

Psychiatric treatment, evaluation, and bed utilization for American Indian and Alaska Native individuals in Washington state

Annual report

Substitute Senate Bill 6259; Sec. 307; Chapter 256; Laws of 2020

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Table of contents

Psychiatric treatment, evaluation, and bed utilization for American Indian and Alaska Native individuals in Washington state	1
Annual report.....	1
Executive summary.....	3
About the data	3
Crisis utilization data for AI/AN individuals in WA state.....	4
Table 1: Number of AI/AN individuals and events with an ITA investigation: Calendar year 2023.....	4
Table 2: Number of AI/AN individuals and events with an initial (120-hour) ITA detention: Calendar year 2023	5
Table 3: Number of AI/AN hospital episodes, length of stay, and average length of stay versus the statewide totals for ITA evaluation and treatment facilities: Calendar year 2023.....	6
Table 4: Number of AI/AN hospital episodes, length of stay, and average length of stay versus the statewide totals for ITA community hospitals: Calendar year 2023.....	7
Discussion	8
Crisis utilization data for AI/AN individuals in WA state over time	9
Figure 1: Percentage of ITA investigation events of AI/ANs in Washington from 2018–2023	9
Figure 2: Unique AI/ANs under investigation from 2018–2023	9
Figure 3: Percentage of ITA detention events of AI/ANs in Washington from 2018–2023	10
Figure 4: Comparison of investigation events, unique persons, and ITA detention events for AI/ANs from 2018–2023	11
Figure 5: AI/AN average length of stay versus the statewide totals for ITA evaluation and treatment facilities from 2018–2023	11
Figure 6: AI/AN average length of stay versus the statewide totals for ITA community hospital from 2018–2023.....	12
Summary	12

Executive summary

In March 2020, Governor Inslee signed Senate Bill [\(SB\) 6259](#)—the Indian Behavioral Health Act—to improve the health of American Indians and Alaska Natives (AI/ANs) and address the long history of limited access to crisis services. For decades, Tribes have expressed barriers within the hospital emergency system including limited inpatient beds, a lack of discharge coordination and health disparities, and lack of culturally attuned programs. (See the [2013 Tribal Centric Behavioral Health Legislative Report](#) for more information).

The [2018 Governor’s Indian Health Council report](#) to the Legislature explained that the need for behavioral health services for AI/AN individuals is much greater due to historical and present-day events. One provision of the Indian Behavioral Health Act, implemented into law through [RCW 71.24.665](#), directs:

The HCA shall provide an annual report on psychiatric treatment and evaluation and bed utilization for American Indians and Alaska Natives starting on October 1, 2020.

The report shall be available for review by the tribes, urban Indian health programs, and the American Indian health commission (AIHC) for Washington state.

Key crisis entities and behavioral health program providers submitted crisis data to the Health Care Authority (HCA). Based on that data, HCA submits this report with key measures focused on AI/AN access and encounters for:

- Involuntary Treatment Act (ITA) investigation data
- ITA initial detention data
- ITA evaluation and treatment (E&T) bed stays

About the data

The following utilization data are provided by regional service areas (RSA), drawn from the HCA–Behavioral Health Data Store/Behavioral Health Services System Data Warehouse (BHDS/BHSS) for the 2023 calendar year. The data in this report measures crisis utilization rates as the number and proportion of individuals who had ITA investigations.

Measuring utilization rates is one way to measure access to care. The data **does not** capture the experience of individuals who needed a service yet were unable to access care, or the barriers to care they faced. HCA data defines AI/AN individuals as all who identify a connection to AI/AN ancestry, including those who are racially and ethnically mixed.

AI/AN individuals are disproportionately represented in investigation encounter events relative to their representation in the state population. AI/AN individuals made up 3.6% of the state’s population in 2023, yet they made up 7% of investigation encounter events, according to U.S. Census data. This higher incidence of investigations could result from a higher acuity of mental health conditions than the statewide population. This places AI/AN individuals at higher risk of having a crisis event, which leads to an ITA investigation.

