

From Policy to Practice: House Bill 1877 and the Future of Collaborative Crisis Response with Sovereign Tribal Nations

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Presentation Overview

1. What is HB 1877
2. HB 1877 Background
3. The Indian Behavioral Health System
4. 6 Key Changes Under HB 1877
5. Scenario
6. Questions/Discussion
7. Resources



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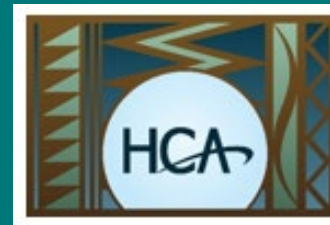
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What is House Bill 1877?



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House Bill (HB) 1877

“Improving the Washington state behavioral health system for better coordination and recognition with the Indian behavioral health system.”

HB 1877 Background

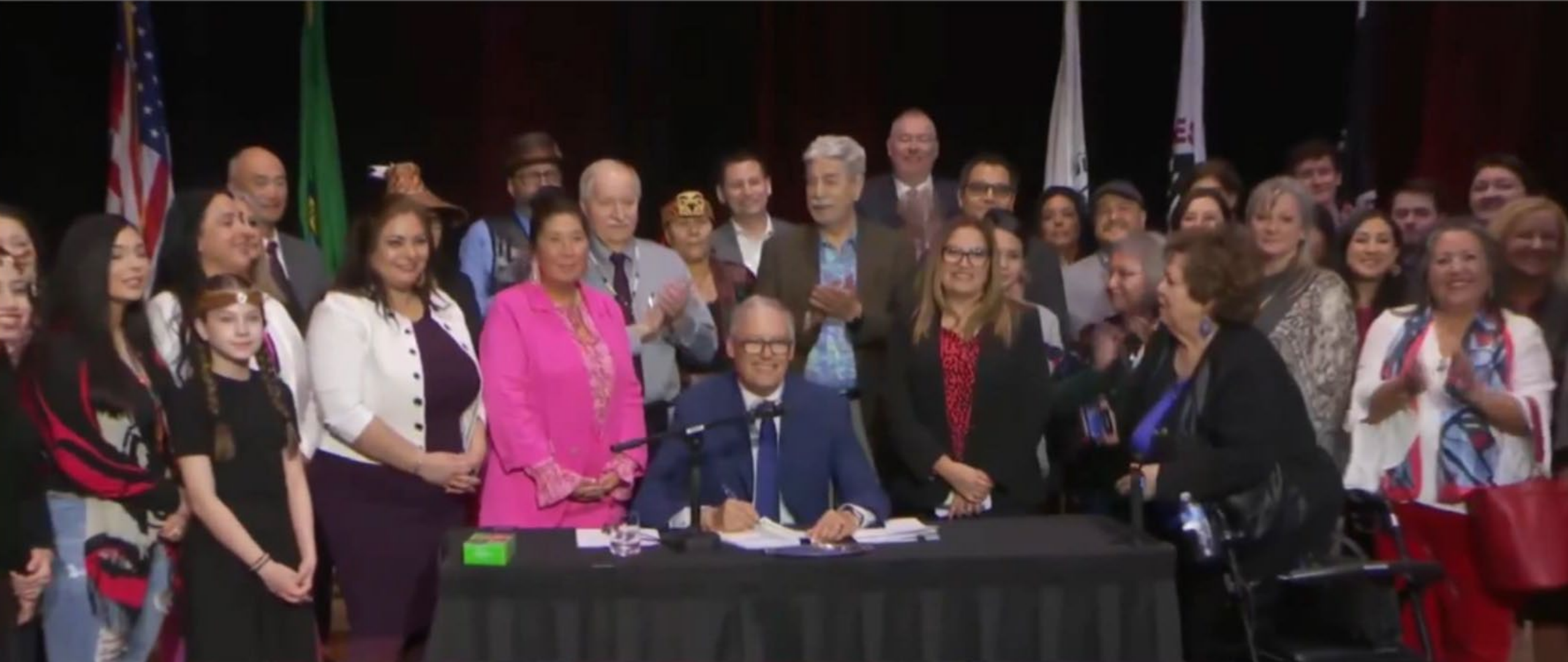


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2SHB 1877 BEHAVIORAL HEALTH/TRIBES

3/19/24

**TULALIP RESORT, TULALIP
FOR MORE INFORMATION VISIT GOVERNOR.WA.GOV
GOVERNOR INSLEE BILL SIGNING**





Why Do We Need Better Coordination and Recognition of the Indian Behavioral Health System?



