

## Action Alliance for Suicide Prevention (AASP)

Date: November 7, 2018, 10:00-12:00pm

Webinar with in-person option: Department of Health Tumwater office, TC1, Room 163



Attendees: Donn Marshall, Julie Garver, Camille Goldy, Dan Overton, Karie Rainer, Jeff Rochon, Peter Schmidt, Billy Reamer, Jenn Stuber, Jose Avalos, Isabel Jones, Jessica Shook, Kara Panek, Lauren Rigert, Levi Van Dyke, Allie Franklin, Paige Smith, Mamadou Ndiaye, Reese Holford, George Banks, Neetha Mony

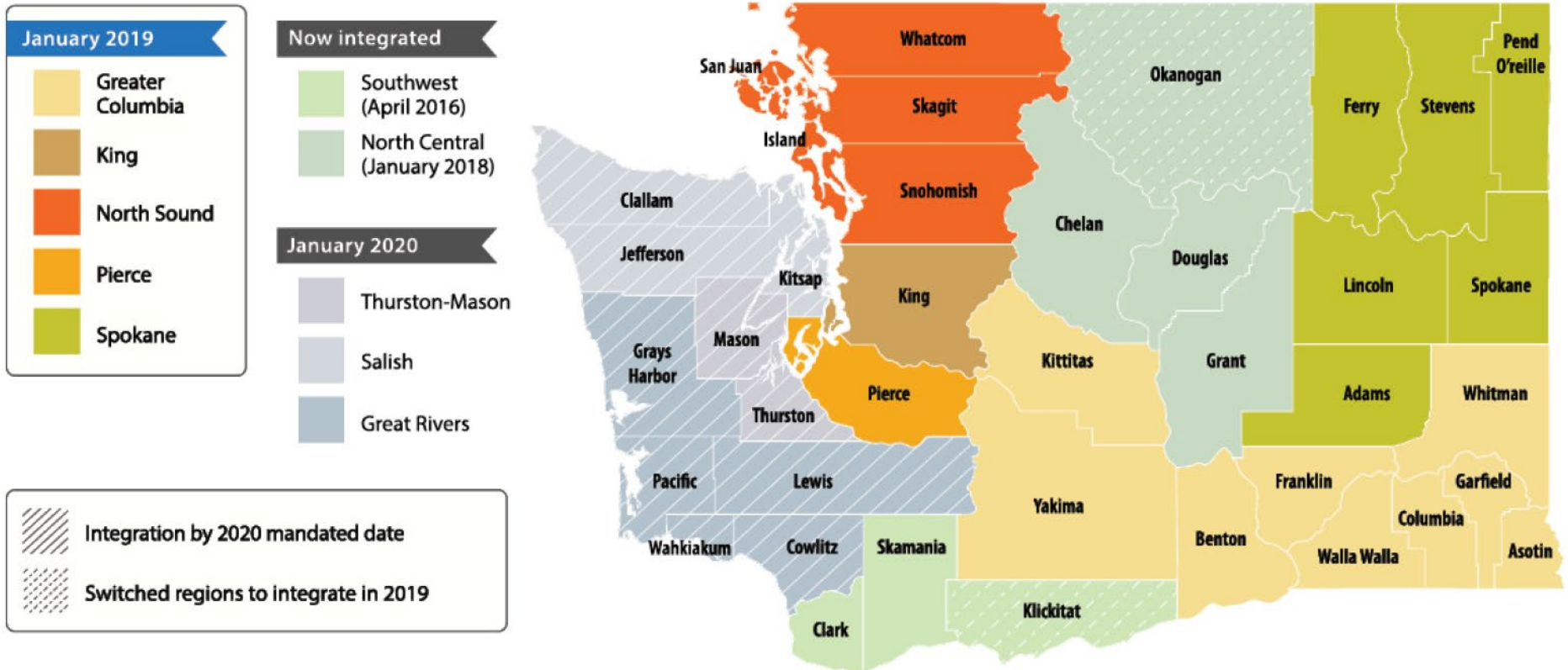
### Meeting Notes

Topic	Lead	Notes	Discussion
<b>Welcome and agenda review</b>	Donn Marshall, Forefront		
<b>Introductions</b>	ALL		
<b>WA Healthcare Integration and Crisis Response Services</b>	<p><a href="#">Isabel Jones</a>, Health Care Authority</p> <p><a href="#">Jessica Shook</a>, Olympic Health and Recovery Services</p> <p><a href="#">Joe Avalos</a>, Thurston Mason Behavioral Health Organization</p>	<p>WA Healthcare Integration</p> <ul style="list-style-type: none"> <li>Healthcare integration is a phased approach and the whole state will have integrated managed care by 2020.</li> <li>Each region will have at least 3 managed care plans available. <ul style="list-style-type: none"> <li>Services include primary care, mental health, and substance use.</li> </ul> </li> <li>Managed Care Organization (MCOs) contracts do not include crisis services for everyone, state-funded services for non-Medicaid beneficiaries, and county-funded services for everyone. <ul style="list-style-type: none"> <li>Some counties have 1/10 of 1% of sales tax going towards behavioral health.</li> </ul> </li> <li>Administrative Service Organizations (ASOs) work with Designated Crisis Responders (DCRs, formerly known as Designated Mental Health Professionals) and manage the local crisis hotline.</li> </ul> <p>Crisis Response Services</p> <ul style="list-style-type: none"> <li>Note: <i>Robert Pellet (DSHS) gave a presentation on crisis services at the <a href="#">May 2018 meeting</a>.</i></li> <li>DCRs can be called in to assess if involuntary treatment for mental health or substance use is required. Risk must be imminent.</li> <li>Grave disabilities includes severe cognitive disabilities.</li> <li>DCRs work closely with mobile crisis teams and <a href="#">Wraparound with Intensive Services (WiSe)</a> (if patient is a youth) <ul style="list-style-type: none"> <li>Also work to improve coordination with community partners.</li> </ul> </li> </ul>	<p>See page 4 for an image of WA's Healthcare Integration plans.</p> <ul style="list-style-type: none"> <li>Question: What are potential implications of carving out crisis services? What are the incentives to ensure MCOs don't let patients reach crisis stage? <ul style="list-style-type: none"> <li>Answer: MCOs contract with an entity to cover crisis services and have to pay for higher services, like psychiatric stays, so it's in their interest to prevent that.</li> </ul> </li> <li>Question: Are there opportunities for the <a href="#">Bree Collaborative Suicide Care report</a>? <ul style="list-style-type: none"> <li>Answer: Twice a year HCA changes contracts and we could submit recommendations for the July contracts.</li> </ul> </li> <li>Question: Can we improve reimbursement rates? <ul style="list-style-type: none"> <li>Answer: Providers can negotiate with MCOs on reimbursement rates but it will likely be difficult.</li> </ul> </li> <li>Question: Do crisis services offer follow-up, locking devices, or advice on safe storage?</li> </ul>