Due to no official data agreements/arrangements with Tribes, HCA does not receive comprehensive data on the health care encounters of AI/AN individuals and may not have a full picture of AI/AN needs or

services. More data and analysis are needed to make conclusions regarding access to services based on need.

Crisis utilization data for AI/AN individuals in WA state

Table 1 below shows the number of investigation events captured by HCA data for each RSA and all regions combined in 2023. An individual can have multiple events.

Table 1: Number of AI/AN individuals and events with an ITA investigation: Calendar year 2023

RSA	# of individuals (AI/AN)	# of events (AI/AN)	# of events (all individuals)	% AI/AN events to all events
Greater Columbia	74	89	1,424	6.25%
Great Rivers	148	161	1,471	10.94%
King	310	371	5,921	6.27%
North Central	13	18	339	5.31%
North Sound	237	296	4,506	6.57%
Pierce	151	183	2,755	6.64%
Salish	100	127	1,196	10.62%
Southwest	22	24	626	3.83%
Spokane	292	353	3,761	9.39%
Thurston/Mason	176	245	3,060	8.01%
Total (All)	1,523	1,867	25,059	7.45%

Data note: Percentage of investigation events is the number of AI/AN ITA investigation events for AI/AN compared to statewide total events.

- First left column: Number of AI/AN individuals with an ITA investigation
- Second left column: Number of AI/AN ITA investigation events
- Third column: Number of statewide ITA investigation events
- Far right column: Percentage of the events attributed to AI/AN individuals

Table 1 data summary

- 7.45% of the statewide investigation encounter events involved AI/AN individuals.
- Great Rivers had the highest percentage of AI/AN ITA investigation events (10.94%), while Greater Columbia had the lowest (6.25%).

Table 2 below shows the number of initial 72-hour ITA detentions captured by HCA data for each RSA and all regions combined in 2023. An individual can have multiple detentions.

Table 2: Number of AI/AN individuals and events with an initial (120-hour) ITA detention: Calendar year 2023

RSA	# of individuals (AI/AN)	# of events (AI/AN)	# of events (all individuals)	% AI/AN events to all events
Greater Columbia	71	86	1,379	6.24%
Great Rivers	65	73	634	11.51%
King	197	238	3,723	6.39%
North Central	2	4	185	2.16%
North Sound	90	116	1,817	6.38%
Pierce	87	104	1,370	7.59%
Salish	35	51	483	10.56%
Southwest	7	8	249	3.21%
Spokane	204	252	2,626	9.60%
Thurston/Mason	63	89	1,102	8.08%
Total (All)	821	1,021	13,568	7.53%

Data note: Percentage of detention events is the number of AI/AN detention events for AI/AN compared to statewide total events.

- First left column: Number of AI/AN individuals with an ITA detention
- Second left column: Number of AI/AN ITA initial detentions
- Third column: Number of statewide ITA initial detentions
- Far right column: Percentage of the initial ITA detentions of AI/AN compared to statewide

Table 2 data summary

- 7.53% of initial ITA detention encounter events involved AI/AN individuals.
- Great Rivers had the highest percentage of AI/AN ITA detention encounter events (10.51%), while North Central had the lowest (2.16%).

Individuals having ITA investigations can be admitted to E&T facilities and community hospitals. We compare data on hospital stays in E&T facilities (Table 3) and community hospitals (Table 4). Within the hospital setting, we compare AI/AN stays to all stays in that setting statewide.

Table 3 below shows the length of stay in ITA E&T facilities by HCA data for each RSA and all regions combined in 2023. An individual can have multiple stays in E&T facilities.