STATE OF EMERGENCY

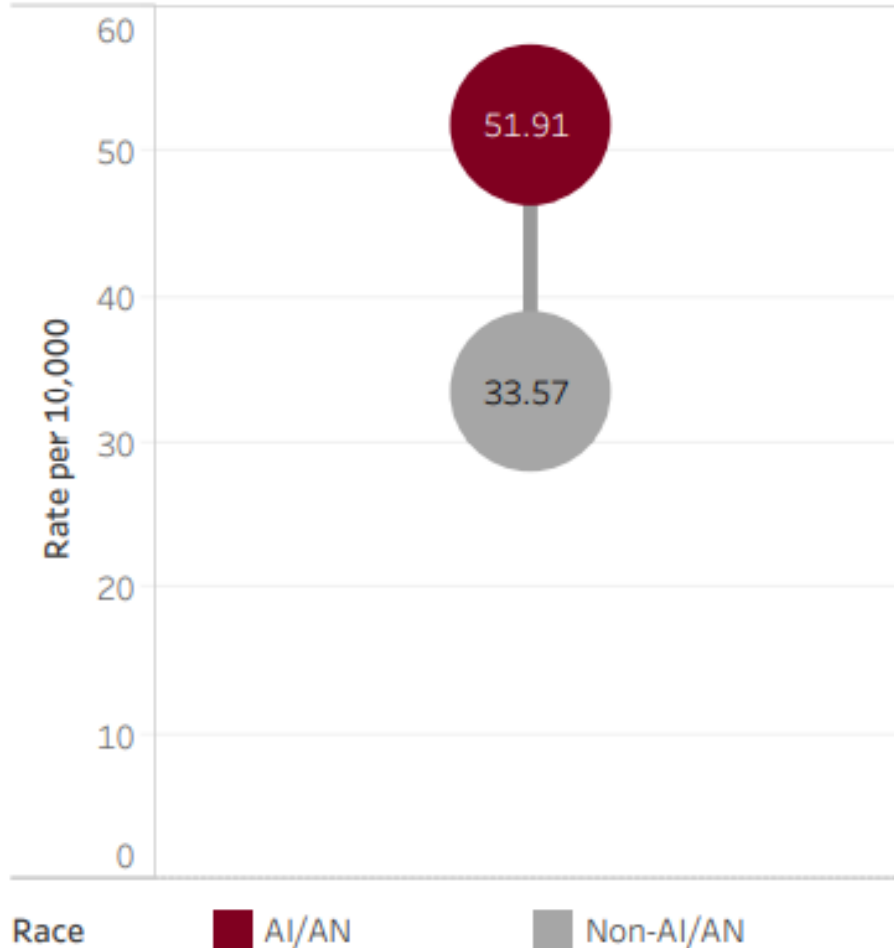
AI/AN Suicide and Opioid Crisis

- AI/AN between the ages of 10 and 29 account for **63%** of Washington State AI/AN emergency department visits for suicide attempts in 2020.¹
- AI/AN were 1.6 times more likely to have a suicide attempt than non-AI/AN.¹
- Nationally, the highest suicide rates among (AI/AN) are for adolescents and young adults.²
- Since 2001, the suicide mortality rate for AI/AN in this state has increased by **58%** which is more than **3x** the rate of increase among non-AI/AN.²

¹“Trends in Suicide-Related Emergency Department Visits among American Indians and Alaska Natives in Washington During COVID-19,” Northwest Indian Health Board. <https://www.npaihb.org/wp-content/uploads/2021/05/WA-Suicide-ED-fact-sheet.pdf>.

² SB 6259.

