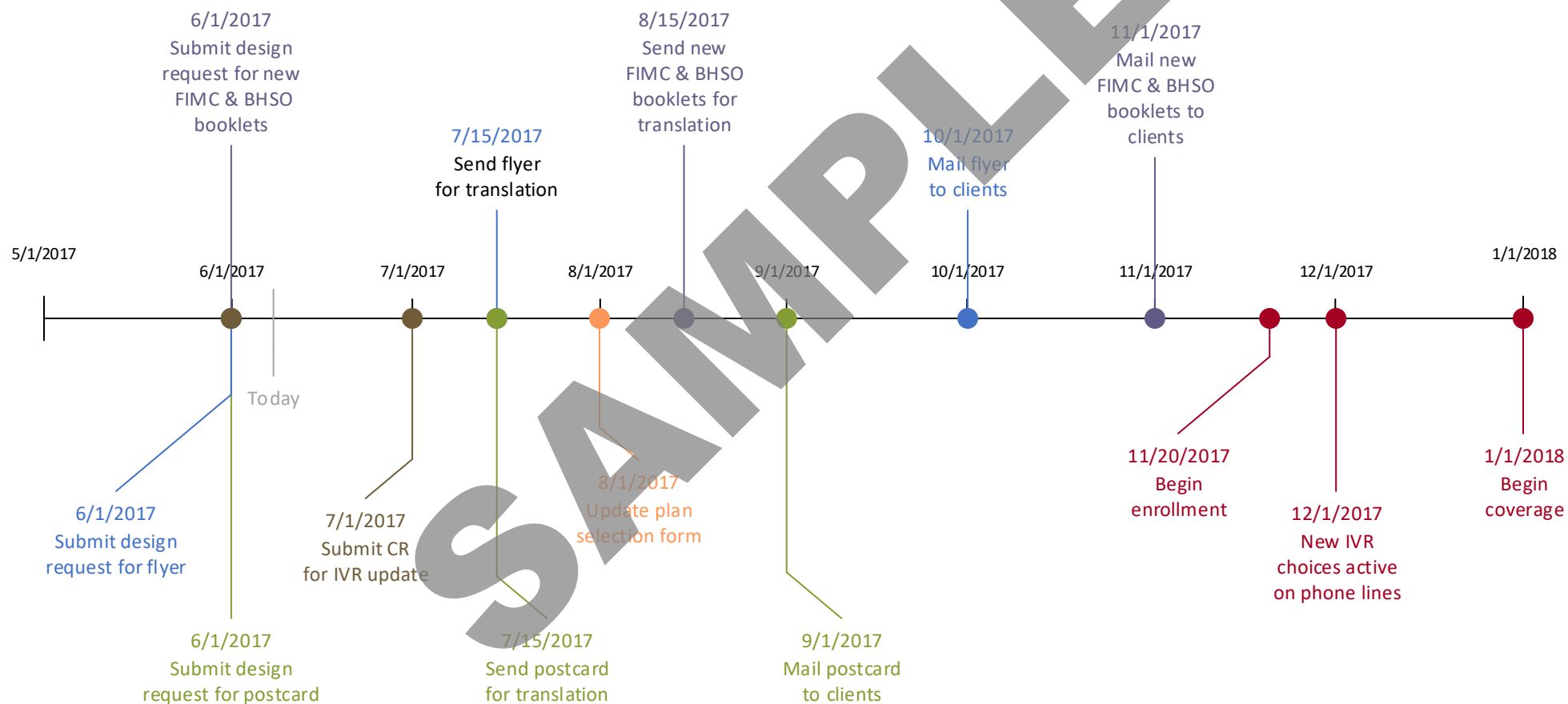


Note: the following packet was created for Chelan, Douglas, and Grant counties in 2017. It is provided as context for what to expect in Okanogan County 2018.

FIMC NCWA Client Communications Timeline

GOALS:

1. Send postcard (e.g., 19-048) to all North-Central clients advising they will no longer receive BH benefits through a BHO, and will begin receiving them through either managed care or a BHSO beginning 1/1/18
2. Send flyer (e.g., 22-050) to all North-Central clients with more information, including list of all plans available
3. Update plan selection form (e.g., 2015-MC 083) to reflect new choices
3. Send *Apple Health Integrated Managed Care* booklet (e.g., 19-046), including plan selection form, to new clients in managed care plans
4. Send *Apple Health Behavioral Health Services Only* booklet (e.g., 19-049), including plan selection form, to new fee-for-service clients
5. Update IVR plan choices for both FIMC and BHSO clients on MACSC phone lines





Important news coming soon!

Beginning **January 1, 2018** people with Washington Apple Health coverage in **Grant, Douglas** or **Chelan** County will have a managed care health plan that coordinates all of their care, including services for physical health, mental health, and drug and alcohol treatment.

Next month, the Health Care Authority, which administers Apple Health, will send a letter with more information.

Watch your mailbox!



¡Espere noticias importantes muy pronto!

A partir del **1 de enero de 2018**, las personas con cobertura de Washington Apple Health en los condados de **Grant, Douglas y Chelan** contarán con un plan de salud de cuidado administrado que coordinará todo su cuidado, incluyendo los servicios de salud física, salud mental y tratamiento por drogas y alcohol.

