# Protocols for Crisis Coordination with [NAME OF TRIBE OR UIHP]

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## GENERAL CONDITIONS

### I. Purpose and Authority

This document provides the Protocols for coordinating behavioral health crisis services (including involuntary commitment assessment), care coordination, and discharge and transition planning between the [NAME OF TRIBE] (hereinafter "TRIBE") and [NAME OF CRISIS AGENCY] and [NAME OF BH-ASO]. (See [INSERT § 1.149 OF THE 1/1/23 HCA WA BH-ASO CONTRACT OR COMPARABLE SECTION IN OTHER STATE CONTRACT]). [BH-ASO] is required to comply with these Protocols pursuant to [INSERT § 17.7.2 OF THE 1/1/23 HCA WA BH-ASO CONTRACT OR COMPARABLE SECTION IN OTHER STATE CONTRACT].

### II. Definitions

A. **"Behavioral health administrative services organization,"** as defined under RCW 71.24.025(7), means an entity contracted with the Health Care Authority (HCA) to administer behavioral health services and programs under RCW 71.24.381, including crisis services and administration of chapter 71.05 RCW, the involuntary treatment act, for all individuals in a defined regional service area.

B. **"Behavioral health service provider,"** as defined under RCW 71.05.020(8), means a public or private agency that provides mental health, substance use disorder, or co-occurring disorder services to persons with behavioral health disorders as defined under this section and receives funding from public sources. This includes, but is not limited to: Hospitals licensed under chapter 70.41 RCW; evaluation and treatment facilities as defined in this section; community mental health service delivery systems or community behavioral health programs as defined in RCW 71.24.025; licensed or certified behavioral health agencies under RCW 71.24.037; facilities conducting competency evaluations and restoration under chapter 10.77 RCW; approved substance use disorder treatment programs as defined in this section; secure withdrawal management and stabilization facilities as defined in this section; and correctional facilities operated by state and local governments.

C. **"Care coordination,"** as defined in the Washington Behavioral Health – Administrative Services Organization Contract, means an Individual's healthcare needs are coordinated with the assistance of a primary point of contact. The point of contact provides information to the Individual and the Individual's caregivers and works with the Individual to ensure the Individual receives the most appropriate treatment, while ensuring that care is not duplicated.

D. **"Culturally appropriate services,"** means effective, equitable, understandable, respectful, western and indigenous quality care and treatment services that are responsive to the Tribal Community's cultural health beliefs, practices and preferences. This includes, but is not limited to, care coordination via behavioral health aides, consultation with Tribal elders and community and family leaders, traditional healing, wrap around services/whole person care, housing, and cultural activities and as outlined in the ASO contract 1.53.

E. **"Cultural humility,"** means the ability to remain open to another person's identity. A person's cultural background, beliefs, values, and traditions can impact how individuals working within the behavioral health system make decisions about an individual's care. Being culturally humble involves reflection about one's assumptions and being receptive to other experiences and as outlined in the ASO contract 1.54.

F. **"Designated Crisis Responder,"** as defined under RCW 71.05.020(16), means a mental health professional appointed by the county, by an entity appointed by the county, or by the authority in consultation with a federally recognized Indian Tribe or after meeting and conferring with an

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Indian health care provider, to perform the duties specified in chapter 71.05 RCW.

G. **"Indian health care provider,"** means a health care program operated by the Indian health service or by a Tribe, Tribal organization, or urban Indian organization as those terms are defined in 25 U.S.C. § 1603. Depending upon the Indian health care provider's eligibility requirements, certain Indian health care providers may serve non-Tribal member patients and/or individuals who are not community members and as outlined in the ASO contract 1.98.

H. **"Indian health care provider medical home,"** means the Indian health care provider where the individual receives direct and/or coordinated primary, dental, and/or behavioral health care.

I. **"Tribal Land,"** means any territory within the state of Washington over which a Tribe has legal jurisdiction, including any lands held in trust for the Tribe by the federal government.

J. **"Tribe,"** means any Indian Tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. § 1601 et seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

## III. Complaint Procedure for Tribal Nations

Appendix A, Part 4 of these Protocols provides an issue resolution mechanism for Tribal and non-Tribal Indian Health Care Provider (IHCP) complaints and for resolution and response by the Health Care Authority.

## IV. Tribal Crisis Coordination Protocol – General Requirements

A. **Requirement for BH-ASO to Comply with Protocols.** Pursuant to [§ 17.7.2 OF STATE-BH-ASO CONTRACT OR OTHER COMPARABLE STATE CONTRACT §], the Contractor will comply with the attached Appendix A, Protocols for Coordination with TRIBE when they are completed and agreed upon for the TRIBE. Until these protocols are completed and agreed upon, the [BH-ASO OR OTHER CONTRACTOR] shall use the most recent annual plan for providing crisis services on Tribal Lands that was agreed upon by the HCA and the TRIBE or best practices outlined in the DCR protocols Appendix F.

B. **Protocol Development Process.**

1. **Generally.** Pursuant to [§ 17.7.3 STATE-BH-ASO CONTRACT OR OTHER COMPARABLE STATE CONTRACT §], the protocols provided in Appendix A must include a process for when the [BH-ASO] provides coordination of crisis services (including involuntary commitment assessment), care coordination, and discharge and transition planning.

2. **Joint Meetings:** The [BH-ASO's] Tribal Liaison will participate in HCA's meetings with the TRIBE to develop and revise the Protocols for Coordination with Tribes as part of HCA's government-to-government relationship with each of the Tribes under 43.376 RCW and various federal requirements pursuant to the requirement in [INSERT §17.7.1 OF THE 1/1/23 HCA WA BH-ASO CONTRACT OR COMPARABLE SECTION IN OTHER STATE CONTRACT]and [INSERT §17.7.3 OF THE HCA WA BH-ASO CONTRACT OR COMPARABLE SECTION IN OTHER STATE CONTRACT], when requested.

3. **Tribal Response:** The HCA will coordinate with the TRIBE/UIHP to complete Appendix A of these Protocols.

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4. **Protocol Review and/or Modification.** The protocols provided in Appendix A will include a procedure and timeframe for evaluating the protocols' efficacy and reviewing or modifying the protocols to the satisfaction of all parties.

5. **Multi-Tribe/IHCP Plans:** These protocols may be jointly developed with more than one Tribe and/or Indian health care providers in a Regional Service Area.

6. **Compliance with State Laws:** State laws regulations applicable to behavioral health crisis may be amended after execution of these Protocols. The HCA will ensure that the Protocols are updated as necessary and within a reasonable time period.