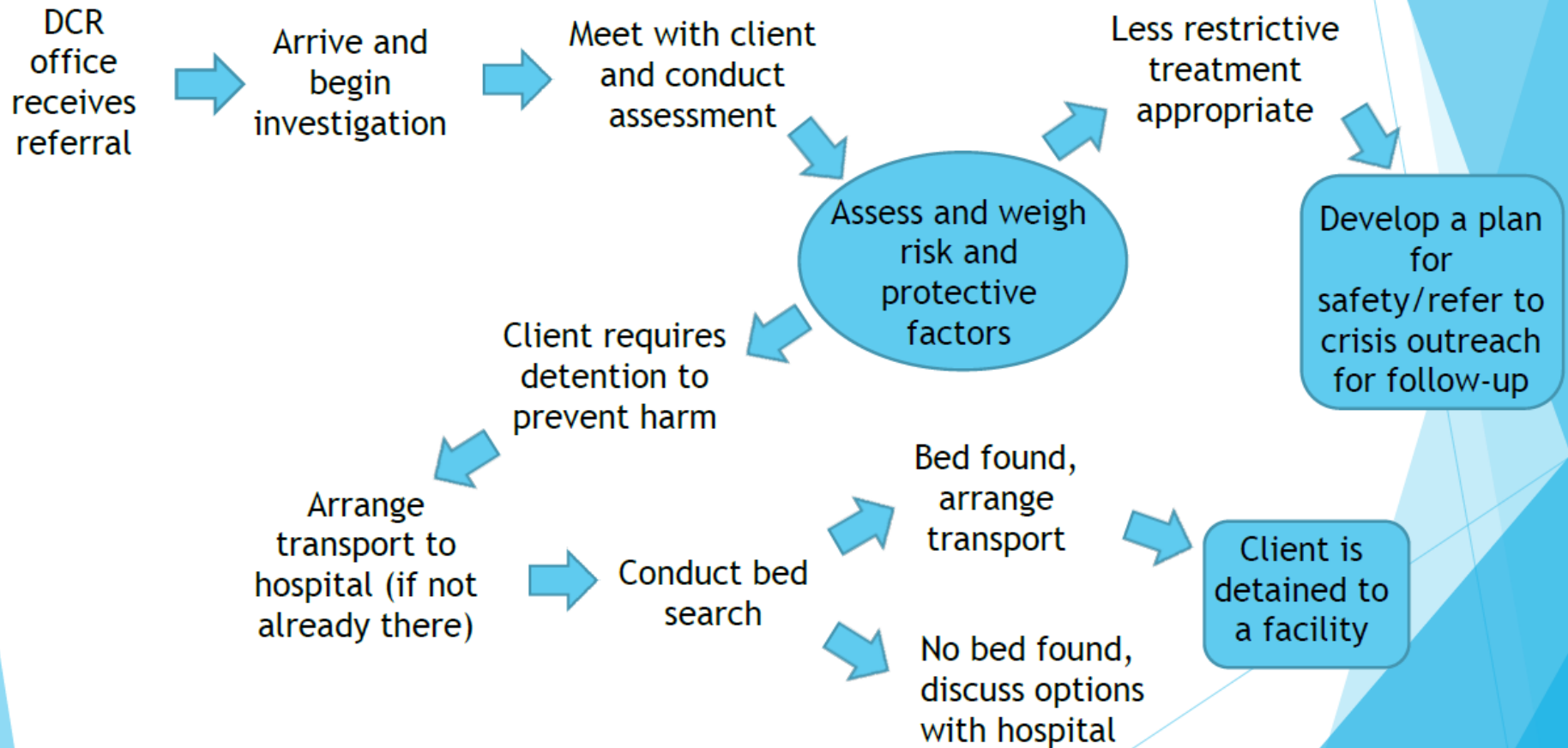
Topic	Lead	Notes	Discussion
		<ul style="list-style-type: none"> <li>• See page 5 for possible DCR referral pathways.</li> <li>• In many counties, the main mental health institution is the jails.</li> <li>• Behavioral Health Organizations (BHOs) will be phased out but will still receive Medicaid until the transition is complete.</li> <li>• Some challenges will be if patients move in the state, they might have to work with multiple ASOs for payments or non-Medicaid services.</li> <li>• Good news is that there will be an increase of inpatient psych beds. Thurston Mason will soon have 200 non-Medicaid beds. <ul style="list-style-type: none"> <li>○ Additional beds also means increased use of courts for involuntary hospitalizations.</li> </ul> </li> <li>• One goal is to make the MCOs financially responsible for their work. <ul style="list-style-type: none"> <li>○ BHOs are working closely with MCOs to maintain good crisis services safety nets.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Answer: Safety plans are done and there are follow-up procedures. Not sure about locking devices.</li> <li>• Question: Do crisis services interact with law enforcement crisis intervention training (CIT)? <ul style="list-style-type: none"> <li>○ Answer: Depends on the county. Thurston and Mason have paid for county CIT trainings.</li> </ul> </li> </ul>
<b>National Suicide Prevention Lifeline update</b>	<a href="#">Levi Van Dyke</a> , Volunteers of America <a href="#">Allie Franklin</a> , Crisis Connections <a href="#">Neetha Mony</a> , Department of Health	<ul style="list-style-type: none"> <li>• Many current programs and programs planned for 2019 promote the National Suicide Prevention Lifeline (Lifeline), which relies on local crisis centers to answer calls. We need to ensure that callers receive local assistance in a timely manner.