El mes próximo, la Health Care Authority, que administra Apple Health, le enviará una carta con más información.

¡Esté pendiente de su buzón!



**WASHINGTON STATE
HEALTH CARE AUTHORITY**
P.O. Box 45530 • Olympia, WA 98504-5530

October 2017

Dear Washington Apple Health client:

On January 1, 2018, behavioral health coverage will change for Apple Health (Medicaid) clients who live in Chelan, Douglas, and Grant counties. This coverage includes:

- Mental health services
- Drug and alcohol use disorder treatment

You will still get the same benefits you get today. We are only changing how they are approved and paid for.

How will my coverage change?

The North Central Washington Behavioral Health Organization will continue approving and paying for these services through December 31, 2017. We will then transfer this coverage to a health plan on January 1, 2018.

Where can I get more information?

We will send you a new Apple Health client booklet in December. It will include a letter telling you the name of the health plan that will cover your behavioral health services beginning January 1. If you prefer another health plan, the letter will explain how you can make a change.

For questions about these changes, please contact us.

Phone: 1-800-562-3022

Email: askmedicaid@hca.wa.gov

Online: https://fortress.wa.gov/hca/p1contactus/Client_WebForm

Thank you.



Things to know about changes to Washington Apple Health (Medicaid)

in Chelan, Douglas, and Grant counties

Changes are coming January 1, 2018 to Apple Health (Medicaid)

This change will not reduce any benefits. Apple Health clients will continue to have access to all of the same services they currently do, but the state will pay for them differently.

What's changing

Three Apple Health plans will be available in Chelan, Douglas, and Grant counties:

- Amerigroup
- Coordinated Care
- Molina Healthcare

These plans will also cover mental health and drug/alcohol treatment services. Clients that are already enrolled in one of these plans don't need to do anything.

Two plans will not be available in Chelan, Douglas, and Grant counties: Community Health Plan of Washington and United Healthcare of Washington. Clients enrolled in either plan will move to Amerigroup, Molina Healthcare or Coordinated Care. The change will be automatic so that no one loses coverage, and you will have the option to change plans.

Learn more

Apple Health will send information about health plan enrollment before January 1. It will help you use your benefits and explain how clients may change a health plan.



Lo que debe saber sobre los cambios a Washington Apple Health (Medicaid)

en los condados de Chelan, Douglas y Grant

Se harán cambios a Apple Health (Medicaid) el 1 de enero de 2018

Este cambio no reducirá ninguno de sus beneficios. Los clientes de Apple Health continuarán recibiendo acceso a todos los mismos servicios que tienen actualmente, pero el estado los pagará de una manera distinta.

Lo que cambiará

Habrán tres planes de Apple Health disponibles en los condados de Chelan, Douglas y Grant:

- Amerigroup
- Coordinated Care
- Molina Healthcare

Estos planes también cubrirán servicios de salud mental y de tratamiento para drogas y alcohol. Los clientes que ya estén afiliados a uno de estos planes no necesitan hacer nada.

Dos planes no estarán disponibles en los condados de Chelan, Douglas y Grant: Community Health Plan of Washington y United Healthcare of Washington. Los clientes afiliados a cualquiera de estos planes serán transferidos a Amerigroup, Molina Healthcare o Coordinated Care. El cambio será automático para que nadie pierda su cobertura y usted tendrá la opción de cambiar de plan.

Más información

Apple Health enviará información sobre la inscripción en planes de salud antes del 1 de enero. Esta le ayudará a utilizar sus beneficios y le explicará cómo pueden los clientes cambiarse de plan de salud.



Changes are coming to Washington Apple Health (Medicaid) in 2018

for Chelan, Douglas, and Grant counties

We are making a shift to better care

Apple Health is shifting to whole-person care. This means care is coordinated so that people get the help they need, for body (physical health) and mind (mental health), including substance use.

As part of our commitment to deliver better care, Apple Health plans in Grant, Chelan and Douglas counties, will change beginning Jan. 1, 2018. We recognize change can be disruptive, but we have put in place resources so the transition is as smooth as possible. This change will not reduce any benefits. Apple Health clients will continue to receive all of the same services they currently receive.

Available plans

Apple Health coverage will continue to be available through Amerigroup, Coordinated Care, and Molina Healthcare in 2018. These plans will also start to cover behavioral health treatment services.

In 2018, Apple Health coverage through Community Health Plan of Washington or United Healthcare of Washington will not be offered in Chelan, Douglas, and Grant counties. Clients enrolled in either of those plans will move to one of the offered plans. Apple Health will send clients information about the health plan they will be enrolled in before January 1. The mailing will explain how to make a change if the client wants to.

Beacon Health Options will manage the behavioral health crisis system for the region.

We will keep you informed

We will share information with clients and the wider community so that people are prepared for the change and clients have time to choose another plan if they want to.

Here are some key dates for clients:

October 1, 2017 – HCA sends a letter to Apple Health clients to summarize the changes to behavioral health services that start in January

November 20, 2017 – HCA begins enrollment process for Jan. 1, 2018

Late November, early December – HCA sends a benefits booklet to clients

December 1, 2017 – HCA's website and customer service phone lines will be available to assist clients

How to contact us

Phone: 1-800-562-3022

Email: askmedicaid@hca.wa.gov

The following table provides a brief overview you can use with your clients enrolled in the various plans. It helps explain how they can expect to get care starting January 1, 2018.