Washington Suicidal Ideation Rates from
12/22/2019-1/23/2021



- Recent data on emergency room visits for AI/AN with suicide attempt in Washington report 400 suicide attempts between 12/19-1/21.*
- During the COVID-19 pandemic, AI/AN suicide related emergency department visits increased by 23%.*
- During the COVID-19 pandemic, AI/AN suicide related emergency department visits increased by 23%.*



Longstanding Issues

1. Complex jurisdictional barriers that have limited Tribal governments' access to services for their community members.
2. Lack of culturally appropriate care
3. Lack of partnership with Tribes and Urban Indian health organizations in providing crisis care.*

*Report to the Legislature Tribal Centric Behavioral Health, 2SSB 5732, Section 7 Chapter 388 Laws of 2013, November 30, 2013.



HB 1877 Primary Goals:



Leverage the existing Tribal courts, Tribal law enforcement agencies, and Indian behavioral health systems to better serve AI/AN Washington state citizens as well non-AI/AN state citizens



Remove Jurisdictional Barriers to ensure Tribes can fully participate in the crisis process and increase access to care that meets the unique needs of AI/AN.



Increase access to **culturally appropriate behavioral health care.**



HB 1877 Amends:

RCW 71.05 Involuntary Treatment Act (ITA)

RCW 71.34 Behavioral Health Services for Minors

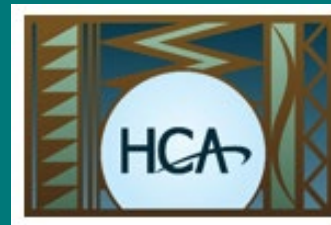
RCW 71.24 Community Behavioral Health Services Act

RCW 70.02 Uniform Health Care Information Act

Recognition of the Indian Behavioral health System



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Tribal Government Authority to Provide Behavioral Health Services

Tribal governments have the

“sovereign authority...to act as ***public health authorities*** in providing for the health and safety of their community members including those individuals who may be ***experiencing a behavioral health crisis.***”

Washington Health Improvement Act, SB 5415 (codified at RCW 43.71B.901); See also COHEN'S HANDBOOK OF FEDERAL INDIAN LAW § 5.01 (Nell Jessup Newton & Kevin K. Washburn, eds., 2024); Aila Hoss, Toward Tribal Health Sovereignty, 2022 Wis. L. Rev. 413, 419 (2022)(“Protecting the public's health, safety, and welfare is among the core powers and duties of sovereign governments.”).



Tribes have the inherent authority to:

respond to behavioral health crises including conducting involuntary commitments of their community members on Tribal land

permit another entity to respond to behavioral health crises and conduct involuntary commitments of their community members on tribal land



Tribal Authority to Provide Crisis Care

Currently, many Tribes in Washington State *permit* County Behavioral health administrative services organizations (BH-ASO)/Crisis Agencies to handle involuntary commitments of community members on Tribal land in accordance with agreed upon procedures referred to a “Tribal Crisis Protocols.”



Indian Health Care Providers Defined

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. Sec. 1603.