## V. No Conflict with Tribal Law and Procedure

Nothing in these Protocols shall conflict with Tribal laws/practices. If a Tribe has involuntary commitment laws [ATTACH ANY TRIBAL ITA LAWS AS AN APPENDIX IF APPLICABLE], the [BH-ASO & BH-ASO Contractors] shall defer to those laws when operating within a Tribal jurisdiction.

## VI. Sovereignty and Disclaimer

The HCA respects the sovereignty of each Indian Tribe. In execution of these Protocols, no Tribe waives any rights, including treaty rights, immunities, including sovereign immunities, or jurisdiction. These protocols do not diminish any rights or protections afforded Indian persons or entities under state or federal law including the right of each of the parties to elevate an issue of importance to any decision-making authority of another party.

## VII. Effective Date and Term

These Protocols shall become effective immediately, and replace any previous plan and protocol, upon the date below by the Health Care Authority/Tribe [add date].

| | |
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| Date Updated: | |
| Updated By: | [RTL Name/Tribe Staff Lead] |

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**APPENDIX A: PROTOCOLS FOR COORDINATION** WITH [INSERT TRIBE OR IHCP]

These protocols include: (1) a road map for Tribes on what they should expect from these entities and how to initiate corrective action when expectations are not met; and (2) best practices and protocols for other entities coordinating with Indian health care providers (IHCP)s.

**HOW TO USE THIS APPENDIX**: **Tribes have the sovereign authority to modify this template in order to be consistent with the Tribe's governmental operations.** Blue text may be completed or filled in by the Tribe or Indian Health Care Provider. Tribes may indicate specific protocols by checking the blue boxes.

| **PART 1: Voluntary Crisis Response Coordination Between Tribe, State, County, and Local Partners** | | **Entity Responsible for Oversight** | | |
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| 1.1 | **988 Coordination.** 988 Crisis Call Centers shall implement the following procedures when there is a need to escalate the call to other levels of care, support for the individual for further care coordination ensuring culturally attuned care, if individual affirmatively consents to connecting with IHCP:<br><br>1. **Identification of Tribally Affiliated Individuals Status and/or Indian Health Care Provider Home.** The 988 Crisis Call Center shall attempt to gather the following information when they know or have reason to know that the individual is AI/AN, unless the Native and Strong Lifeline has already provided the information:<br>a. the individual's location; and<br>b. whether the individual receives services from [TRIBE OR INDIAN HEALTH CARE PROVIDER]; or<br>c. [OPTIONAL] whether the individual is eligible to receive services from [TRIBE OR INDIAN HEALTH CARE PROVIDER]; or<br>d. the individual's Tribal affiliation.<br>2. **Connection to Native and Strong Lifeline**<br>3. **Follow-up Care Coordination.** Coordinate any follow-up outpatient care at [TRIBAL OR INDIAN HEALTH CARE PROVIDER] with the following person [IDENTIFY CONTACT PERSON AND NUMBER] with affirmative permission from caller.<br>4. **Transferring Imminent Risk Calls.** If a 988 Crisis Call Center staff determines there is imminent risk and emergency services are needed, the counselor should [TRIBE TO SELECT ONE]:<br>☒ **TRANSFER TO 911 PSAP (PUBLIC SAFETY/EMS ANSWERING POINT/CALL CENTER)**<br>☐ **TRANSFER TO** [TRIBAL POLICE DEPARTMENT]<br>5. **Referring to Regional Crisis Line or Mobile Crisis Team.** If a 988 Crisis Call Center staff determines that in the immediate in the field follow up is needed, the counselor should [TRIBE TO SELECT ONE]:<br>☐ **TRANSFER TO** [REGIONAL CRISIS LINE] at [CONTACT NUMBER]<br>☐ **TRANSFER TO** [TRIBAL MOBILE CRISIS TEAM] at [CONTACT NUMBER] | HCA ☐ | BHASO ☐ | DOH ☒ |

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| 1.2 | **Regional Crisis Line Coordination.** The [REGIONAL CRISIS LINE] (RCL) shall implement the following:<br><br>6. **Compliance with Native and Strong Lifeline Protocols.** Ensure staff complete training designed by Native and Strong Lifeline for when and how to refer Native clients to the Native and Strong Lifeline and follow best practices.<br><br>7. **Identification of Tribally Affiliated Individuals Status and/or Indian Health Care Provider Home.** The RCL shall gather the following information when they know or have reason to know that the individual is AI/AN, unless the Native and Strong Lifeline has already provided the information:<br><br>a. the individual's location; and<br>b. whether the individual receives services from [TRIBE OR INDIAN HEALTH CARE PROVIDER]; or<br>c. [OPTIONAL] whether the individual is eligible to receive services from [TRIBE OR INDIAN HEALTH CARE PROVIDER]; or<br>d. the individual's Tribal affiliation.<br><br>8. **Follow-up Care Coordination.** Coordinate any follow-up outpatient care at [TRIBAL OR INDIAN HEALTH CARE PROVIDER] with the following person [IDENTIFY CONTACT PERSON AND NUMBER].<br><br>9. **Transferring Imminent Risk Calls.** If a [REGIONAL CRISIS LINE] counselor determines there is imminent risk and emergency services are needed, the counselor should [TRIBE TO CHECK ONE]<br><br>☐ TRANSFER TO 911 PSAP **(PUBLIC SAFETY ANSWERING POINT/CALL CENTER)**<br>☐ TRANSFER TO [TRIBAL POLICE DEPARTMENT DISPATCH/EMS DISPATCH] | **HCA**<br>☐ | **BHASO**<br>☒ | **DOH**<br>☐ |
| 1.3 | **Mobile Team Crisis Coordination.**<br><br>**Access and Authority on Tribal Lands.** When [REGIONAL CRISIS LINE] (RCL) dispatches [MOBILE CRISIS TEAM] (MCT) to provide services on Tribal land, the following permissions apply for voluntary services. (For involuntary services that include a Designated Crisis Responder, see Section B). [TRIBE TO SELECT FROM THE FOLLOWING]:<br><br>☐ **FULL ACCESS AND AUTHORITY WITHOUT REQUIREMENT FOR PRIOR PERMISSION.** The MCT has permission to access Tribal land for purposes of providing crisis services. When the MCT includes a DCR, the DCR has authority to detain and does not need to request permission prior to exercising authority on Tribal land. See Part 2 for DCR requirements and authority.<br><br>☐ **NO ACCESS AND AUTHORITY ON TRIBAL LAND**. MCTs are not permitted to access Tribal land. MCTs shall meet individuals in need of crisis response services at the following location: [IDENTIFY MEETING LOCATION]<br><br>☐ **LIMITED ACCESS AND AUTHORITY ON TRIBAL LAND**. MCTs are permitted to access Tribal land and provide crisis services on Tribal land only under certain conditions as indicated below. Check all that apply:<br><br>☐ **Tribal Law Enforcement.** If [TRIBAL LAW ENFORCEMENT/TRIBAL DEPARTMENT] makes the referral to the RCL/MCT, the MCT is presumed to have access and authority to perform crisis services on | **HCA**<br>☐ | **BHASO**<br>☒ | **DOH**<br>☐ |

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Tribal land and to voluntarily transport the person to [CRISIS TRIAGE OR STABILIZATION FACILITY].

