



## Implementing a Tribal Centric Behavioral Health System In Washington State 2019 - 2020

**Subject: Creating Access to Inpatient Behavioral Health Services for AI/ANs in Crisis**

**Background:** American Indian/Alaska Natives (AI/AN) have a significantly higher incidence of mental illness diagnoses than Medicaid non-natives. Complete suicides rates are higher than any other racial category. Drug overdose mortality rate for AI/AN is more than twice the rate for non-Hispanic whites.

The Indian Health Care Delivery system is a distinct and separate system from Medicaid. Programs funded by I.H.S are required to use alternate resources, including Medicaid coverage, when an I.H.S. user is eligible for that coverage before I.H.S. funds can be expended. Changes made to the State Medicaid Plan have had serious impacts to how each Tribe or Urban Indian Health Organization operates their health program.

Managed care for mental health services has been a long-standing barrier to care for many AI/AN residing in Washington State. Washington State uses Evaluation and Treatment facilities for short term inpatient behavioral health treatment for patients in crisis. There is a disproportionately high representation of American Indian/Alaskan Native individuals in hospital based and Free-Standing Evaluation and Treatment facilities. There is currently no E&T in Washington State that provides culturally relevant services for AI/AN individuals. When a patient can't be stabilized in an E&T, they are admitted into one of the state inpatient psychiatric hospitals for longer term care. Inpatient psychiatric hospital admissions for AI/AN were 66 percent greater than non-natives— 41.9 admissions/1000 MM for AI/AN compared to 25.3 admissions/1000 MM for non-natives. In 2011, 894 AI/AN individuals were served in a psychiatric inpatient hospital and in 2015, 1,148 were served.

In July of 2017, AI/AN Medicaid enrollees were finally exempt from managed care for mental health services after nearly 30 years. AI/AN Medicaid enrollees can now opt into managed care when needed. The crisis system is funded through the Regional Support Networks (RSNs) and later the Behavioral Health Organizations (BHOs) and still creates access issues for AI/ANs in crisis. BHOs employ Designated Crisis Responders (DCR) who are the gate keepers to Involuntary Treatment Admissions (ITA) into Evaluation and Treatment facilities. Although crisis services are available for all Washington State residents, they are completely ingrained in the behavioral health managed care system.

As these changes have been made to the system, other issues have been identified as needing legislation to fix. AIHC has drafted legislation and worked with the Tribal Leaders to make sure their recommendations from both the 2013 Tribal Centric Report to the Legislature and for the 1915b Waiver Tribal Consultation process between June of 2015 and December of 2017 were included in the legislation. The Tribal Behavioral

Revised: 12/12/2018



Health Crisis Act of 2019, removes access barriers caused by including other local or managed care entity in the involuntary or voluntary treatment process. It takes funding that already exists, non-Medicaid crisis funds, and redirects the appropriate amount into the Indian Health Delivery System.

There are not enough inpatient crisis beds to meet the needs statewide for access, and there are not any culturally appropriate facilities for AI/AN to receive care until they can safely return home. Through a budget proviso, the Washington State Legislature appropriate funds to the Department of Behavioral Health and Rehabilitation (DBHR) to work with the Tribes and UIHPs to develop recommendations for building a Tribal Evaluation and Treatment Facility. Funding was for 2018-19 biennium, but the work was not begun until December of 2018. Report is due to the legislature in April of 2019. This funding provides an opportunity for the Tribes, UIHPs and the State to work together on a solution to a longstanding issue and thoughtfully build access to the care that will have improved outcomes.

2013 Tribal Centric Behavioral Health Report:

[https://www.hca.wa.gov/assets/program/Tribal\\_Centric\\_Behavioral\\_Health.pdf](https://www.hca.wa.gov/assets/program/Tribal_Centric_Behavioral_Health.pdf)

More information on the Tribal Evaluation Treatment Facility Workgroup can be found here:

<https://aihc-wa.com/medicaid-system/tribal-behavioral-health-evaluation-and-treatment-facilities-workgroup/>