RCW 43.71B.010



Tribal Behavioral Health Care Providers Can Serve Multiple Functions

Designated
Crisis
Responders

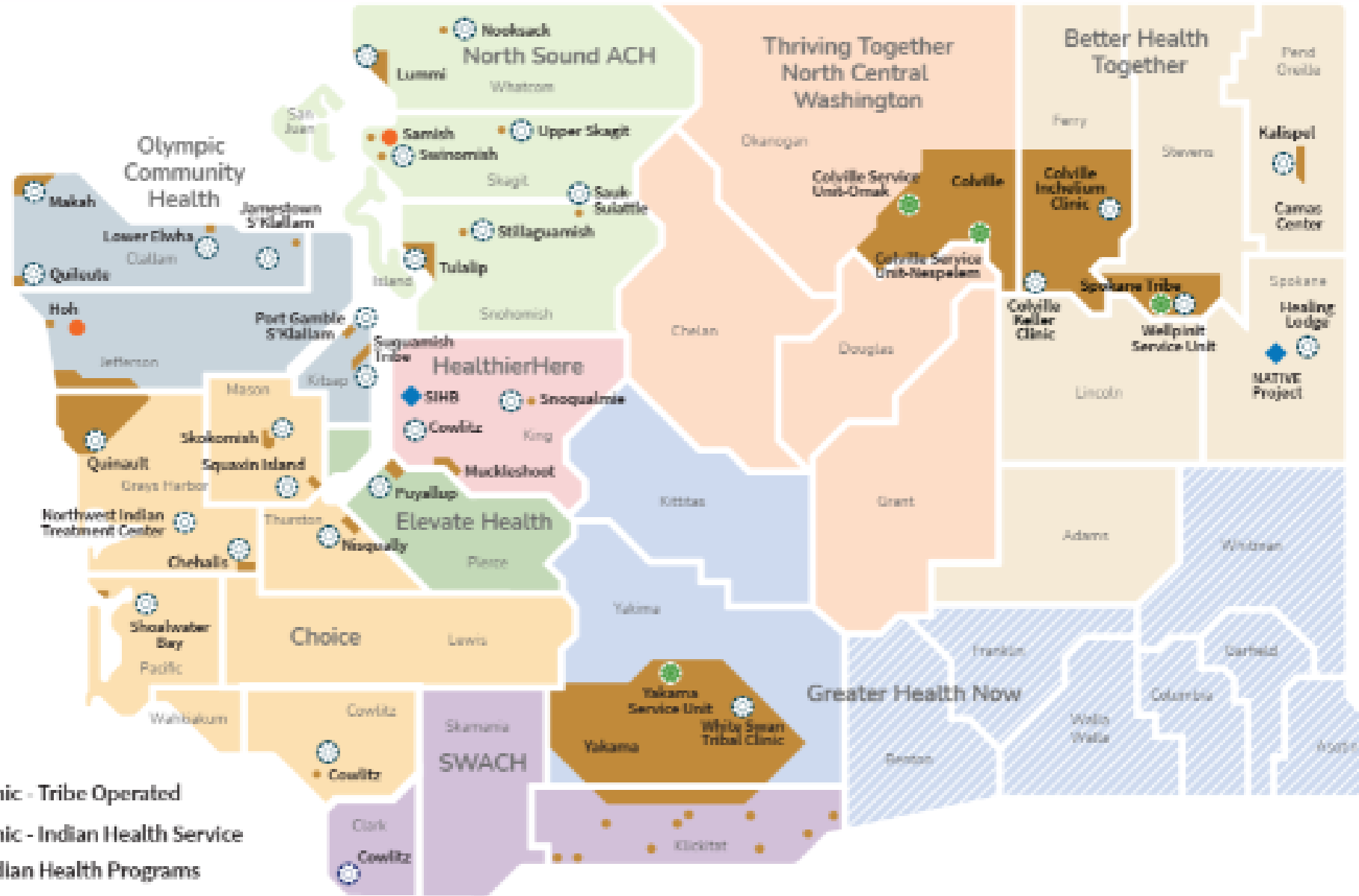
Public
Health
Authorities



Behavioral
Health
Agencies



Tribes and Indian Health Care Providers in Washington State



- Tribal Clinic - Tribe Operated
- Tribal Clinic - Indian Health Service
- Urban Indian Health Programs
- No Clinic - Purchased and Referred Care Only
- Tribal Reservation/Trust Land
- Counties that do not have any Tribal Purchased/Referred Care Service

Source: Health Care Authority
<https://www.hca.wa.gov/assets/program/wa-tribes-and-tribal-clinics.pdf>



Washington State Benefits from Indian Behavioral Care Health Providers (IHCPs)

IHCPs in WA State provide:

- Outpatient mental health substance use disorder (SUD) services
- Inpatient SUD services
- Crisis services with Tribal designated crisis responders, Tribal courts, Tribal law enforcement, and behavioral health staff
- Services to non-AI/AN WA state citizens (including in rural areas where state resources are limited)



Tribal Designated Crisis Responder

Tribes and their behavioral health programs can employ or contract with a State-Certified Tribal Designated Crisis Responder to respond to Tribal community members experiencing behavioral health crisis and conduct involuntary commitment process in BOTH state court and Tribal court.