If you have the following type of Apple Health Plan:	Starting January 1, 2018:
Amerigroup	You will remain with the same health plan. It will cover and coordinate your physical and behavioral health (mental health and drug and alcohol treatment) services.
Community Health Plan of Washington	<p>This health plan will no longer be offered in your area. You will be assigned to either Amerigroup, Molina Healthcare or Coordinated Care. That plan will cover and coordinate your physical and behavioral health (mental health and drug and alcohol treatment) services.</p> <p>You will get a letter from the Health Care Authority in late November or December telling you what health plan you will be moving to. At first, HCA will make the change so that no one loses coverage. If you prefer another health plan, the letter will explain how you can make a change.</p>
Coordinated Care	You will remain with the same health plan. It will cover and coordinate your physical and behavioral health (mental health and drug and alcohol treatment) services.
Molina Healthcare	You will remain with the same health plan. It will cover and coordinate your physical and behavioral health (mental health and drug and alcohol treatment) services.
United Healthcare	<p>This health plan will no longer be offered in your area. You will be assigned to either Amerigroup, Molina Healthcare or Coordinated Care. That plan will cover and coordinate your physical and behavioral health (mental health and drug and alcohol treatment) services.</p> <p>You will get a letter from the Health Care Authority in late November or December telling you what health plan you will be moving to. At first, HCA will make the change so that no one loses coverage. If you prefer another health plan, the letter will explain how you can make a change.</p>
Fee-for-Service/ No Health Plan American Indian/Alaska Native Fee-for-Service	<p>If your physical health care coverage is <u>not</u> through an Apple Health plan, you will continue to receive medical services as you have been. However, you will be enrolled in either Amerigroup, Molina Healthcare or Coordinated Care for your behavioral health (mental health and drug and alcohol treatment) coverage. This is called a “Behavioral Health Services Only” plan.</p> <p>American Indian/Alaska Natives individuals: If you aren’t in one of the plans above, but you had chosen to have your behavioral health services covered by the Behavioral Health Organization, you will be enrolled in either Amerigroup, Molina Healthcare, or Coordinated Care for your behavioral health (mental health and drug and alcohol treatment) coverage. This is called a “Behavioral Health Services Only” plan. You will get a letter from the Health Care Authority in late November or December telling you the health plan you will be in. If you prefer another health plan, the letter will explain how you can make a change.</p>

HCA complies with all applicable federal and Washington state civil rights laws and is committed to providing equal access to our services. If you need an accommodation or require documents in another format or language, please call **1-800-562-3022 (TRS: 711)**.

[Spanish] Hay servicios de asistencia con idiomas, incluyendo intérpretes y traducción de materiales impresos, disponibles sin costo. Llame al **1-800-562-3022 (TRS: 711)**.

[Russian] Языковая поддержка, в том числе услуги переводчиков и перевод печатных материалов, доступна бесплатно. Позвоните по номеру **1-800-562-3022 (TRS: 711)**.



We help people live
their lives to the
fullest potential.



The Crisis Line can help when you
or a loved one is:

- Threatening to harm or kill himself/herself or others
- Acting recklessly or violently
- Having hallucinations (seeing things that are not there), delusions (false beliefs), or are not able to care for himself or herself

www.wa.beaconhealthoptions.com



PRIVACY IS A PRIORITY

This Beacon Health Options Program upholds strict confidentiality standards. Your personal information is kept confidential in accordance with federal and state laws. No one will know you have accessed the program services unless you specifically grant permission or express a concern that presents a legal obligation to release information (for example, if it is believed you are a danger to yourself or others).

For more program information, go to
www.wa.beaconhealthoptions.com.

This brochure is for informational purposes only and does not guarantee eligibility for program services. Beacon Health Options services do not replace regular medical care. In an emergency, seek help immediately.



North Central Washington Crisis Line

For Mental Health
and Substance Use
Disorders

For Residents of Chelan, Douglas,
and Grant Counties



CRISES CAN HAPPEN AT ANY TIME.

If you or a loved one are having a mental health or substance use crisis, you can call and speak to a counselor.

The North Central Washington Crisis Line is free. You can call 24 hours a day, 7 days a week.

(800) 852-2923 | TTY (855) 644-7361



The Crisis Line can help when you or a loved one is:

- Talking or thinking about harming or killing oneself or others
- Seeking access to firearms, pills, or other ways to kill oneself
- Talking or writing about death, dying, or killing oneself
- Feeling hopeless
- Very angry or looking for revenge
- Acting recklessly or doing risky activities
- Feeling trapped, like there's no way out
- Increasing alcohol or drug use
- Pulling away from friends and family
- Feeling worried or irritated
- Having trouble sleeping or sleeping all the time

Crisis Services Available to All Residents in Chelan, Douglas, and Grant Counties

- Professional counselors are available 24 hours a day, 7 days a week at (800) 852-2923 to answer calls and

connect you with behavioral health services.

- Mobile crisis outreach teams staffed by mental health professionals and certified peer counselors are also available 24-7.
- Short-term substance use disorder crisis services for people intoxicated or incapacitated in public.

Beacon supports whole-person wellness. If you are an Apple Health (Medicaid) member, we will work with you and your provider to coordinate your behavioral health care with your physical health care. If you do not have health care insurance, Beacon will evaluate the services you are eligible to receive.