</li> <li>• King, Pierce, Spokane, Snohomish, and Clark counties had the highest number of suicides in 2013-2017. They are also the counties with the highest numbers of calls to the Lifeline. Prior to the work we started in WA, all calls from Pierce, Spokane, and Clark were answered by out of state call centers because WA crisis centers were not answering those county calls. <ul style="list-style-type: none"> <li>○ If a caller presses “1” they are directed to the Veterans Crisis Line. If they press “2” they are connected to a Spanish sub-network. This presentation is only about the callers who stay on the main line.</li> </ul> </li> <li>• Local crisis centers are the best placed to answer calls because they understand local crisis services and community resources. <ul style="list-style-type: none"> <li>○ Centers interested in becoming part of the Lifeline can <a href="#">learn about accreditation and other information here</a>.</li> <li>○ Lifeline can also connect centers with funding opportunities.</li> </ul> </li> <li>• <a href="#">Follow-up Matters</a> is a separate project of the Lifeline to follow-up after ER visits and hospitalizations.</li> </ul>	<ul style="list-style-type: none"> <li>• Question: What follow-up do the Lifeline centers offer? <ul style="list-style-type: none"> <li>○ Answer: Currently follow-up is done for all active rescues. Centers contact crisis response/mobile crisis teams for this follow-up.</li> </ul> </li> <li>• Question: How to explain the increase in calls? <ul style="list-style-type: none"> <li>○ Answer: There are many things that can increase calls, such as high profile suicides, entertainment (like Logic’s song “1-800-273-8255), mandatory and community trainings in WA, etc. Typically once call numbers increase, they never fully return to the old call numbers but remain higher.</li> </ul> </li> <li>• Question: Is the accreditation process challenging? <ul style="list-style-type: none"> <li>○ Answer: Most centers don’t know about the Lifeline or aren’t incentivized to participate, like requirements in other contracts.</li> </ul> </li> <li>• Question: Is there a tribal hotline?</li> </ul>