WAC 182-125-0100



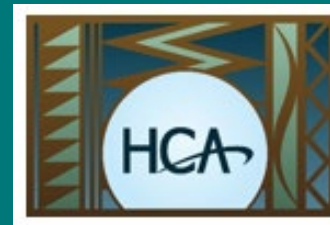
Tribal Designated Crisis Responder

- Tribal-designated crisis responders may operate anywhere in Washington state and provide services to any person in Washington state. **WAC 182-125-0100(9)**
- The local designated crisis responder office for any region in which a Tribal-designated crisis responder provides services is expected to provide technical assistance if requested. **WAC 182-125-0100(10)**
- This rule does not eliminate the responsibility of the agency providing crisis services to serve American Indian/Alaska Native individuals. **WAC 182-125-0100(2)**

6 Key Changes under HB 1877



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1. Acceptance of Tribal Court Orders

Behavioral health service providers must accept Tribal court orders from Tribes located within Washington State on the same basis as state court orders issued under the Involuntary Treatment Act.

RCW 71.05.337; RCW 71.34.312



2. Right of Tribe to Intervene

The Tribe has a right to intervene in Involuntary Treatment Act hearings involving their Tribal members. For purposes of this section, "right to intervene" means the right of a Tribal attorney to:

- ⚡ Attend court proceedings;
- ⚡ Speak in court;
- ⚡ Request copies of orders issued by the court and petitions filed;
- ⚡ Submit information to the court including, but not limited to, information about available Tribal resources to coordinate services; and
- ⚡ Petition the court under RCW 71.05.201 (Joel's law).

RCW 71.05.337; RCW 71.34.312



3. Inclusion of Tribal Entities in State Definition of Behavioral Health Service Provider

Corrects the definition of “Behavioral Health Service Provider” to include Tribal entities and correctional facilities operated by Tribal governments. [RCW 71.05.020](#); [RCW 71.34.020](#)



4. Expanded Notification to Tribes

☞ Tribes must be notified and copied on all inpatient treatment petitions/orders. RCW 71.05.150 and RCW 71.34.710

☞ Tribes must be provided notice of facility discharge. RCW 71.05.435



4. Expanded Notification to Tribes

✉ Tribes must be copied/notified on all assisted outpatient treatment petitions/orders.

RCW 71.05.148 and RCW 71.34.815

✉ Tribes must be provided for Less Restrictive Alternatives or Conditional Release revocation.

RCW 71.05.590 and RCW 71.34.780



4. Expanded Notification to Tribes

- ✎ The use/disclosure of health information, must comply with both state and federal laws
- ✎ Obtaining written consent for use/disclosure of health information is best practice, but there are exceptions in specific situations especially for SUD patients. SUD facilities must attempt to obtain ROI to share discharge info with Tribe. [RCW 71.05.435](#)
- ✎ More information, see House Bill 1877 Patient Privacy Document.



5. Tribal Crisis Coordination Plans

Requires behavioral health administrative services organization and their contractors to comply with the Tribal crisis coordination plan agreed upon by the authority and Tribes for coordination of crisis services, care coordination, and discharge and transition planning with tribes and Indian health care providers.

RCW 71.24.045



What Are Crisis Coordination Protocols?



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Tribal Crisis Coordination Protocols

🦅 Protocols include procedures outlined by individual Tribes:

- 🌊 Accessing Tribal Lands
- 🌊 Coordination & Notification
- 🌊 Detainment & Transport

🦅 Purposes Include:

- 🌊 Information Sharing and Coordinating Services
- 🌊 Establishing Procedures
- 🌊 Respecting Tribal Sovereignty

🦅 Location:

- 🌊 Call the Native Resource Hub at 866.491.1683 or visit Tribal Services | VOAWW.
- 🌊 The future plan is for 988 to refer to the Native Resource HUB to provide TCCP information.



Best Practices for Navigating Tribal Crisis Response, Regardless of Plan

✉ Determine Tribal Affiliation

✉ Identify Tribal Crisis Coordination Plan

🌊 Contact

▲ Native Resources Hub (866-491-1683), HCA, Tribe, or local DCR Agency.