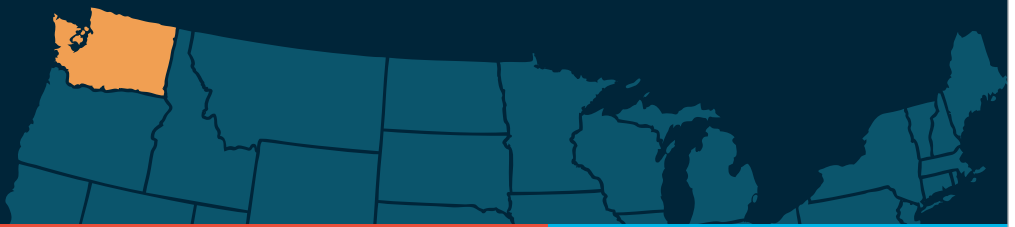
The North Central Washington Crisis Line is free.

You can call 24 hours a day,
7 days a week

(800) 852-2923

TTY: (855) 644-7361

www.wa.beaconhealthoptions.com



WASHINGTON

PROGRAM DESCRIPTION

Beacon is the Behavioral Health Administrative Services Organization (BH-ASO) for Southwest and North Central Washington, providing behavioral health crisis services for 500,000 residents, regardless of their insurance status or income level. Beacon also provides non-crisis services for low-income individuals who lack insurance coverage.

In 2016, Clark and Skamania became the first counties in Washington state to provide whole-person care for its Medicaid consumers, ensuring they receive a full continuum of physical health, mental health, and substance use disorder services. Beacon has expanded coverage to the North Central Region, to include 210,000 program eligible members residing in Chelan, Douglas, and Grant counties.

In 2018, Beacon awarded \$66,100 to five organizations in Skamania County, to assist with the development of non-traditional delivery methods for prevention, intervention, and crisis services. Additionally, Beacon has added adult and youth mobile crisis teams to the crisis continuum in Clark County to respond to individuals in the community.

The BH-ASO structure is part of the Washington Health Care Authority's Integrated Managed Care (IMC) model, which seeks to bring whole-person, integrated care to Washington's Medicaid population. Beacon manages the program from our Vancouver, Washington Engagement Center located in Clark County and also have local staff in the North Central region.

PROGRAM FEATURES

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.

Crisis Hotline

Beacon partners with Pacific Northwest-based ProtoCall Services to provide a toll-free regional crisis hotline that operates 24 hours a day, seven days a week, 365 days a year. Our live-answer hotline is the single point of entry

into the service system. Beacon typically receives 3,000 calls per month. Calls are triaged to the most appropriate resource based on the caller's age, symptomology and/or urgency of need.

Resources could include an immediate dispatch of mobile crisis, referral to a designated crisis responder for an assessment of involuntary treatment, referral to a local provider, or care coordination by Beacon staff.

Crisis Response

Additionally, we work with county agencies, managed care organizations, providers, and other community stakeholders to offer an accessible system of crisis response and mental health and substance use disorder services for eligible individuals.

AT A GLANCE



COVERED LIVES

Program eligible adult & children in the Southwest and North Central Regions



COVERED SERVICES

Behavioral health crisis services & certain mental health & substance use disorder services for non-Medicaid enrollees



CONTRACT TYPE

Administrative Services Organization



GEOGRAPHY

Southwest: Clark and Skamania Counties
North Central: Chelan, Douglas and Grant Counties



YEAR STARTED

2016

WASHINGTON

We provide behavioral health crisis services, including the dispatch of mobile crisis teams staffed by local, qualified behavioral health professionals and certified peer counselors.

Additional Services & Supports for Non-Medicaid Enrollees

Beacon also provides certain mental health and substance use disorder services for county residents who are not enrolled in the Medicaid program. Services include:

- » Behavioral health evaluation and treatment services for individuals who are involuntarily detained or agree to a voluntary commitment
- » Residential substance use disorder treatment services for individuals
- » Outpatient mental health or substance use disorder treatment services, in accordance with a Less Restrictive Alternative court order

We know that care coordination, especially transition planning, relies on engaging individuals with their own health management process and recovery, encompassing all of their behavioral, physical health and social needs.

That is why our local team of behavioral health clinicians and care coordinators focus on identifying high utilizers of the crisis system and providing individualized care coordination to help transition them to less restrictive levels of care. This team works closely with program members to provide coaching assistance, telephonic follow-up, customer service, and information and referral to community-based services.

BH-ASO PROGRAM GOALS

1. Build a full continuum of crisis services. Beacon operates as part of continuum of integrated services, with deep connections to community resources and in seamless partnership with IMC managed care organizations.

- » Beacon's crisis lines are available 24 hours a day, 7 days a week.
- » Our live-answer hotlines are the single point of entry into the service system.
- » Beacon typically receives 3,000 calls per month.

We identify gaps in the delivery system and execute a strategic action plan to develop appropriate levels of care with a recovery-oriented philosophy. Working collaboratively with local leadership, our BH-ASO crisis response system incorporates evidence-based practices around diversion and outreach.

2. Reduce crisis system recidivism. Beacon continues to enhance our behavioral health provider network capacity across our delivery system. We 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 educates and links to community stakeholders around crisis prevention and we promote proactive crisis planning.

