

# WASHINGTON STATE TRIBAL-CENTRIC BEHAVIORAL HEALTH SYSTEM

*Inventory of Mental Health Services  
Provided by the Indian Health Service,  
Tribal and Urban Indian Health  
Organizations*

# Background

The Northwest Portland Indian Health Board (NPAIHB) contracted with the Washington State Department of Social and Health Services (DSHS) to assist in the development of a Tribal-Centric mental health system to

- integrate behavioral health services with Tribal programs,
- consider benefit design and
- develop recommendations for the delivery system and coordination arrangements.

# State Contract Specifications

- ✗ Programmatic structure of I/T/U behavioral health programs;
- ✗ What specific services are provided by the I/T/U;
- ✗ How many and what types of behavioral health providers are employed by or contracted with I/T/U behavioral health programs;
- ✗ What types of clients are seen by I/T/U behavioral health programs - both in terms of diagnosis and beneficiary and non-Indian status;
- ✗ I/T/U plans/desires for future behavioral health program expansion;
- ✗ Ability of I/T/U programs to successfully enroll beneficiaries in Medicaid and maintain their enrollment;
- ✗ Strengths and weaknesses of I/T/U programs that affect capacity; and
- ✗ Relationships between specific I/T/U programs and their RSN/s.

# Project Design

- ✗ It was first envisioned that much information could be gleaned from available data
- ✗ Data that was available did not provide useful information:
  - › Medicaid data for IHS encounter payments does not indicate the type of service rendered or the type of provider.
  - › RSN data aggregates outpatient and residential services by county with number of clients served and utilization rates.
  - › I/T/U generated behavioral health data is not available.

# The Survey

- ✗ The survey was designed to solicit information required under the conditions of the state contract with NPAIHB.
- ✗ The survey was sent to Tribal Health Directors both by mail and electronically.
- ✗ Complementary copies were sent to Tribal mental health and chemical dependency directors.
- ✗ Follow-up phone calls were made to each agency.
- ✗ Twenty three of the twenty nine federally recognized Tribes responded to the survey (a 79% response rate).

# Survey Response - Providers

- ✗ Tribal Behavioral Health Programs employ over 216 professional staff.
- ✗ The majority of staff are state licensed, divided equally between mental health and chemical dependency professionals.
- ✗ The most desired type of provider is psychiatrists.
- ✗ Tribes are equally divided on their abilities to recruit professional staff but are more confident in their ability to retain staff once hired.
- ✗ 82% of Tribes feel successful in training AI/ANs as behavioral health professionals even though only 60% have scholarships or tuition payments available

# Survey Response - Services

- ✗ Tribal Behavioral Health providers offer a wide range of outpatient services but limited residential services.
- ✗ Medicaid reimbursement for services falls short of the level at which services are provided.
- ✗ Challenges in funding prevention and cultural services, accessing crisis intervention, medical transportation and chemical dependency treatment was noted by half the Tribes.
- ✗ Two-thirds feel successful in treating members within the community, but a greater number face obstacles in securing inpatient and residential treatment for clients.

# Survey Response - Clients

- ✗ All Tribal providers serve Tribal members, non-Tribal family members and other AI/AN people (most with some limitations)
- ✗ 32% offer chemical dependency services to non-Indian, but only four offer mental health services to non-Indians.
- ✗ In the past year, nearly 11,000 mental health clients and 5,000 chemical dependency clients were served.
- ✗ Only four programs serve more children than adults.
- ✗ Forty percent of Tribal programs report a high rate of co-occurring disorder clients – 60 to 90%

# Survey Response – Client Access

✘ 35% of Tribes struggle getting clients eligible for Medicaid.

✘ 50% of Tribes have difficulty funding Medicaid outreach and enrollment efforts.

# Survey Response - Relationships

- ✗ 81% of the Tribal programs are supported by their Tribal governing body and community.
- ✗ Two-thirds of the Tribal programs have positive relationships with state agencies; fewer feel as optimistic about access to state grants – and they are largely negative about the adequacy and consistency of those grants
- ✗ Half of the Tribes relate their RSN relationships as good.

# Survey Response - Business

- ✗ 67% of the tribes gave high ratings to their ability to recruit business office staff.
- ✗ Staff retention is an even greater success.
- ✗ Training Tribal members as effective business office personnel is a major strength of 61% of the programs.

# Survey Response - Technology

- ✗ Efficiency and functionality of billing systems and software was highly rated by 67% of the Tribal programs.
- ✗ The majority of Tribal programs report good access to computers and systems technical support .
- ✗ Very few Tribal programs use Tele behavioral health technology.

# Survey Response - Quality

- ✗ 13 Tribes are state licensed for chemical dependency services.
- ✗ Four Tribes hold state mental health licenses.
- ✗ Seven Tribal programs are nationally accredited.
- ✗ Half of the programs rate their quality assurance initiatives as good to excellent.
- ✗ 76% of the programs are confident in the quality of their clinical documentation.
- ✗ 31% of the Tribes are capable of collecting and reporting their data.

# Survey Response - Financing

- ✗ Half of the Tribal programs consider state program reimbursement adequate.
- ✗ Ten programs struggle to get paid.
- ✗ Two programs receive no Medicaid payments.
- ✗ All programs provide services for which no Medicaid payment is made.

# Recommendations

- ✗ Exempt all AI/ANs from the RSN system.
- ✗ Establish a separate authorization process for inpatient and residential beds for Tribal providers directly with the state.
- ✗ Cover RSN services and provider structures for Tribal organizations.
- ✗ State provision of training and technical assistance to Tribes in outreach and enrollment, billing, service alignment, documentation and licensing.

# Recommendations

- ✗ **Inclusion of the I/T/U in the development of the integrated healthcare home planned to integrate primary care and behavioral health services as well as:**
  - › Amend encounter rate covered providers to include the new provider types that will be key players in the program design
  - › Purchase Tribal Targeted Case Management Services
  - › Consider Tribal best practices and practice-based evidence research with the AI/AN population when developing core competencies, evidence based practices and measurement approaches; and
  - › Link Tribes with financial support for EHR and tele-behavioral health.