☐ **Tribal Behavioral Health Staff.** If [TRIBAL DEPARTMENT/TRIBAL BEHAVIORAL HEALTH STAFF] makes a referral to the RCL/MCT, the MCT is presumed to have access and authority to perform voluntary crisis services on Tribal land.

☐ **Tribal Family/Community Member.** If [IMMEDIATE FAMILY/TRIBAL COMMUNITY MEMBER] makes a referral to the RCL/MCT, the MCT is presumed to have access and authority to perform voluntary crisis services on Tribal land.

☐ **Non-Tribal Family/Community Member.** If [IMMEDIATE FAMILY/COMMUNITY MEMBER] makes a referral to the RCL/MCT, the MCT is presumed to have access and authority to perform voluntary crisis services on Tribal land.

☐ **Regular Business Hours.** During regular business hours [LIST HOURS/DAYS OF OPERATION], the MCT must seek permission of [INSERT NAME AND CONTACT INFO FOR TRIBAL BEHAVIORAL HEALTH STAFF] in order to have access and authority to perform crisis services on Tribal land.

☐ **Non-Business Hours.** During non-business hours [LIST WEEKENDS/AFTER HOURS] or when the [INSERT CONTACT INFO FOR TRIBAL BEHAVIORAL HEALTH STAFF] is not available, the MCT must seek permission from [THE TRIBAL LAW ENFORCEMENT AND CONTACT INFO] in order to have access and authority to perform crisis services on Tribal land.

☐ **When RCL/MCT Is Unable to Reach Tribal Contact,** the MCT may access Tribal land and perform crisis services, but only, if

- RCL/MCT documents the failed attempts to contact individuals who can authorize the MCT to access Tribal land and conduct crisis services; and
- The MCT has provided electronic or telephonic communication to [TRIBAL POLICE/BEHAVIORAL HEALTH STAFF/DISPATCH].

☐ **When RCL/MCT Is Unable to Reach Tribal Contact,** the MCT may NOT access Tribal land and perform crisis services. The MCT must wait to enter Tribal land until contact can be made. [DO NOT CHECK THIS OPTION IF OPTION ABOVE IS SELECTED. THIS OPTION IS NOT RECOMMENDED FOR TRIBES TO SELECT DUE TO SAFETY CONCERNS].

RCL/MCT will contact referent and inform them the MCT has not received permission to access Tribal land. MCT will wait no longer than 30 minutes to contact referent to advise on next steps which may include the following:

- for patient safety, the patient will need to be taken to the Emergency Department at [NAME HOSPITAL]; or
- the family/community member should call 911 or [TRIBAL

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POLICE DEPARTMENT]

☐ **Other.** [INSERT LANGUAGE]

- **Mobile Crisis Team Public Safety Coordination**. If the [MCT/TRIBAL BH STAFF] believe a police escort or safety check is needed to provide services, the [MCT/TRIBAL BEHAVIORAL HEALTH STAFF] will contact [TRIBAL POLICE DEPARTMENT DISPATCH] at [CONTACT NUMBER] before proceeding to the location.
- **Mobile Crisis Team Transport to Crisis Triage or Stabilization Facility.** When a person agrees to be voluntarily transported to a crisis triage or stabilization facility and to sharing that information with the Tribe, Indian Health Care Provider, or Washington Indian Behavioral Health Hub, the MCT will coordinate transportation for the person and notify [TRIBE OR INDIAN HEALTH CARE PROVIDER/WA INDIAN BH HUB] at [CONTACT NUMBER] within [TIME FRAME]. If the MCT cannot transport the person safely, the MCT will contact the following entities/individuals:

☐ **Tribal EMS.** Add [TRIBAL EMS] at [CONTACT NUMBER]

☐ **Tribal Police Department.** Add [TRIBAL POLICE DEPARTMENT] at [CONTACT NUMBER]

☐ **Other.** Add

- **Mobile Crisis Team Follow Up with IHCP**. When a person agrees to voluntary outpatient follow-up and agrees to sharing that information with Tribe, Indian Health Care Provider, or Washington Indian Behavioral Health Hub, the MCT will notify [TRIBE OR INDIAN HEALTH CARE PROVIDER/WA INDIAN BH HUB] at [CONTACT NUMBER] within [TIME FRAME].
- **Voluntary Crisis Response Services for Youth**. When the person receiving voluntary services is a youth, the following additional requirements apply:

☐ **Coordination with Tribal Behavioral Health Staff.** the MCT will notify [TRIBE OR INDIAN HEALTH CARE PROVIDER/WA INDIAN BH HUB] at [CONTACT NUMBER] within [TIME FRAME] if the youth is:

- over the age 13 and consents to sharing information with the [TRIBAL DEPARTMENT/TRIBAL BEHAVIORAL HEALTH STAFF]; or
- is under the age 13 and their adult guardian with legal custody agrees to sharing information with [TRIBAL DEPARTMENT/TRIBAL BEHAVIORAL HEALTH STAFF].

☐ **Coordination with [TRIBAL FAMILY SERVICES].** The MCT will notify [TRIBAL DEPARTMENT/TRIBAL FAMILY SERVICES] at [CONTACT NAME AND NUMBER] within [TIME FRAME] if the youth is:

- over the age 13 and consents to sharing information with the

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| | [TRIBAL DEPARTMENT/TRIBAL FAMILY SERVICES]; or<br>• is under the age 13 and their adult guardian with legal custody agrees to sharing information with the [TRIBAL DEPARTMENT/TRIBAL FAMILY SERVICES].<br>• **Transportation procedure for Voluntary Treatment.** When Tribal members must appear at a location for treatment off Tribal land:<br>○ **Regular Business Hours.** The Tribal members will be transported by [NAME OF ENTITY(IES) CONDUCTING TRANSPORTATIONS FOR VOLUNTARY TREATMENT] during the following time periods [LIST HOURS/DAYS OF OPERATION].<br>**Non-Regular Business Hours.** The Tribal members will be transported by [NAME OF ENTITY(IES) CONDUCTING TRANSPORTATIONS FOR VOLUNTARY TREATMENT] during the following time periods [LIST NON-BUSINESS HOURS/DAYS OF OPERATION]. | | | |

| **PART 2: Involuntary Crisis Response Coordination Between Tribe and Designated Crisis Responders** | | **Entity Responsible for Oversight** | | |
|---|---|---|---|---|
| | **DCR Identification of Tribally Affiliated Individuals Status and/or Indian Health Care Provider Home.** Prior to responding to a crisis or as soon as possible, when the DCR knows or has reason to know that the individual is AI/AN, the Designated Crisis Responder (DCR) agency shall ask/gather the following standard intake questions:<br>a. the individual's location; and<br>b. whether the individual receives services from [TRIBE OR INDIAN HEALTH CARE PROVIDER]; or<br>c. [OPTIONAL] whether the individual is eligible to receive services from [TRIBE OR INDIAN HEALTH CARE PROVIDER]; or<br>d. the individual's Tribal affiliation. | **HCA** ☐ | **BHASO** ☒ | **DOH** ☐ |
| 2.2 | **Follow-up Care Coordination.** If applicable, the DCR Agency will coordinate any follow-up outpatient care at [TRIBAL OR INDIAN HEALTH CARE PROVIDER] with the following person [IDENTIFY CONTACT PERSON AND NUMBER].<br>☐ This is applicable to the DCR agency in the region. | **HCA** ☐ | **BHASO** ☒ | **DOH** ☐ |
| 2.3 | **DCR Access and Authority on Tribal lands.** The following section provides requirements for designated crisis responders to access Tribal land to provide crisis services, including, but not limited to, detainment of individuals, on Tribal Land. [TRIBE TO SELECT ONE OF THE FOLLOWING]:<br>☐ **FULL ACCESS AND AUTHORITY WITHOUT REQUIREMENT FOR PRIOR PERMISSION**. The DCR has permission to access Tribal land for purposes of providing crisis services. The DCR has authority to detain and does not need to request permission prior to exercising authority on Tribal land. The DCR shall notify [TRIBAL LAW ENORCEMENT/TRIBAL DEPARTMENT TRIBAL BEHAVIORAL HEALTH STAFF].<br>☐ **NO ACCESS AND AUTHORITY ON TRIBAL LAND.** DCRs are not permitted to access | **HCA** ☒ | **BHASO** ☒ | **DOH** ☐ |

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Tribal land. DCRs shall meet individuals in need of crisis response services at the following location: [IDENTIFY MEETING LOCATION]

**Imminent Risk.** If a DCR determines there is imminent risk and emergency services are needed, the DCR should [TRIBE TO SELECT ONE]:

- ☐ TRANSFER TO 911 PSAP (PUBLIC SAFETY ANSWERING POINT/CALL CENTER)
- ☐ TRANSFER TO [TRIBAL POLICE DEPARTMENT]

☐ **LIMITED ACCESS AND AUTHORITY ON TRIBAL LAND**. DCRs are permitted to access Tribal land and provide crisis services, including involuntary detainment of Tribal members, on Tribal land only under certain conditions as indicated below. Check all that apply:

- ☐ **Tribal Law Enforcement.** If [TRIBAL LAW ENORCEMENT/TRIBAL DEPARTMENT TRIBAL BEHAVIORAL HEALTH STAFF] makes referral to the DCR, the DCR is presumed to have access and authority to perform crisis services on Tribal land including detainment.
- ☐ **Tribal Mobile Crisis Team.** If [TRIBAL MOBILE CRISIS TEAM] makes referral to the DCR, the DCR is presumed to have access and authority to perform crisis services on Tribal land including detainment.
- ☐ **Tribal Family/Community Member.** If [IMMEDIATE FAMILY/TRIBAL COMMUNITY MEMBER] makes a referral to the DCR, the DCR is presumed to have access and authority to perform crisis services on Tribal land including detainment.
- ☐ **Non-Tribal Family/Community Member.** If [IMMEDIATE FAMILY/COMMUNITY MEMBER] makes a referral to the DCR, the DCR is presumed to have access and authority to perform crisis services on Tribal land including detainment.
- ☐ **Tribal Behavioral Health Staff.** If [TRIBAL LAW ENORCEMENT/TRIBAL DEPARTMENT TRIBAL BEHAVIORAL HEALTH STAFF] makes a referral to the DCR, the DCR is presumed to have access and authority to perform crisis services on Tribal land including detainment.
- ☐ **Regular Business Hours.** During regular business hours [LIST HOURS/DAYS OF OPERATION], the DCR must seek permission of [INSERT NAME AND CONTACT INFO FOR TRIBAL BEHAVIORAL HEALTH STAFF] in order to have access and authority to perform crisis services on Tribal land including detainment.
- ☐ **Non-Business Hours.** During non-business hours [LIST WEEKENDS/AFTER HOURS] or when the [INSERT CONTACT INFO FOR TRIBAL BEHAVIORAL HEALTH STAFF] is not available, the DCR must seek permission from [THE TRIBAL LAW ENFORCEMENT AND CONTACT INFO] in order to have access and authority to perform crisis services on Tribal land including detainment.
- ☐ **When DCR Is Unable to Reach Tribal Contact,** the DCR may access Tribal land and perform crisis services, but only, if

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a. DCR documents the failed attempts to contact individuals who can authorize the DCR to access Tribal land and conduct crisis services; and
b. The DCR has provided electronic or telephonic communication to [TRIBAL POLICE/BEHAVIORAL HEALTH STAFF/DISPATCH].

☐ **When DCR Is Unable to Reach Tribal Contact,** the DCR may NOT access Tribal land and perform crisis services. The DCR must wait to enter Tribal land until contact can be made. [DO NOT CHECK THIS OPTION IF OPTION ABOVE IS SELECTED. THIS OPTION NOT RECOMMENDED FOR TRIBES TO SELECT DUE TO SAFETY CONCERNS].

DCR will contact referent and inform them the DCR has not received permission to access Tribal land. DCR will wait no longer than 30 minutes to contact referent to advise on next steps which may include the following:

a. for patient safety, the patient will need to be taken to the Emergency Department at [NAME HOSPITAL]; or
b. the family/community member should call 911

DCR may also notify 911 depending upon the circumstances.

☐ **Other.** [INSERT LANGUAGE]

**Determining Location of DCR Investigation/Evaluation.** Whenever possible, crisis intervention and evaluation should happen outside of the hospital emergency room. Medical clearance shall not be used to delay care. Medical clearance is not required for designated crisis responders to perform community-based evaluations (e.g. in the home, community center, etc.) .