4. Engage the community. Beacon facilitates various community engagement forums including the regional Behavioral Health Ombudsman and the Peer Bridger program. Our monthly forums include the Behavioral Health Advisory Board, Children's Long Term Inpatient committee, and Family, Youth and System Partner Roundtable.

We also provide opioid treatment assistance for those who cannot afford co-pays and deductibles.

CRISIS SYSTEM PURPOSE

The purpose of the Crisis System is to: respond rapidly, assess effectively, deliver a course of treatment, promote recovery, ensure safety, stabilize the crisis, and facilitate access to other levels of care.

By building community-based behavioral health emergency services, Beacon offers timely and effective treatment to individuals in crisis, allowing for individual choice and providing access to medically necessary services in the least restrictive environment that is most conducive to stabilization and recovery.



North Central Washington Beacon Key Contact List

Crisis Number: (800) 852-2923

BH ASO Number: 855-228-6502

Beacon – WA Team Clinical Inboxes

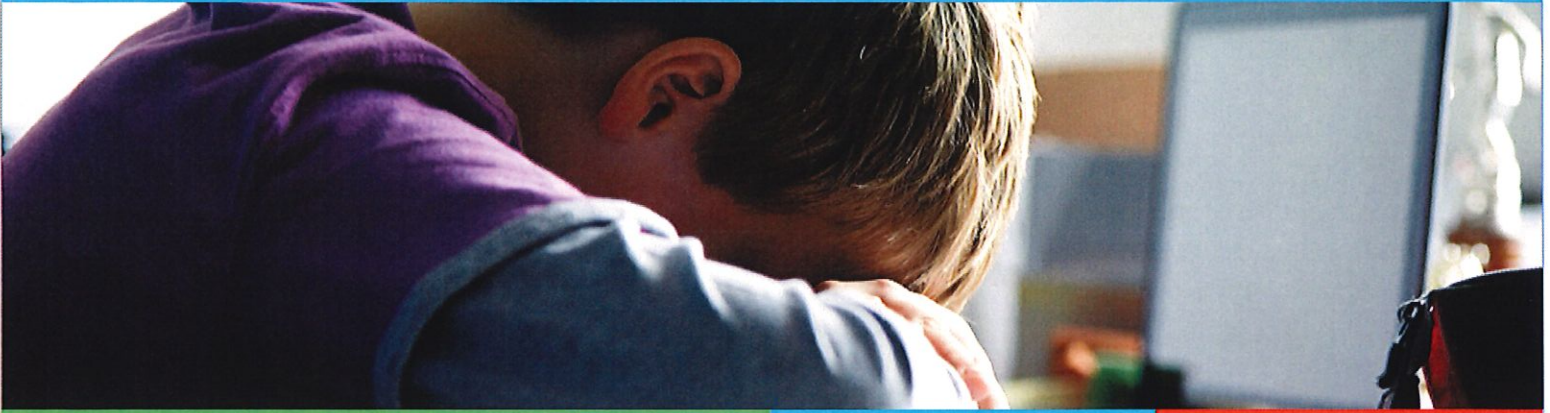
Fax number: **855-677-7674**

Email: BeaconWAASO@beaconhealthoptions.com

Wenatchee Beacon Staff

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UNDERSTANDING MENTAL ILLNESS: WHAT TO DO IN A CRISIS



People with serious health problems are at risk of having a crisis. This is the same for people with serious mental illnesses. A crisis can come about for many different reasons. Sometimes it can happen for no clear reason at all. Events like these can also set off a crisis:

- stopping or refusing to take meds
- meds no longer work or the dose needs to be changed
- abusing drugs or alcohol
- losing a loved one, losing a job, holidays or physical illness

People seldom lose control all of the sudden. There are often warning signs that the family will spot long before the crisis. There may be certain kinds of behaviors that predict a crisis.

During these early stages, you can do things to avoid a full-blown crisis. Try to get your family member to visit her doctor or therapist. You may need to make the appointment yourself and drive her there.

If you haven't been able to avoid the crisis, be calm and act rationally. Accept the fact that the person has a mental illness. You are not the cause of it. These guidelines can help:

- **Don't threaten your loved one.** This may cause him to become more excited or afraid. People who are afraid may act out.

- **Don't shout.** If she's not listening, it isn't because she is ignoring you on purpose. Other voices or intense feelings may be interfering.
- **Don't criticize.** Criticizing will not make the voices go away or calm a person who is scared. It will only make the situation worse.
- **Don't argue.** The person is not having the same reality that you are.
- **Don't dare a person to act on what he is threatening to do.**
- **Don't stand over the person.** If she is sitting down, sit down too.
- **Avoid direct constant eye contact or touching the person.**
- **Follow requests the person makes if they are not risky or unreasonable.** This lets the person feel somewhat in control.
- **Don't block the doorway, but don't let the person get away.**
- **Be positive.** Even if your loved one is out of touch with reality, he will respond to your love, care and concern.