**Table 3: Number of AI/AN hospital episodes, length of stay, and average length of stay versus the statewide totals for ITA evaluation and treatment facilities:
Calendar year 2023**

RSA	AI/AN individuals			Statewide		
	Number of stays	Total # of days	Average length of stay (days)	Number of stays	Total # of days	Average length of stay (days)
Greater Columbia	17	285	17	244	4,617	19
Great Rivers	14	366	26	139	4,930	35
King	7	223	32	78	2,057	26
North Central	1	20	20	14	274	20
North Sound	10	415	42	124	3,720	30
Pierce	26	1,174	45	199	5,350	27
Salish	8	98	12	85	3,129	37
Southwest	2	128	64	26	933	36
Spokane	13	429	33	126	5,171	41
Thurston/Mason	17	584	34	145	3,110	21
Total (All)	115	3,722	32	1,180	33,291	28

- First left column: Number of AI/AN hospital episodes
- Second left column: Number of days AI/AN stayed in the hospital
- Third left column: Average length of hospital stay for AI/AN
- Fourth left column: Number of statewide hospital episodes
- Fifth left column: Number of days individuals statewide stayed in the hospital
- Far right column: Average length of hospital stay for individuals statewide

Table 3 data summary

- AI/AN individuals had an average ITA E&T length of stay that was four days longer than the statewide average (average 32-day length of stay for AI/AN individuals compared to the statewide average 28-day length of stay for all individuals).

Table 4 below shows the length of stay in ITA community hospitals by HCA data for each RSA and for all regions combined in 2023. An individual can have multiple stays in community hospitals.

Table 4: Number of AI/AN hospital episodes, length of stay, and average length of stay versus the statewide totals for ITA community hospitals: Calendar year 2023

RSA	AI/AN individuals			Statewide		
	Number of stays	Total # of days	Average length of stay (days)	Number of stays	Total # of days	Average length of stay (days)
Greater Columbia	5	39	8	21	1,634	78
Great Rivers	8	120	15	13	305	23
King	5	112	22	25	4,348	174
North Central	0	0	0	2	182	91
North Sound	7	417	60	17	1,489	88
Pierce	3	53	18	20	5,908	295
Salish	7	62	9	12	356	30
Southwest	0	0	0	1	324	324
Spokane	11	3,347	304	26	6,395	246
Thurston/Mason	8	68	9	35	5,008	143
Total (All)	54	4,218	78	172	25,949	151

- First left column: Number of AI/AN hospital episodes
- Second left column: Number of days AI/AN stayed in the hospital
- Third left column: Average length of hospital stay for AI/AN
- Fourth left column: Number of statewide hospital episodes
- Fifth left column: Number of days individuals statewide stayed in the hospital
- Far right column: Average length of hospital stay for individuals statewide

Table 4 data summary

- AI/AN individuals had an average ITA community hospital length of stay that was 73 days shorter than the statewide average (average 78-day length of stay for AI/AN individuals compared to the statewide average 151-day length of stay for all individuals).

Discussion

Given the high level of health disparities in AI/AN community, AI/ANs require a greater intensity of behavioral health services across the full continuum of care. HCA faces challenges assessing the appropriate level and intensity of services needed to support the behavioral health needs of AI/AN communities (See the [Governor's Indian Health Advisory Council Biennial Report 2022-2023](#)).

The crisis system in Washington state continues to evolve through improvements directed by the federal and state legislatures, including:

- The implementation of 988 Suicide and Crisis Lifeline across the country
- Expanding mobile crisis response programs and crisis stabilization centers
- Increasing facility types to implement best practice crisis services across the continuum

From these efforts, we anticipate a shift in service delivery toward a more accessible, community-focused, and coordinated approach that ensures AI/AN in crisis receive timely care in the least restrictive way. Our partnership with Tribes, AIHC, and federal, state, and local partners continue to support Tribes in expanding their crisis service delivery within their communities. These combined efforts are intended to greatly improve access to services for AI/AN individuals across the state.

To improve our approach in assessing involuntary investigation events, future analyses could examine outpatient or voluntary care and follow-up care for involuntary care. Developing a stronger understanding of follow-up care may be helpful for comparing reoccurring cases.