1. **Preferred Locations**. Below is a list, in order of preference, for where to conduct investigations and evaluations (NOTE: these locations may change during a response if safety or other concerns arise) [TRIBE CAN CHANGE PRIORITIES ACCORDING TO THEIR OPERATIONS]:

   a. Home or other safe community location (e.g. church, relative or support person's home, community center).
   b. Clinic or Behavioral Health Clinic [NAME/ROOM]
   c. Hospitals [PREFERRED HOSPITAL NAME]
   d. Other [FAMILY SERVICES OR OTHER DEPARTMENT/LOCAL CENTER]

2. **Factors for Determining Which Location** [TRIBE CAN ADD/EDIT FACTORS]:
   - Safety of location for crisis response personnel and the individuals at the location;
   - How quickly the person can be evaluated/assessed at community location vs. hospital location;
   - Transportation barriers for family or Tribal or Indian health care provider staff;
   - If there is a need for collateral context (DCR observation of environment in which the person is in to determine health and safety issues. Grave disability determinations may be easier to make if DCR can see environment);
   - If there is a co-occurring medical condition;
   - Tribe's policy/practice of having outside designated crisis responder accessing Tribal land and detaining people on Tribal land; and

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| | [INSERT OTHER] | | | |
| 2.4 | **DCR Involuntary Treatment <u>Evaluation and Assessment</u> Procedures off Tribal Land.**<br><br>1. **Transportation procedure for Evaluation and Assessment.** When Tribal members must appear for evaluation and assessment off Tribal land:<br><br>a. **Regular Business Hours.** The Tribal members will be transported by [NAME OF ENTITY(IES) CONDUCTING TRANSPORTATIONS FOR INVOLUNTARY TREATMENT] during the following time periods [LIST HOURS/DAYS OF OPERATION].<br><br>b. **Non-Regular Business Hours.** The Tribal members will be transported by [NAME OF ENTITY(IES) CONDUCTING TRANSPORTATIONS FOR INVOLUNTARY TREATMENT] during the following time periods [LIST NON-BUSINESS HOURS/DAYS OF OPERATION].<br><br>3. **Video appearance for Evaluation/Assessment.** [TRIBE TO SELECT ONE OF THE FOLLOWING]:<br><br>☐ When available, Tribal members located on Tribal land may appear for assessment and/or evaluation via video technology with a IHCP licensed health care professional per RCW 71.05.153.<br><br>☐ Tribal members located on Tribal land may NOT appear for assessment and/or evaluation via video appearance.<br><br>4. **Transportation procedure for Detention/Treatment (secure transport).** When Tribal members must appear at a location for detention [E&T/SWMS] off Tribal land, transportation will be coordinated by the DCR likely either by ambulance or law enforcement.<br><br>a. **Regular Business Hours.** The Tribal members will be transported by [NAME OF ENTITY(IES) CONDUCTING TRANSPORTATIONS FOR INVOLUNTARY TREATMENT] during the following time periods [LIST HOURS/DAYS OF OPERATION].<br><br>b. **Non-Regular Business Hours.** The Tribal members will be transported by [NAME OF ENTITY(IES) CONDUCTING TRANSPORTATIONS FOR INVOLUNTARY TREATMENT] during the following time periods [LIST NON-BUSINESS HOURS/DAYS OF OPERATION].<br><br>5. **Considerations for individuals brought to hospital emergency department**.<br><br>If the Tribe or family is aware that an individual experiencing a crisis is brought to the hospital, it is important that the Tribe or family member make a referral to a designated crisis responder if the Tribe or family feels is appropriate or necessary. Tribes should encourage families/community members to notify both the [DCR AGENCY] and the [NAME OF INDIAN HEALTH CARE PROVIDER/BH DEPARTMENT] whenever they bring a loved one to a hospital, and they are concerned the person will harm themselves or others.<br><br>The [INDIAN HEALTH CARE PROVIDER/BH DEPARTMENT CONTACT/MOBILE CRISIS TEAM CONTACT] will follow up with [DCR AGENCY CONTACT] after notification from the family. The [DCR AGENCY CONTACT] will open a case for the person with or without hospital access and then notify the [NAME OF INDIAN HEALTH CARE PROVIDER/BH DEPARTMENT CONTACT/MOBILE CRISIS TEAM CONTACT] at least once | **HCA**<br>☐ | **BHASO**<br>☒ | **DOH**<br>☐ |

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| | a day, preferably after each decision point, about the location of the individual, whether the hospital is allowing the DCR to assess the person, and the outcomes of any assessment.<br><br>NOTE: An emergency department may decide evaluation/investigation/referral to a designated crisis responder is not necessary at any time the person is under the emergency department's care. Even if they Tribe or family has made a referral to the DCR, the emergency department may still decide to release the individual without a DCR evaluation. In this scenario, the DCR, Tribe and/or family should work together to arrange a community outreach to evaluate the person. | | | |
| 2.6 | **Information Sharing and Coordination with Indian Health Care Providers.** Chapter 70.02 RCW allows for sharing of PHI in involuntary commitment procedures. "Qualified professional persons," which includes Indian health care providers, can receive confidential mental health records without a release of information under certain circumstances such as when the qualified professional person needs the records to conduct crisis/involuntary treatment services, including participation as a "reasonably available witness". See RCW 70.02.230(1)(2)(a).<br><br>1. **Coordination with IHCP on Decision to Detain.** The Designated Crisis Responder shall contact [TRIBE/IHCP CONTACT] PRIOR to making a determination on whether to detain or not for involuntary commitment for tribal and tribal community members. The Designated Crisis Responder shall contact [TRIBE/IHCP CONTACT] as a "Reasonably Available Witness" to gather collateral information as part of the investigation: whether the Tribe has any relevant client information to provide including medication history, services provided, treatment plans, restraint history, and any other relevant information.<br><br>2. If the DCR is unable to reach contacts, leave a message at [TRIBE/IHCP CONTACT], continue evaluation/assessment and contact will follow up as soon as possible.<br><br>3. **Notification Procedure for Decision to File or Not File a Petition for Involuntary Treatment.** Pursuant to RCW 71.05.150(6), in any investigation and evaluation of an individual under RCW 71.05.150 or 71.05.153 in which the designated crisis responder knows, or has reason to know, that the individual is an American Indian or Alaska Native who receives medical or behavioral health services from a Tribe within this state, the designated crisis responder shall notify the Tribe and Indian health care provider regarding whether or not a petition for initial detention or involuntary outpatient treatment will be filed.<br><br>a. **Notification Method.** Pursuant to RCW 71.05.150(6), notification shall be made in person or by telephonic or electronic communication to the [TRIBAL OR IHCP CONTACT]. The DCR will also notify the original requester, if different from the IHCP, per the RCW.<br><br>b. **Notification Time Requirements.** Pursuant to RCW 71.05.150(6), notification shall be made as soon as **possible but no later than three hours** subject to the requirements in RCW 70.02.230(2)(ee) and (3).<br><br>4. **Notification Procedure for Decision to Detain or Revoke a Least Restrictive Alternative (LRA) or Conditional Release (CR) the Individual for presenting a mental health and/or substance use disorder crisis.** In any detention or revocation of a least restrictive alternative or conditional release of an individual | **HCA** ☐ | **BHASO** ☒ | **DOH** ☐ |