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North Central Washington: Plans for Regional Behavioral Health Initiatives and ESSB 6032 Section 213 (5)(pp) Funds for Enhancements to Community Behavioral Health Programs

On behalf of the North Central Washington (NCWA) community, we respectfully submit a regional plan for behavioral health initiatives and ESSB 6032 Section 213 (5) (pp)funds for enhancements to the Community Behavioral Health Programs. In May 2018, community meetings were convened to solicit input from behavioral health providers, Grant, Chelan and Douglas counties, the North Central Accountable Community of Health (NCACH) and local law enforcement. The MCOs in the region (Amerigroup, Coordinated Care and Molina) and the ASO (Beacon) convened several meetings to discuss process and review community input on new funds available to develop this plan.

Based on the local needs and priorities, this plan addresses the five priority areas below with a focus on new initiatives and programs, as well as existing programs that target the priority areas.

Priority Area #1: *Reduction in the use of long-term commitment beds through community alternatives; for this planning process 'long-term commitment' means 90 and 180-day involuntary inpatient commitment currently provided by state hospitals.*

- **Crisis Stabilization Facility:** In July 2018, a 16 bed Crisis Stabilization Facility will be opening in Wenatchee. It is projected that the facility can admit roughly 700 people annually. Medicaid beneficiaries are the primary target population. However, the facility will be a resource to uninsured individuals and those with Medicare and commercial insurance who are frequently using crisis services. The four counties that comprise North Central Washington – Chelan, Douglas, Grant and Okanogan – have zero licensed mental health stabilization beds available for individuals experiencing serious behavioral health crisis. This facility will assist in diverting individuals from higher levels of care, the emergency department and criminal justice.
- **Crisis Residential:** In July 2018, a 16 bed Crisis Residential facility will be opening in Wenatchee and in late 2018, an 8 bed Crisis Residential facility will be opening in Moses Lake. Local facilities will help prevent further escalation of crises, higher levels of care and also facilitate step-downs from institutional settings, such as Eastern State Hospital.

Priority Area #2: *Compliance with RCW 71.05.365 requirements for transition of state hospital patients into community settings within 14 days of the determination that they no longer require active psychiatric treatment at an inpatient level of care;*

- **Crisis Residential:** In July 2018, a 16 bed Crisis Residential facility will be opening in Wenatchee and in late 2018, an 8 bed Crisis Residential facility will be opening in Moses Lake. Local facilities will help prevent further escalation of crises, higher levels of care and also facilitate step-downs from institutional settings, such as Eastern State Hospital.
- **Peer Bridger:** The Peer Bridger Program assists individuals discharging from Eastern State Hospital by engaging individuals while still residing in the state hospital prior to discharge and continuing the relationship post-discharge into the community. The Peer Bridger functions as a role model, peer support, mentor, teacher, advocate, and ally. The Peer Bridger transitions from focusing on building social support to teaching independent living skills, coping skills, community adjustment skills with gradual hand off to a community provider. The anticipated duration of in-community Peer Bridger services is 120 days, with extensions granted on a case-by-case basis.
- **Hospital Liaisons:** Each MCO (and the ASO) has a designated hospital liaison to assist in all treatment and discharge planning in coordination with Eastern State Hospital treatment staff, Peer Bridger (if involved), community providers and natural supports. The hospital liaison

ensures there is a comprehensive discharge plan that includes service provision from a community behavioral health provider. The liaison typically works with the individual and treatment team post discharge to support a successful transition to the community. There is a high degree of coordination and resource sharing amongst the hospital liaisons and Peer Bridger.

- **Foundational Community Supports (FCS):** This program includes targeted benefits for supportive housing and supported employment for Medicaid beneficiaries in the North Central region. The goal is to enhance the availability of these services through contracting with local providers for those who are the most vulnerable and have complex care needs. Services for supportive housing include housing assessments, identifying housing resources, support obtaining a lease, independent living skills development, landlord relations and crisis management. Services for supportive employment include vocational/job related discovery and assessment, planning for employment, job placement, development, coaching and skill building for negotiating with prospective employers.
- **Governor's Opportunity for Supportive Housing (GOSH):** The local DSHS' Aging and Long-Term Support Administration (ALTSA) has started to provide Supportive Housing services through the Governor's Opportunity for Supportive Housing (GOSH) in the region. GOSH is a service for individuals who are financially and functionally eligible for ALTSA Long Term Care and are currently civilly committed to Western State Hospital (WSH) or Eastern State Hospital (ESH) or on an official waitlist to get into WSH or ESH. GOSH participants who need rental assistance also have access to temporary housing subsidies.

Priority Area #3: *Improvement of staff recruitment and retention in community behavioral health facilities;*

- **Behavioral health staff recruitment and retention:** Behavioral health workforce shortages have a direct impact on the ability to implement and expand programs to meet community needs. North Central, similar to other regions in the state, struggles to recruit and retain sufficient staffing levels for all positions, but in particular licensed or certified positions such as mental health counselors, social workers, psychologists, psychiatrists, advanced registered nurse practitioners, peers, chemical dependency professionals, etc. Positions have sat vacant and unfilled for years. Agencies have implemented various strategies such as increasing salaries, signing bonuses and developing post-doctoral psychology consortiums with varying levels of success. The North Central Accountable Community of Health (NCACH) is currently working on developing a provider assessment which will include workforce questions. They are also planning to employ a summer intern to assess Chemical Dependency Professional needs and policies that govern or impact this role.