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		<ul style="list-style-type: none"> <li>• The WA Virtual Line was created through state funding and a grant award. Volunteers of America and Crisis Connections share responsibility of the virtual line, which answers calls from all WA counties who don't have a crisis center working with the Lifeline.</li> <li>• The virtual line began taking calls on Jan. 31, 2018 and has made a few changes to improve call coverage.</li> <li>• Data <ul style="list-style-type: none"> <li>○ In Aug. 2017, we estimated there would be about 32,300 WA calls to the Lifeline from Oct. 2017-Sept 2018.</li> <li>○ We actually had almost 41,500 WA calls! Our annual in-state answer rate increased from 42% to 64%.</li> <li>○ In spite of a 40% annual call increase, WA's in-state answer rate for Sept. 2018 was 77%!</li> </ul> </li> <li>• See page 6 to see a graph on WA Lifeline calls from 2012 to present.</li> <li>• At the June proviso meeting, stakeholders liked the idea for 4-5 regional call centers. This would be the current 3 centers in Western WA and bringing on 1-2 additional centers in Eastern WA. <ul style="list-style-type: none"> <li>○ Neetha spoke with Jan Dobbs from Frontier Behavioral Health in Spokane and they might be interested in participating once more funding is available in July 2019.</li> </ul> </li> <li>• Along with additional funding requested in the decision package, other ideas include working with HCA on possible collaborations and local funding and promoting volunteer opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>○ Answer: No, but this is a recommendation in the state plan (p.44) – “Explore creation of a specifically staffed crisis line, similar to the Veterans Lifeline, for tribal members.”</li> <li>○ Comment: At the recent Tribal Health conference, it was mentioned that suicide prevention is a priority so maybe this is something being worked on.</li> <li>• Comment: Crisis Connections will be offering text services in 2019.</li> <li>• Comment: See if Crisis Text Line can partner with local crisis centers.</li> </ul>
<b>Announcements</b>		<ul style="list-style-type: none"> <li>• Reminder, if you are interested in being a part of the data workgroup for the National Violent Death Reporting System, email Neetha.</li> <li>• <a href="#">Bree Collaborative Suicide Care report</a> was submitted to HCA.</li> <li>• Nov. 14, 12-1pm PT: DOH's Epi Lunch and Learn: <a href="#">Exploring Washington State Suicide with NVDRS and the State Suicide Prevention Activities</a>. Mamadou will present on the data and Neetha will speak briefly on state activities.</li> </ul>	<ul style="list-style-type: none"> <li>• DVA will be adding Crisis Text Line “741741” info in the <a href="#">Max Impact TBI app</a>.</li> <li>• <b>SAVE THE DATE:</b> Forefront will be holding their Legislative Education Day on Feb. 11, 2019.</li> <li>• Safer Homes will be at the <a href="#">Vancouver gun show Dec. 15-16</a>.</li> </ul>
<b>Summary and Path Forward</b>	Donn Marshall	<p><b>Summary:</b> Follow-up is crucial in this work and finding funding for this should be a priority.</p> <p><i>We understand meetings during legislative session might be challenging so all our meetings until July will be in Tumwater.</i></p>	The next meeting will be an in-person meeting with a webinar option 9:30-12pm on Jan. 24 at the DOH Tumwater office.

# Integrated managed care regions



# Referral Pathway



# Quarterly call reports

## WA Lifeline Calls 2012-2018