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| | in which the designated crisis responder knows, or has reason to know, that the individual is an American Indian or Alaska Native who receives medical or behavioral health services from a Tribe within this state, the designated crisis responder shall notify the Tribe and Indian health care provider regarding whether or not the individual will be detained or whether the LRA or CR will be revoked.<br>a. **Notification Method.** notification shall be made in person or by telephonic or electronic communication to the [TRIBAL OR IHCP CONTACT]<br>b. **Notification Time Requirements.** notification shall be made as soon as possible but no later than three hours. | | | |
| 2.7 | **Coordination with Tribal Designated Crisis Responder.** [COMPLETE THIS SECTION ONLY IF THE TRIBE HAS A DCR].<br>1. Tribal DCR Availability [CHECK ONE OPTION BELOW OR CREATE/EDIT AN OPTION. NOTE: THIS SHOULD BE CONSISTENT WITH ANY EXISTING TRIBAL DCR POLICIES AND PROCEDURES]:<br>☐ **OPTON 1 – Primary DCR: DCR appointed by the Tribe**<br>**Secondary DCR: DCR appointed by HCA or BH-ASO/County**<br>• The Tribal DCR shall provide services<br>○ [INSERT DAYS/TIMES e.g. between 8am-3pm Monday through Friday].<br>• BH-ASO Designated DCR shall provide services<br>○ [INSERT DAYS/TIMES e.g. 3pm-8am Monday through Friday and all hours on Saturday and Sunday] and<br>○ Whenever requested by Tribe/IHCP.<br>☐ **OPTION 2 – Primary DCR: DCR appointed by HCA or BH-ASO/County**<br>**Secondary DCR: DCR appointed by the Tribe**<br>The Tribal DCR shall provide services on a limited basis/case-by-case basis only as determined by the Tribe or IHCP. The HCA or BH-ASO/County Designated DCR shall be the primary provider of crisis services to [INSERT NAME OF TRIBE].<br>2. **Communicating with the Tribal DCR.** Best Practices include sharing as much information as possible for continuity of care. The Tribe prefers the DCR agency to communicate as follows:<br>☐ **OPTION 1** – Regularly [Daily, weekly, withing X number of hours]<br>☐ **OPTION 2** – On Request by the Tribe | **HCA**<br>☐ | **BHASO**<br>☒ | **DOH**<br>☐ |
| 2.8 | **Coordination with the Native Resources Hub**. DCRs and MCTs should use the Native Resources Hub with the following:<br>• locating needed treatment and services, including, but not limited to, bed availability<br>• follow-up with discharge planning<br>• providing resource and service information regarding housing, groups, mental health care providers, and treatment referrals<br>• locating Tribal and Non-Tribal mental health and community resources | **HCA**<br>☐ | **BHASO**<br>☒ | **DOH**<br>☐ |

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| | • providing up to date and relevant behavioral health information including traditional/cultural healing resources when requested | | | |
| 2.9 | **No Bed Availability Notification.** If an individual meets detention criteria, and there are no Evaluation & Treatment (E&T) or Secure Withdrawal Management and Stabilization (SWMS) beds available, the Designated Crisis Responder shall:<br>1. provide notice/inform the [TRIBE/IHCP CONTACT] of the No Bed Report (RCW 71.05.750), and a copy of the report if the individual agrees to sign a release of information (ROI) for that purpose;<br>2. continue providing any further appropriate services to the individual per State DCR Protocols; and<br>3. pursue certified E&T beds or certified SWMS beds in counties within close proximity or elsewhere within the state | **HCA** ☐ | **BHASO** ☒ | **DOH** ☐ |
| 2.10 | **DCR Training on the Indian Health Delivery System and Protocols.** The designated crisis responder agency will receive training from [TRIBE, INDIAN HEALTH CARE PROVIDER, OR THE AMERICAN INDIAN HEALTH COMMISSION, APPOVED HCA-OFFICE OF TRIBAL AFFAIRS] on the Indian health delivery system and these protocols and such training shall include how to inquire about race and ethnicity. | **HCA** ☐ | **BHASO** ☒ | **DOH** ☐ |

| **PART 3: BH-ASO Coordination with Tribes and Indian Health Care Providers** | | **Entity Responsible for Oversight** | | |
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| 3.1 | **BH-ASO Compliance with Protocols.** Pursuant to [§ 17.7.2 STATE-BH-ASO CONTRACT OR OTHER COMPARABLE STATE CONTRACT §], the BH-ASO is required to comply with the protocols provided within this Appendix. | **HCA** ☒ | **BHASO** ☒ | **DOH** ☐ |
| 3.2 | **Annual Modification and Evaluation of the Tribal Crisis Plan.** The BH-ASO will meet annually with the Tribes, HCA and the BH-ASO subcontractors (DCR, Mobile Crisis Team, and Regional Crisis Line) to evaluate the protocols' efficacy and review or modify the protocols to the satisfaction of all parties. See [§ 17.7.3 STATE-BH-ASO CONTRACT OR OTHER COMPARABLE STATE CONTRACT §].<br>The following dates are set for review and modification of the Tribal Crisis Coordination Protocols:<br>_____ Meeting 1 Date<br>_____ Meeting 2 Date | **HCA** ☒ | **BHASO** ☒ | **DOH** ☐ |
| 3.3 | **BH-ASO Monitoring of Subcontractors.** Pursuant to [INSERT § 8.1.4.2 AND § 9.3.1.12 OF THE STATE-BH-ASO CONTRACT OR OTHER COMPRABLE CONTRACT REFERENCE], the BH-ASO shall require all subcontractors including DCR crisis agencies, Regional Crisis Lines, and Mobile Crisis Teams Pursuant to [STATE-BH-ASO CONTRACT], to comply with these protocols and monitor such compliance as follows:<br>1. Direct and guide the Contractor's employees, Subcontractors, and any non-contracted providers' compliance with all applicable federal, state, and contractual requirements **including these protocols** (See [INSERT § 8.1.4.1 STATE-BH-ASO CONTRACT OR OTHER COMPARABLE STATE CONTRACT §]);<br>2. Include monitoring of compliance, prompt response to detected noncompliance, and effective corrective action (See [§ 8.1.4.5 STATE-BH-ASO CONTRACT OR OTHER COMPARABLE STATE CONTRACT §]);<br>3. BH-ASO subcontracts shall be in writing, and available to HCA upon request and shall contain a requirement to comply with any term or condition of this Contract that is applicable to the services to be performed under the | **HCA** ☐ | **BHASO** ☒ | **DOH** ☐ |