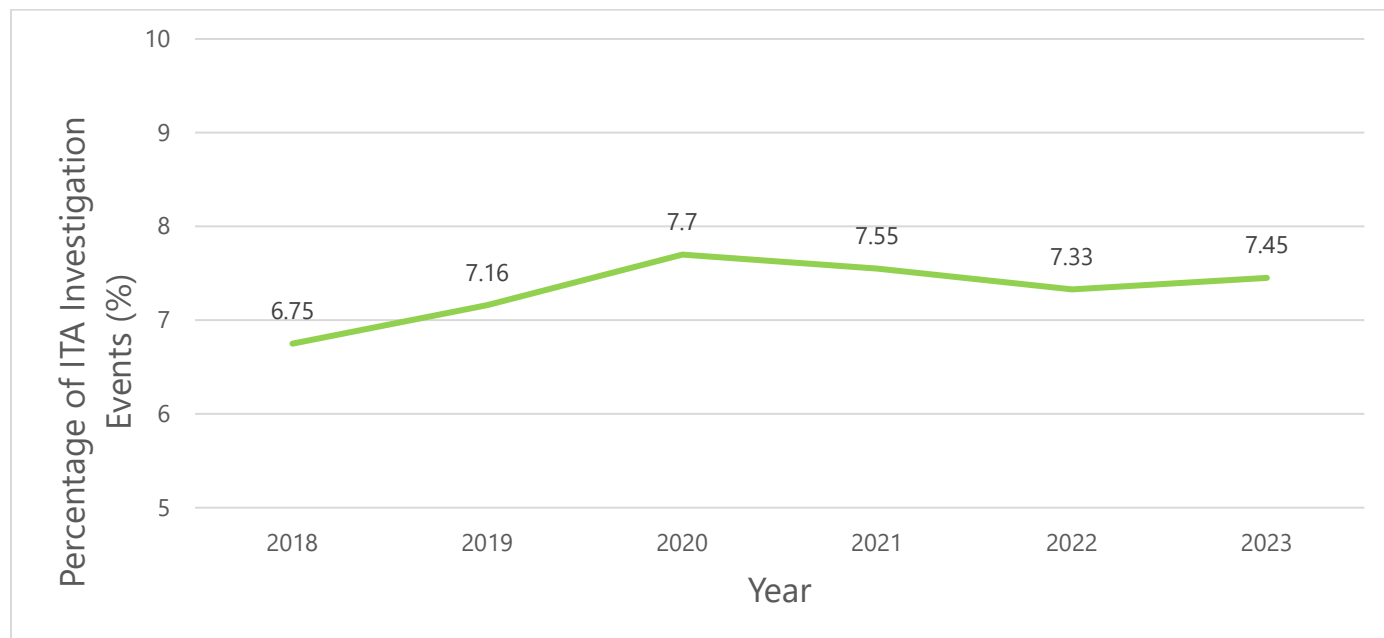
HCA intends to work with Tribal partners to expand this annual report and identify ways to improve our data collection efforts to:

- Increase our data accuracy
- Establish ways to identify outcomes of services
- Conduct additional comparisons

By solidifying our partnership with Tribes, we will continue working to increase crisis services within Tribal communities. We intend to support crisis work including Tribal DCR investigations, Tribal court hearings, Tribal mobile crisis, and Tribal behavioral health inpatient facility services in the future.