✉ Notify Tribal contact of detention decision without Tribal crisis coordination plan

🌊 Consult IHCP for contact info

🌊 If no provider, reach out to the most appropriate Tribal contact to notify and send copy of ITA petition.

🌊 Identifying Tribal contacts

▲ Volunteers of America: [Tribal Crisis Services Document](#) (some, not all Tribes)

▲ Volunteers of America: [Tribal Profiles](#)

▲ Tribe's website



Best Practices for Navigating Tribal Crisis Response, Regardless of Plan

- 🦅 Current guidance document: [Navigating a crisis without a tribal crisis protocol in place](#)
- 🦅 For questions or help connecting, contact the HCA [Office of Tribal Affairs](#) or the [Native Resource Hub](#).



6. Sharing Health Information with Indian Health Care Providers and Other Tribal Staff



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Information Sharing with Indian Health Care Providers and Tribal Governments– Generally

Behavioral health care providers should apply the same federal and state laws and regulations regarding the sharing of information in the same manner to IHCPs and Tribal law enforcement, Tribal courts, Tribal prosecuting attorneys, and Tribal public health authorities as they do for non-IHCPs and state and local law enforcement, courts, prosecuting attorneys and health departments/public health authorities.



Dual Role of Indian Health Care Providers in Behavioral Health

Indian Health Care Providers (IHCPs)

Providers of health services

Entities with Governmental Authority

Access to Mental Health Records in Crisis Response

Example: IHCPs can receive confidential mental health records without an ROI under certain circumstances such as when the IHCP needs the records to conduct crisis/involuntary treatment services.

See RCW [70.02.230](#)

In 2020, the Washington Indian Health Improvement Act, SB 6259, added Indian health care providers to the list of qualified professional persons who are allowed to receive confidential mental health records under certain circumstances.



Information Sharing for Behavioral Health Information Washington

Washington State's Uniform Health Care Information Act (UHCIA), chapter 70.02 RCW, provides a list of exceptions for when mental health information can be disclosed without patient authorization.

HB 1877 adds IHCPs, Tribal courts, and Tribal prosecuting attorneys to the list of exceptions. See [RCW 70.02.230](#) and [70.02.240](#).



Information Sharing for Behavioral Health Information without Patient Authorization

1. **Care Coordination.** See RCW 70.02.230(2)(v) for requirements and limitations.
2. **To IHCPs Carrying Out the Requirements of the Involuntary Treatment Act.** See RCW 70.02.230(2)(a) for requirements and limitations.
3. **To Treating IHCPs with Prescriptive Authority.** See RCW 70.02.230(2)(aa) for requirements and limitations.



Information Sharing for Behavioral Health Information without Patient Authorization Cont.

4. To Tribal Courts, Tribal Prosecuting Attorneys, and Tribal Law Enforcement To IHCPs Carrying Out the Requirements of the Involuntary Treatment Act. See RCW 70.02.230(2)(a) for requirements and limitations.

RCW 70.02.230(2)(i)

RCW 70.02.230(2)(d)

RCW 70.02.230(2)(n)

RCW 70.02.230(2)(h)

RCW 70.02.230(2)(g)

RCW 70.02.230(2)(p)



Information Sharing for Substance Use Disorder Information without Patient Authorization

42 C.F.R. Part 2 is a separate federal law from HIPAA that applies specifically to SUD records and has more restrictive rules regarding disclosure of protected health information.



Information Sharing for Substance Use Disorder Information without Patient Authorization

42 C.F.R. Part 2 generally prohibits the disclosure of protected health information without patient consent and provides these more limited exceptions:

- a. Notifications to medical personnel in a medical emergency;
- b. Notifications to law enforcement;
- c. Immediate threats to health or safety that do not involve medical emergencies or crimes on programs premises or against program personnel;



Information Sharing for Substance Use Disorder Information without Patient Authorization

- d. Reports of child abuse and neglect;
- e. Court Ordered Disclosures; and
- f. Public health Authorities, provided that the records disclosed are de-identified according to the standards established in the HIPAA Privacy Rule.

Scenario



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Scenario

A Designated Crisis Responder (DCR) in Lincoln county evaluates a 33-year-old individual in Wellpinit, Washington after family and EMS reports the person is experiencing severe psychosis, making suicidal statements, and is refusing food and medication.