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| | Subcontract (See [INSERT § 9.3.1.12 STATE-BH-ASO CONTRACT OR OTHER COMPARABLE STATE CONTRACT §]) | | | |
| 3.4 | **Information Sharing.** BH-ASOs shall share and require their contracted behavioral health providers to share the following information with IHCPs for purpose of care coordination:<br>1. Medication history<br>2. Services provided<br>3. Treatment plan<br>4. Discharge plan<br>5. Restraint history<br>6. Information regarding interfacility transportation<br>7. And any other relevant information for IHCP | **HCA** ☒ | **BHASO** ☒ | **DOH** ☐ |
| 3.5 | **Maintenance of the Indian Health Care Provider Medical Home.**<br>1. The [BH-ASO] will ensure that subcontractor/crisis provider<br>○ Provide only the services requested by the IHCP and/or AI/AN enrollee; and<br>○ Maintains the IHCP as the AI/AN enrollee's medical home through care coordination with the IHCP. Providers shall not enroll AI/AN in managed care without coordinating with the IHCP first. IHCPs have the best understanding and knowledge of patient's needs and available coverage. For example, DCRs, hospitals or behavioral health care providers may enroll an AI/AN who is experiencing a crisis in a non-IHCP treatment program when there may be an available IHCP treatment program. DCRs, hospitals, and other behavioral health providers should coordinate with the IHCP prior to enrolling the patient to ensure the patients goes through the correct referral process (know as "purchased and referred care" or "PRC") and to establish whether there is an available IHCP treatment program.<br>2. [BH-ASO] shall coordinate with the IHCP to:<br>○ Ascertain the specific Tribal and IHCP resources available from the IHCP to the patient; and<br>○ Ascertain which resources are needed but not provided by the IHCP (e.g. inquiring with the IHCP whether they have housing services and if not, whether the BH-ASO can help find the service). | **HCA** ☒ | **BHASO** ☒ | **DOH** ☐ |
| 3.6 | **Training on Indian Health System and Culturally Appropriate Services**<br>Services provided to individuals on Tribal reservation lands and AI/AN not on reservation lands who are presenting a mental health or substance use disorder crisis must be culturally appropriate. [BH-ASO] contracts with behavioral health service providers as defined in RCW 71.05.020(9) shall require training on cultural humility, Tribal sovereignty, and Indian health delivery 101. The [BH-ASO] shall coordinate with the [IHCP/Tribe] on meeting the following requirements:<br>1. Cultural humility shall be incorporated into provider training pursuant to [Culturally and Linguistically Appropriate Services (CLAS) 11.2.2.1 Educate and train governance];<br>2. The [BH-ASO]'s staff, including Tribal Liaison, shall receive annual training applicable to the AI/AN communities in the Regional Service Areas contracted, including cultural humility, IHCPs and services available, and the Protocols for Coordination with Tribes and Non-Tribal IHCPs applicable to the [BH-ASO]'s Regional Service Area(s) pursuant to [Culturally and Linguistically Appropriate | **HCA** ☒ | **BHASO** ☒ | **DOH** ☐ |

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| | Services (CLAS) 11.2.2.1 Educate and train governance];<br>3. The [BH-ASO] will require staff to receive, at least once per calendar year, cultural humility training that is applicable to the respective AI/AN communities they serve. The [BH-ASO] will provide written documentation of efforts to coordinate with Tribe(s) and urban Indian health programs in the [BH-ASO] service area, AIHC, IPAC, HCA-OTA, and/or DSHS Office of Indian Policy (OIP) to obtain this training. The [BH-ASO] will coordinate with IHCPs on how to provide culturally appropriate evidence-based AI/AN practices, to include assessments and treatments and/or traditional healing services, with a plan for reimbursement for providing the service, when these services are covered by the Washington Medicaid State Plan as approved by CMS. | | | |
| 3.7 | **Tribal Designated Crisis Responders**<br>1. Pursuant to [INSERT §17.8.3 OF THE 1/1/23 HCA WA BH-ASO CONTRACT OR COMPARABLE SECTION IN OTHER STATE CONTRACT], the [BH-ASO] will enable any Tribal DCR, whether appointed by the [BH-ASO], by the courts within the region, or by HCA, to shadow with and receive on-the-job training and technical assistance from a DCR employed by a DCR Provider agency that is contracted with the [BH-ASO].<br>2. Pursuant to [INSERT §17.8.4 OF THE 1/1/23 HCA WA BH-ASO CONTRACT OR COMPARABLE SECTION IN OTHER STATE CONTRACT], the [BH-ASO] must actively engage and include Tribal DCRs whether appointed by the [BH-ASO], by the courts within the region, or by HCA, in the regional work on Crisis Services collaborative groups, trainings, and policy impacts within their RSA and as provided to other crisis and DCR service Providers.<br>**3.** The Health Care Authority shall provide all behavioral health crisis agencies, BH-ASOs, superior courts and Tribes a copy of state designated crisis responder lists that includes contact information for Tribal Designated Crisis Responders. The HCA shall only provide Tribal designated crisis responder information for those Tribes and Indian health care providers who have granted permission for their Tribal DCR contact information to be included on the list. | **HCA**<br>☒ | **BHASO**<br>☒ | **DOH**<br>☐ |

| **PART 4: Issue Resolution Mechanism** | | **Entity Responsible for Oversight** | | |
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| 4.1 | **Requirement.** Pursuant to the Washington State Tribal Centric Health Plan Agreement, the Health Care Authority must "maintain a mechanism for each IHCP to submit complaints to the State regarding unresolved issues, including, but not limited to, crisis coordination, between the IHCP and an MCE, for the State to facilitate resolution directly with the MCE." MCEs are managed care entities which includes behavioral health administrative services organizations.<br>**Goal.** Part 4 is to ensure that the following state contractors and subcontractors comply with this plan as well as any applicable laws, policies and procedures governing delivery and coordination of services to American Indians and Alaska Natives:<br>• **BH-ASOs**-HCA<br>• **Crisis Agencies (DCRs)** - HCA<br>• **Native and Strong** - DOH | **HCA**<br>☒ | **BHASO**<br>☒ | **DOH**<br>☒ |