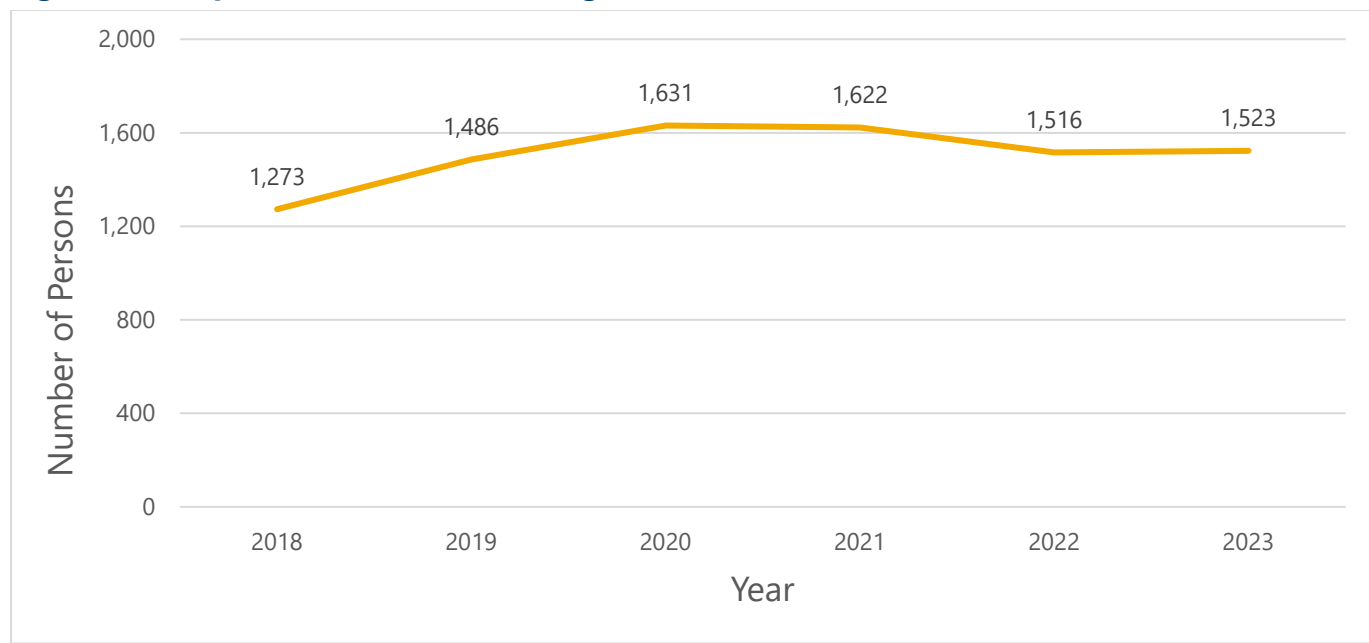
Crisis utilization data for AI/AN individuals in WA state over time

Figure 1: Percentage of ITA investigation events of AI/ANs in Washington from 2018–2023



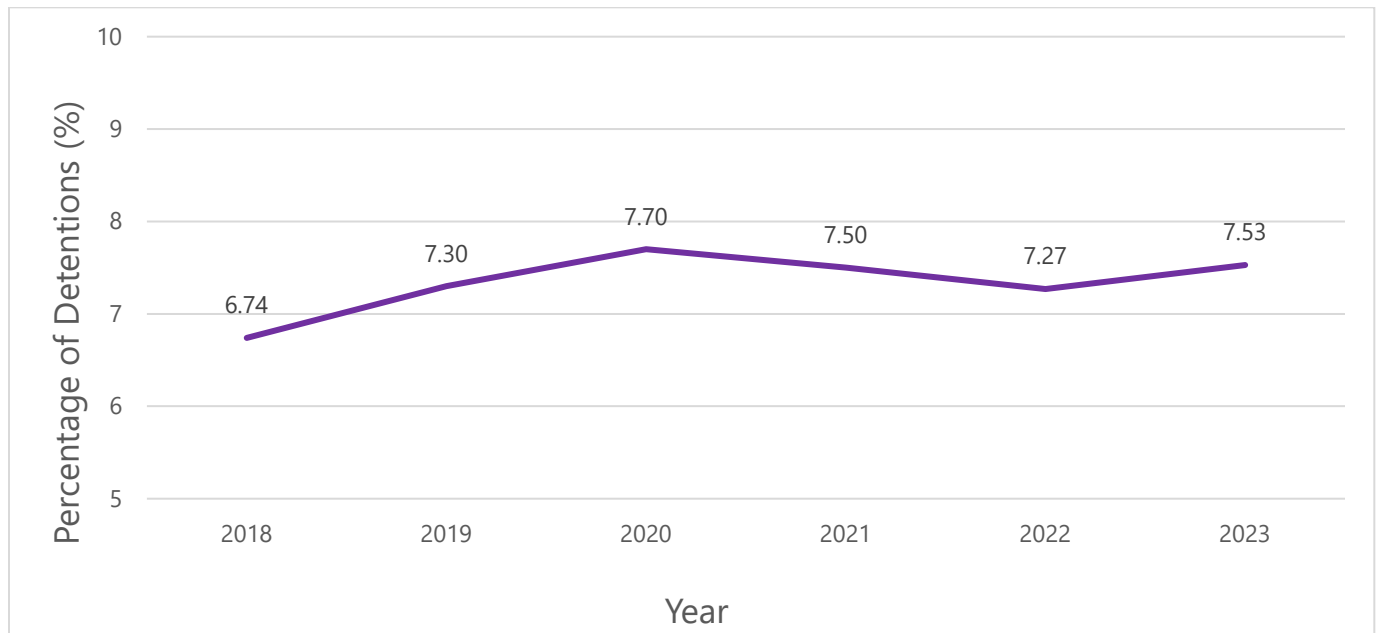
Shows the number of ITA investigation events for AI/AN compared to statewide total events from 2018 through 2023.

