

Behavioral Health Administration

Fact Sheet: Tribal Centric Behavioral Health Initiative

Updated: October 16, 2016

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Overview	The Tribal Centric Behavioral Health Initiative is an ongoing project, coordinated by Behavioral Health Administration (BHA) Division of Behavioral Health and Recovery (DBHR), the DSHS Office of Indian Policy, and the Health Care Authority to address gaps in mental health and substance use disorder treatment services to American Indians and Alaskan Natives (AI/AN) living in Washington State. BHA, the DSHS Office of Indian Policy, and the Health Care Authority meet with tribal leaders, tribal behavioral health program representatives, and tribal organization representatives on a monthly basis to discuss access to these services, integration of a culturally appropriate statewide system for primary care and behavioral health care, and discuss policy and legislative work surrounding the Initiative.	
Eligibility Requirements	Service eligibility will be limited to AI/ANs who are Medicaid eligible, and present with medical necessity for Medicaid covered services.	
Authority	Tribal Centric Behavioral Health activities have been endorsed by the DSHS Secretary, and addressed in 2SSB 5732, Section 7 Chapter 388 Laws of 2013, and 2SSB 6312, Section 65 Chapter 225 Laws of 2014.	
Budget	For mental health treatment, crisis, and substance use disorder services there is no annual budget. Funding sources for these services include Medicaid, the IHS Encounter Rate for Tribal Programs and Behavioral Health Organization (BHO) funds for AI/ANs choosing to receive mental health services through the BHO or substance use disorder treatment through the DBHR Fee-for-Service Program.	
Rates	Rates for BHO Medicaid mental health treatment are paid per member, per month. This means that BHOs receive Medicaid funds for the number of Washington State citizens, within their service area, that are Medicaid-eligible.	
	Rates for Medicaid substance use disorder treatment services are developed by DBHR, and are used in the DBHR Fee-for-Service Program.	
Costs/Numbers Served	There is no cost or ongoing budget associated with the Tribal Centric Behavioral Health Initiative.	
Partners	Partners include Tribal delegates, DSHS Office of Indian Policy, Health Care Authority, DSHS Indian Policy Advisory Committee, American Indian Health Commission, Behavioral Health Organizations, Indian Health Services, Northwest Portland Area Indian Health Board and the Center for Medicaid	



	and Medicare Services.
Oversight	DBHR oversees both mental health and substance use disorder services; services are contracted out to Behavioral Health Organizations and fee-for-service providers.
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