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| | • **Mobile Crisis Team** - HCA<br>• **Regional Crisis Line** - HCA | | | |
| 4.2 | **When to Request HCA Intervention.** A Tribe or Indian health care provider (IHCP) may request HCA intervention when a state contractor or subcontractor listed above commits a serious or egregious omissions or intentional actions that are systemic and/or recurrent and warrant higher level authority and/or a new policy to correct the reoccurring practice. Part 4 is not intended for individual violations that can be addressed through a supervisor unless an individual violates applicable law and policy, and the supervisor has failed to respond and/or correction the violations. | **HCA** ☒ | **BHASO** ☐ | **DOH** ☐ |
| 4.3 | **HCA Tribal Complaint Monitoring and Response**<br>1. **Where Tribes/IHCPs Can File a Complaint.** Tribes can submit complaints through any of the following means:<br>a. Call the HCA-OTA Regional Tribal Liaison. The regional Tribal liaison can assist with completion of the complaint form and submission to the Director of the Health Care Authority; and/or Administrator for the Health Care Authority Office of Tribal Affairs; OR<br>b. Email the Office of Tribal affairs at tribalaffairs@hca.wa.gov. The Tribal OTA can assist with the underlying issue and completion of the complaint form and submission to the Director of the Health Care Authority; and/or Administrator for the Health Care Authority Office of Tribal Affairs.<br>c. Send a letter directly to the Director, Medicaid Director, or Behavioral Health Authority of the Division of Behavioral Health and Recovery.<br>2. **Complaint Form Content.** The HCA Tribal Complaint Form (see Exhibit X) shall request the following information from the Tribe or IHCP:<br>a. What, if any, prior actions did the Tribe or IHCP take to address the issue<br>b. What policies/protocols were violated<br>c. How were the policies/protocols violated<br>d. What would the Tribe or IHCP like to see happen<br>3. **Where to Submit Form.** A Tribe or IHCP may submit the HCA Tribal Complaint Form to the following individuals:<br>a. Director of the Health Care Authority; and/or<br>b. Administrator for the Health Care Authority Office of Tribal Affairs<br>4. **HCA Action Required.** Upon receipt of an HCA Tribal Complaint Form, the HCA shall contact the Tribe to request any additional information. The HCA will provide a written response to the complaint no later than 14 days after receiving the form. The HCA written response shall include what actions HCA took in attempting to resolve the issue raised in the Tribal complaint form. The HCA will identify what state contract provisions were violated, if any. These actions may include, but not be limited to, sanctions and other remedial actions available under the HCA contract with BH-ASOs.<br>5. **Tracking Complaints.** HCA will track the type of complaints, frequency, and parties involved in order to identify trends with specific state contractors or subcontractors, systemic and/or recurrent issues, and issues that warrant higher level authority and/or a new policy to correct the reoccurring practice. HCA will report this | **HCA** ☒ | **BHASO** ☐ | **DOH** ☐ |

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| | information and their intended resolution at the HCA monthly Tribal meeting. | | | |

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## APPENDIX B: CRISIS COORDINATION PLAN CONTACTS

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| **IHCP Contact:** | | **Title:** | |
| **Address:** | | | |
| **Phone:** | | **Fax:** | |
| **Email:** | | | |

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| **Tribal Designated Crisis Contact:** | | **Title:** | |
| **Address:** | | | |
| **Phone:** | | **Fax:** | |
| **Email:** | | | |

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| **Tribal Designated Crisis Supervisor Contact:** | | **Title:** | |
| **Address:** | | | |
| **Phone:** | | **Fax:** | |
| **Email:** | | | |

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| **HCA OTA Contact:** | | **Title:** | |
| **Address:** | | | |
| **Phone:** | | **Fax:** | |
| **Email:** | | | |

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| **BH-ASO Tribal Liaison Contact:** | | **Title:** | |
| **Address:** | | | |
| **Phone:** | | **Fax:** | |
| **Email:** | | | |

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| **DCR Agency/ DCR Tribal Liaison Contact:** | | **Title:** | |
| **Address:** | | | |
| **Phone:** | | **Fax:** | |
| **Email:** | | | |

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| **MCO Contact:** | | **Title:** | |
| **Address:** | | | |

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| **Phone:** | | **Fax:** | |
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| **Hospital Tribal Liaison Contact:** | | **Title:** | |
| **Address:** | | | |
| **Phone:** | | **Fax:** | |
| **Email:** | | | |

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| **WA Indian Behavioral Health Hub Contact:** | https://www.voaww.org/wa-ibh | **Title:** | |
| **Address:** | | | |
| **Phone:** | 1-866-491-1683 | **Fax:** | |
| **Email:** | | | |

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| **Evaluation and Treatment Tribal Liaison Contact:** | | **Title:** | |
| **Address:** | | | |
| **Phone:** | | **Fax:** | |
| **Email:** | | | |

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| **Secure Withdrawal Management Facility Tribal Liaison Contact:** | | **Title:** | |
| **Address:** | | | |
| **Phone:** | | **Fax:** | |
| **Email:** | | | |

**APPENDIX C: STATEWIDE TRIBAL, INDIAN HEALTH CARE PROVIDER, AND REGIONAL SERVICE AREA LIST**

| Region | Tribes (off-reservation facilities in parentheses) | IHS Facilities, UIHPs, UIOs, Other AI/AN-Led Organizations |
|---|---|---|
| Great Rivers RSA | Chehalis, Cowlitz, Quinault, Shoalwater Bay | |
| Greater Columbia RSA | Yakama | Yakama IHS |
| King RSA | Cowlitz (health facility), Muckleshoot, Snoqualmie | Chief Seattle Club, Seattle Indian Health Board |
| North Central RSA | Colville | Colville IHS |
| North Sound RSA | Lummi, Nooksack, Samish, Sauk-Suiattle, Stillaguamish, Swinomish, Tulalip, Upper Skagit | |
| Peninsula RSA | Hoh, Jamestown S'Klallam, Lower Elwha Klallam, Makah, Port Gamble S'Klallam, Quileute, Suquamish | |
| Pierce RSA | Puyallup | |
| Spokane RSA | Colville, (Healing Lodge of the Seven Nations), Kalispel, Spokane | American Indian Community Center, Colville IHS, NATIVE Project, Spokane IHS |
| Southwest Washington RSA | Cowlitz (health facility), Yakama | |
| Thurston/Mason RSA | Chehalis, Nisqually, Skokomish, Squaxin (including Northwest Indian Treatment Center) | |

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