Figure 2: Unique AI/ANs under investigation from 2018–2023



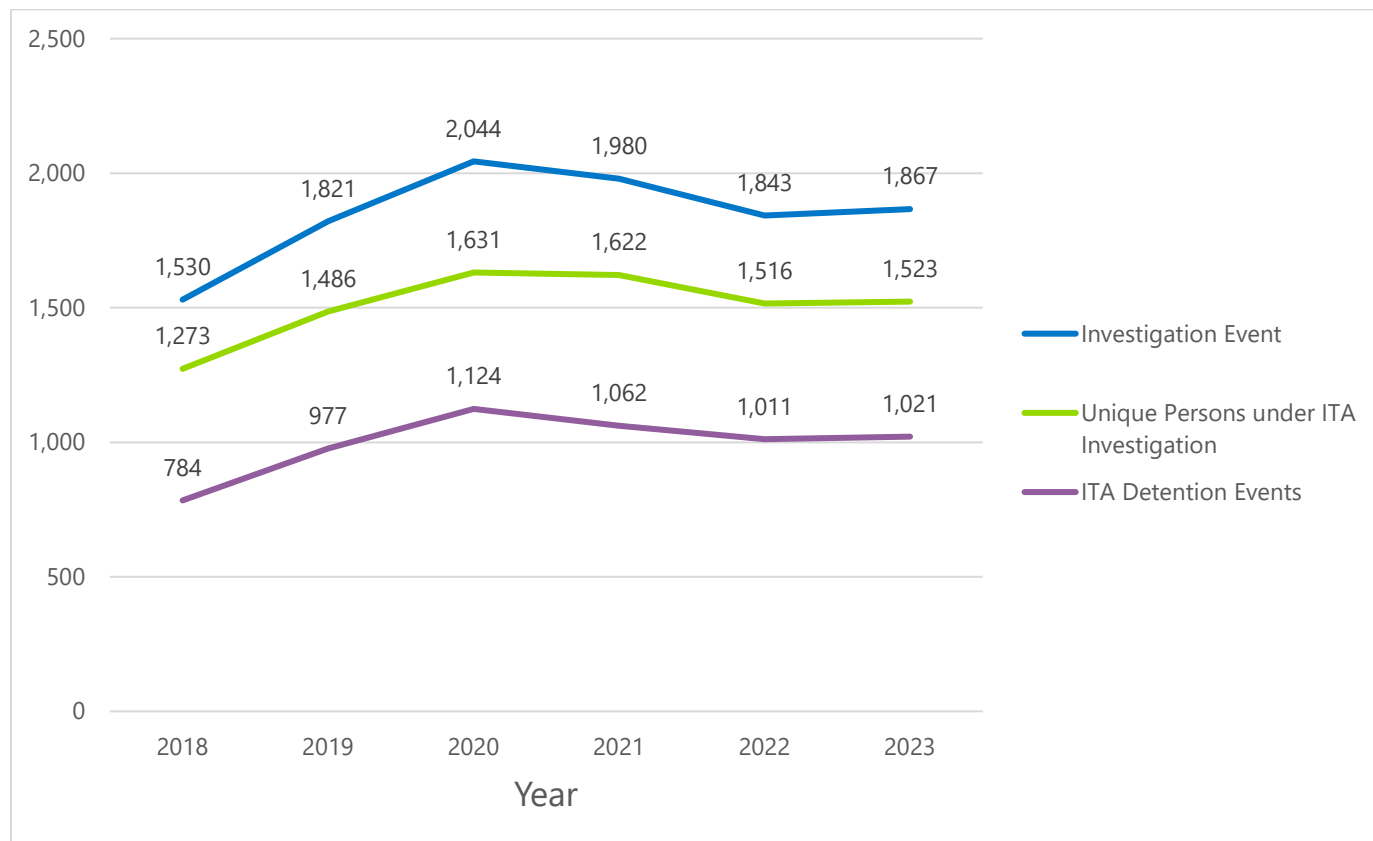
Shows the number of unique AI/AN under ITA investigation from 2018 to 2023.