EMS takes individual to a Medical Hospital in Lincoln County.

Spokane Behavioral Health reaches out to Northeast Washington Alliance for Counseling Services who recommends sending a DCR from Lincoln county to respond at the hospital.

After evaluation/investigation, the DCR determines the person meets criteria for detention under Washington's Involuntary Treatment Act because they present a likelihood of serious harm and are gravely disabled.



Scenario Resolution

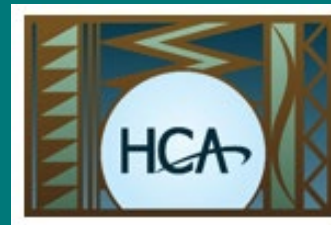
- 🐦 DCR would inquire about individual's Tribal connection, as they were located on Tribal reservation land which could mean they could be a member of a Tribe.
- 🐦 Tribal contact to send notification and ITA petition to the Tribe:
 - 🌊 This can be done by reaching out to the Native Resource Hub for a Tribal Crisis Coordination Protocol
 - 🌊 If there's no protocol in place, look at contacts on the VOA Tribal crisis services document.
 - 🌊 If contact still can't be identified, use the Tribal profiles or the Tribes website to identify the correct contact.
- 🐦 Reach out by phone and send copy of the petition to the secure contact. If no email/fax is available, call to get info to send.
- 🐦 Coordinate with Tribe on care coordination.



Questions



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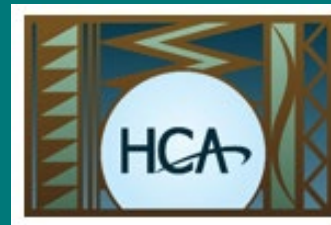
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Resources



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HB 1877 Educational Resources

- 🦅 [Navigating a Crisis without a Tribal Crisis Coordination Protocol:](#) Guidance for how to proceed assisting AI/AN through crisis support when there is not TCCP available for a Tribe
- 🦅 [HB 1877 Facilities Document:](#) HB 1877 changes specifically for involuntary crisis and support facilities
- 🦅 [HB 1877 Privacy Document:](#) Informational document on privacy and notification in HB 1877 and federal law
- 🦅 [Tribal DCR FAQ:](#) Includes roles, responsibilities, and coordination of Tribal DCRs within Washington's behavioral health crisis response system.



Additional Resources

- [Tribal DCR FAQ](#)
- Tribal Crisis Coordination Protocols [FAQ/Template](#)
- [Native Resource Hub](#)
 - [Tribal Crisis Profiles](#)
 - [Tribal Crisis Services and Notification Contacts](#)
- [HB 1877 Bill](#)
- [SB 6259 Bill](#)
- [Federal and State Laws for Sharing Health Information with Indian Health Care Providers](#)





What is the ITA?

The Involuntary Treatment Act (ITA) outlines the procedures, rights, and requirements for involuntary behavioral health and substance use disorder (SUD) treatment for adults. [RCW 71.05](#)



What are Designated Crisis Responders?


- Responsible for investigating and determining whether a person may need involuntary treatment
- May be a mental health professional appointed by:
 - the county;
 - an entity appointed by the county; or
 - by the HCA in consultation with a Tribe or after meeting and conferring with an Indian health care provider

RCW 71.05.020

**PULLING TOGETHER
FOR WELLNESS**




Guidelines for Conducting Culturally-Appropriate DCR Evaluations/Investigations

 **Description:** The guidance is designed to support DCRs in building trust, acknowledging historical trauma, and connecting individuals with culturally appropriate resources that affirm their inherent strengths and resilience.

 Includes comprehensive guidance document and evaluation/investigation tool

 Designed for county DCRs as required by [RCW 71.05.212](#) and [RCW 71.34.705](#)

 Generally helpful for cultural attunement and working w/Tribes beyond DCR investigations

 Currently under review by Tribes

 Forecasted to be published by autumn of 2026.

*RCW= Revised Code of Washington

*DCR=Designated Crisis Responder



THANK YOU!

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