Priority Area #4: *Diversion of individuals with behavioral health issues from the criminal justice system;*

- **Crisis Stabilization Facility:** In July 2018, a 16 bed Crisis Stabilization Facility will be opening in Wenatchee. It is projected that the facility can admit roughly 700 people annually. Medicaid beneficiaries are the primary target population. However, the facility will be a resource to uninsured individuals and those with Medicare and commercial insurance who are frequently using crisis services. The four counties that comprise North Central Washington – Chelan, Douglas, Grant and Okanogan – have zero licensed mental health stabilization beds available for individuals experiencing serious behavioral health crisis. This facility will assist in diverting individuals from higher levels of care, the emergency department and criminal justice.
- **Trueblood and Crisis Diversion:** In 2018, Catholic Charities was one of three organizations awarded a True blood grant in Phase II of request for proposals from the courts to provide diversion services at the Sequential Intercept Model points 2 and 4. Intercepts (diversion) can occur post-arrest (2) or prior to release (4). The Catholic Charities Diversion Team

provides active outreach services to Chelan-Douglas law enforcement agencies and area jails in contact with individuals in need of support or services. The goal is to prevent incarceration, and un-necessary forensic evaluations by providing access to behavioral health care, which includes crisis follow-up and crisis response, post-booking diversion, and support transitioning out of the jail. The funding will allow for the addition of four mental health professionals/case manager positions and a project lead, as well as funding for housing and other support to encourage wellness, recovery, and community stabilization. Designated Crisis Responders (DCR's) will evaluate the individual in jail and conduct an assessment of the risks associated with release. If the individual meets criteria and is willing to participate, a release plan will be developed and offered to the court as an alternative to incarceration and criminal competency evaluation. A court team consisting of jail and mental health staff, prosecutor, defense attorney, and a judge are involved in weighing risks and benefits of the plan. Diversion staff also provide support to individual's whose lack of access to human services places them at risk of re-incarceration at the time of release from jail.

- Mobile Outreach Team and Jail Transition: The Grant Integrated Services Mobile Outreach team makes contact with individuals in the community prior to incarceration as well as having one assigned staff member from this team to liaison with the local jail for incarcerated individuals. Activities include assisting individuals signing up for eligible benefits, helping to make appointments, as well as provide transportation to appointments. These efforts help to address recidivism back into the criminal justice by addressing social determinants and behavioral health needs.

Priority Area #5: *Efforts to improve recovery oriented services, including, but not limited to, expansion of clubhouse models.*

- Peer Bridger: The Peer Bridger Program assists individuals discharging from Eastern State Hospital by engaging individuals while still residing in the state hospital prior to discharge and continuing the relationship post-discharge into the community. The Peer Bridger functions as a role model, peer support, mentor, teacher, advocate, and ally. The Peer Bridger transitions from focusing on building social support to teaching independent living skills, coping skills, community adjustment skills and gradually handing off to a community provider. The anticipated duration of in-community Peer Bridger services is 120 days, with extensions granted on a case-by-case basis.
- Peer capacity within existing program structures: Several agencies are taking steps to increase peer capacity within existing program structures. For example, Grant Integrated Services already has peers on the case management team, but have committed to have Peer staff in every branch location. Catholic Charities has 14 certified Peers on staff and see the role as integral to their service delivery model. The 2 WISE programs have Peers built into the staffing model as well.
- Clubhouse: Okanogan Behavioral Health submitted a proposal to DSHS for Clubhouse expansion on Wednesday 5/23/18 (DSHS solicitation #1835-684) to expand the current day treatment program. The funding opportunity aligns with Okanogan Behavioral Health's desire to focus on recovery (and not just treatment), provide peer support, empower individuals and offer resources toward gainful employment. Okanogan Behavioral Health plans to have computer stations for resume building and job searching as well as a thrift store component to assist individuals in building job skills and experience. The Clubhouse will be open at least 30 hours per week and will include peer specialists and case managers in the staffing pattern. Additionally, Okanogan Behavioral Health is exploring other funding opportunities, such as through the Washington Council, for supported employment efforts.

ESSB 6032 Funded programming

Specific to funding available to the region through ESSB 6032 Section 213 (5)(pp)- \$2,022,946 Medicaid and \$144,643 General Funds- the regional plan requests to fund the following target areas to meet the intended objectives:

Program	Medicaid	GFS	Priority Area Addressed
Regional Jail Liaison	X	X	Priority Area #4: <i>Diversion of individuals with behavioral health issues from the criminal justice system;</i>
Clubhouse	X		Priority Area #5: <i>Efforts to improve recovery oriented services, including, but not limited to, expansion of clubhouse models.</i>
Staff Recruitment and Retention	X		Priority Area #3: <i>Improvement of staff recruitment and retention in community behavioral health facilities</i> Priority Area #5: <i>Efforts to improve recovery oriented services, including, but not limited to, expansion of clubhouse models.</i>

Implementation and Financial Plan for ESSB 6032 funds

Regional Jail Liaison

A priority identified by various law enforcement entities in the region is the need for regional jail liaison services for coordination across the 3 jails in the region. The primary focus is to address service needs for individuals detained in preparation for discharge and to minimize likelihood for recidivism. A centralized liaison function allows for streamlined coordination efforts for individuals who have multiple incarcerations across the jails in the region. Several ad-hoc meetings have taken place in the region after the January 2018 IMC transition to discuss this identified need.