Figure 3: Percentage of ITA detention events of AI/ANs in Washington from 2018–2023



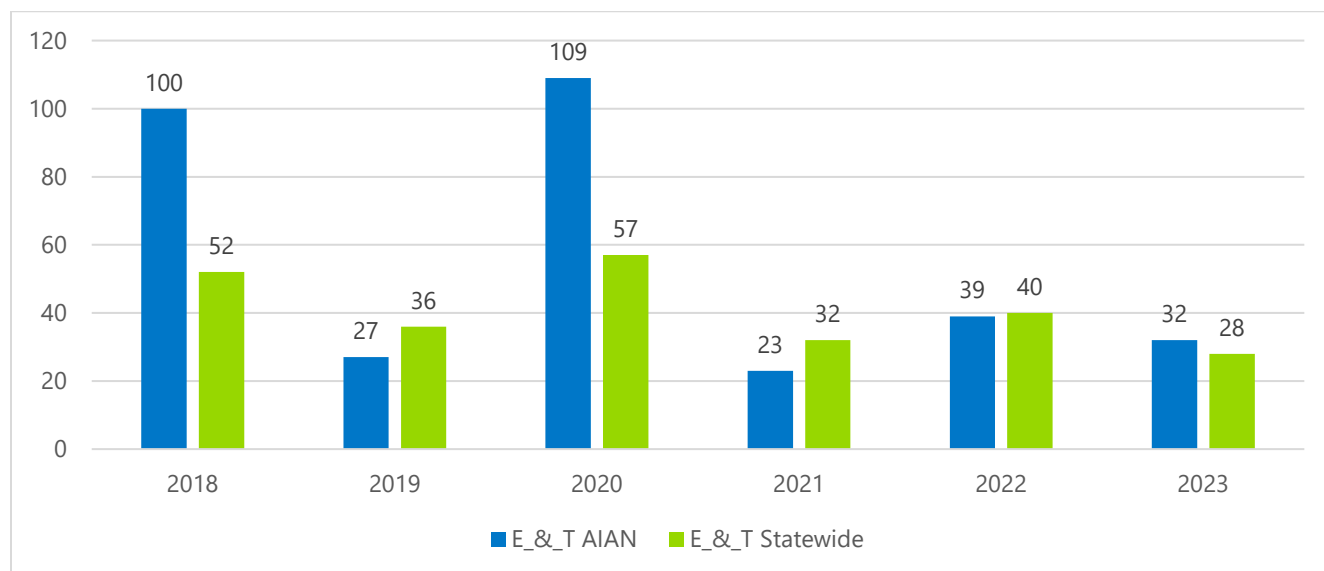
Shows the percentage of ITA detention events of AI/AN compared to statewide total detentions from 2018 through 2023.

Figure 4: Comparison of investigation events, unique persons, and ITA detention events for AI/ANs from 2018–2023



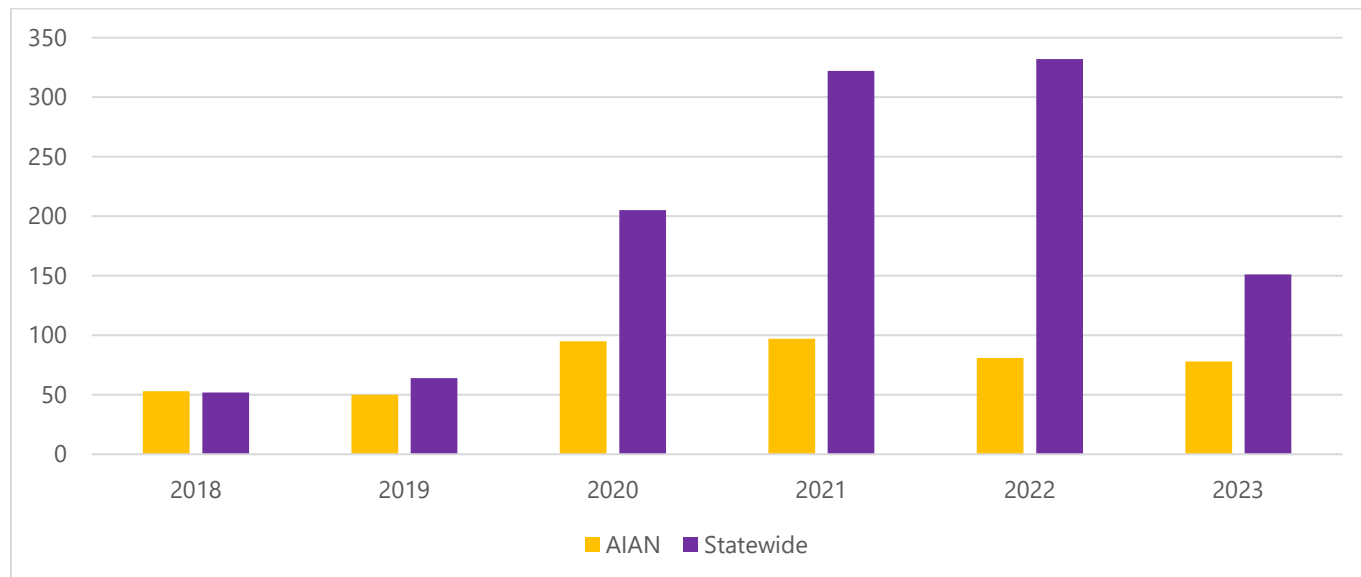
Shows the comparison of ITA investigation events, unique persons under ITA investigation, and ITA detention events for AI/AN from 2018 through 2023.

Figure 5: AI/AN average length of stay versus the statewide totals for ITA evaluation and treatment facilities from 2018–2023



Shows the comparison of the AI/AN average length of stay versus the statewide totals for ITA evaluation and treatment facilities from 2018 through 2023.

Figure 6: AI/AN average length of stay versus the statewide totals for ITA community hospital from 2018–2023



Shows the comparison of the AI/AN average length of stay versus the statewide totals for ITA community hospitals from 2018 through 2023.

Summary

This report examined crisis utilization data of ITA investigations provided by RSAs. Data was drawn from the HCA-BHDS/BHSS. Without any Tribal data agreements in place, HCA does not have a comprehensive picture of AI/AN needs or services. HCA requires more data and analysis to draw conclusions.

HCA will continue to work closely with Tribal partners to refine this annual report by identifying ways to improve data collection efforts and sustaining support of crisis services for Tribal communities. Through a strong strategic partnership with Tribal partners, HCA seeks to eliminate barriers to care and strengthen behavioral health support for Tribal communities.