In conjunction with the Jail Transition Service (JTS) funds available in the region (\$44,201) administered by the BH-ASO, \$144,643 in General Funds will be dedicated to creating a regional jail liaison program to work closely with Grant County Jail, Chelan County Jail, Okanogan Jail (detained individuals in Douglas County are sent to Okanogan County Jail), Chelan juvenile detention (Chelan and Douglas County youth) and Martin Hall in Spokane for youth detained out of county (Okanogan and Grant County youth). Upon approval of this plan, regional meetings will be convened with the jail facilities and funders to develop the scope of work and set clear roles and responsibilities to meet the identified need with the plan of starting no later than October 2018.

Clubhouse

Okanogan County will be joining the North Central region in January 2019. As noted above, Okanogan Behavioral Health submitted a proposal to DSHS for Clubhouse expansion on Wednesday 5/23/18 (DSHS solicitation #1835-684) to expand the current day treatment program. Anticipated award date is June 8, 2018 with contract start date of July 1, 2018. The funding opportunity aligns with Okanogan Behavioral Health's desire to focus on recovery (and not just treatment), provide peer support, empower individuals and offer resources toward gainful employment. Okanogan Behavioral Health plans to have computer stations for resume building and job searching as well as a thrift store component to assist individuals in building job skills and experience. The Clubhouse will be open at least 30 hours per week and will include peer specialists and case managers in the staffing pattern. Additionally, Okanogan Behavioral Health is exploring

other funding opportunities, such as through the Washington Council, for supported employment efforts.

For the period of January-June 2019, \$75,000 Medicaid funding will be dedicated to this focus for services provided to Medicaid recipients. The anticipated annual budget for this program is \$150,000.

Staff Recruitment and Retention

Staff recruitment and retention in community behavioral health facilities was identified as the top priority for our region in one community forum that included representatives from behavioral health providers. Behavioral health workforce shortages have a direct impact on the ability to implement and expand programs to meet community needs. North Central, similar to other regions in the state, struggles to recruit and retain sufficient staffing levels for all positions, but in particular licensed or certified positions such as mental health counselors, social workers, psychologists, psychiatrists, advanced registered nurse practitioners, peers, chemical dependency professionals, etc. Positions have sat vacant and unfilled for years. Agencies have implemented various strategies such as increasing salaries, signing bonuses and developing post-doctoral psychology consortiums with varying levels of success. Based on feedback from the community forum and knowledge of North Central's community needs assessment, we are also focusing this funding on recruitment and retention of certified peer support specialists across all behavioral health agencies in the North Central region.

\$1,800,000 Medicaid funding will be dedicated to this focus for essential community behavioral health providers licensed with DBHR/DOH. We anticipate this includes 7 providers currently contracted with the MCOs including Okanogan Behavioral Health joining the region in January 2019. Funding will be dispersed through existing contracts and added to the agency's overall funding with each MCO. Methodology for disbursement will be based on staff size for programs funded under IMC contracts with the MCOs.

North Central Staff size	Eligible increase amount for each Six-Month Period	Number of NC Agencies 2018	Number of NC Agencies 2019	Total Funding Amount
Up to 25	\$50,000	2	2	\$200,000
26-50	\$100,000	1	2	\$300,000
50-100	\$150,000	1	1	\$300,000
100+	\$250,000	2	2	\$1,000,000
			TOTAL	\$1,800,000

We are also allocating specific funding to The Center for Alcohol and Drug Treatment to recruit and retain a medical professional (who meets minimum criteria to make medical necessity recommendations) to 1) oversee medically managed detox services, conduct utilization reviews and assist with discharge planning 2) diagnose and treat minor medical conditions while members are receiving substance use disorder services during residential, withdrawal management, and detox treatment 3) prevent unnecessary emergency room utilization for clients accepted in their programs. The medical professional hired will also seek and receive their MAT waiver within 90 days of hire. Currently, The Center for Alcohol and Drug Treatment utilizes the local emergency room to treat minor medical issues when it would be more clinically appropriate and cost effective to treat in an integrated facility. It will be expected that the provider will report information on agreed upon time intervals related to the addition of this position. \$147,946 will be directed towards this funding priority.

Upon approval of this plan, the MCOs will notify providers of eligible funds and request providers to submit plans on how they intend to implement the funding to target staff recruitment and/or retention

initiatives. Providers will be allowed to select strategies that best fit their individual agency needs. Ideas can consist of, but not limited to, increasing salaries, one time financial incentives (signing bonus, retention bonus, performance bonus, etc.), employee benefits (time off, wellness activities, healthcare, etc.), relocation costs, training and development (EBP, conferences, consultation, CEUs, etc.), and student loan assistance. Additionally, providers can pool funds for collaborative efforts such as creating training consortiums or coordinating other training/consultation opportunities.

MCOs will jointly monitor encounters received from behavioral health providers for peer support services, with an expectation that funds are directed toward building provider capacity for peer support services. After the initial 6 months of funding, MCOs will jointly identify any agency outliers related to peer support encounters and provide technical assistance and monitoring to providers as necessary.

Summary of ESSB 6032 Funding

Medicaid Programs	Medicaid \$
Clubhouse	75,000
Staff Recruitment and Retention	1,947,946
Grand Total	\$2,022,946

State General Funds	Beacon
Jail Transition Services	144,643
Grand Total	\$144,643