



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
TRIBAL CONSULTATION ANNUAL REPORT  
October 2007 – November 2008**

**January Contreras, Acting Director**

**Published By  
Arizona Department of Health Services  
150 N. 18th Avenue  
Phoenix, AZ 85007  
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**This Report Is Provided As Required by Executive  
Order 2006-14 - Consultation and Cooperation with  
Arizona Tribes**

**November 30, 2008**

**Department Overview:**

The Arizona Department of Health Services (ADHS) is the Public Health Agency for the State of Arizona. ADHS has an employment force of approximately 2,355 employees and has a budget of approximately 2 billion dollars. ADHS provides four primary services which are: 1) delivery of Medicaid and state behavioral health services provided through contracted Tribal and Regional Behavioral Health Authorities (T/RBHA), 2) management of the Arizona State Mental Health Hospital, 3) public health emergency preparedness and public health prevention services provided through joint working and contracting relationships with Arizona's fifteen counties and tribal nations, and 4) licensing of health care and day care facilities.

**Tribal Consultation Policy:**

ADHS issued its Tribal Consultation Policy in September 2006. Copies were distributed electronically to all Arizona Tribal Health Directors, Urban Indian Health Directors, Navajo, Phoenix, and Tucson Indian Health Service Area Directors, and the Inter Tribal Council of Arizona Executive Director. This 5 page government-to-government policy is posted on the ADHS Native American web site at <http://azdhs.gov/phs/tribal/pdf/tribalconsultationpolicy.doc>. The ADHS Native American Liaison, Mr. Michael Allison, has been delegated the responsibility to coordinate implementation of the policy and to be the principle point of contact for tribal issues. His contact information is:

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**Tri-Agency Tribal Consultation Session:**

ADHS' primary tribal consultation activity this reporting period was the joint sponsorship of the first ever Tri-Agency Tribal Consultation Session held on 11-30-07. This session was jointly sponsored by the Office of the Governor, Arizona Department of Health Services, Arizona Health Care Cost Containment System and Arizona Department of Economic Security. The event was held in the Second Floor Conference Room of the Governor's Executive Tower. A separate report was prepared documenting the Session proceeding (See Attachment A).

**Summary of Annual Work Activities:**

The following highlights ADHS' working relationships with tribal governments during this reporting report as reported in quarterly reports submitted to the Governor's Office. Full reports for these quarters can be found at the ADHS

Native American web site located at [www.azdhs.gov/phs/tribal/](http://www.azdhs.gov/phs/tribal/) on the Semi-Annual Reports page.

### October – November 2007

**Director's Office/Native American Liaison:** The Native American Liaison: 1) coordinated Tohono O'odham Nation representation at a US Mexico Border Health Commission Tuberculosis Legal Forum meeting, 2) coordinated Tribal Bio-Terrorism Collaborative Team meetings, (3) coordinated a meeting between the Navajo Nation Division of Social Services, two Navajo Chapter Assisted Living projects ADHS Division of Licensing Services and AHCCCS representatives, (4) coordinated activities with the Gila River Indian Community and the Salt River Pima-Maricopa Indian Community and the ADHS Bureau of Emergency Medical Services in efforts to respond to the tribes' request for state certification of their EMS training programs, (5) attended and provided a brief presentation to the Navajo Tribal Council during their State Legislative Strategic Planning Session held in Window Rock, (6) worked collaboratively with multi state/federal agencies partners in the sponsorship of an American Indian basic grant writing workshop held in Tucson, and (7) worked In partnership with the AHCCCS and DES Tribal Liaisons in sponsorship of the first Annual Tri-Agency Tribal Consultation Session.

**Division of Behavioral Health Services:** The Division funded a TeenScreen Program in which adolescents were screened for depression and suicide. Four tribes participated in training on the implementation of TeenScreen. Two tribes have begun screening youths. Gila River Tribal Regional Behavioral Health Authority (GRTRBHA) offered Applied Suicide Intervention Skills Training (ASIST) for community members. GRTRBHA staff co-trained on ASIST with trainers from the White Mountain Apache Tribe. The Pascua Yaqui Centered Spirit Program continued to implement community based substance abuse prevention services. The San Carlos Apache Tribe received a small mini grant from Cenpatico Region Behavioral Health Authority to expand their suicide prevention efforts.

**Arizona State Hospital:** The Hospital admitted two Native American patients and provided services to a total of twenty Native American patients. Seventeen of the patients were male and three were female. Fifteen of the twenty patients were admitted under Court Order Treatment.

**Division of Public Health Services:** The Bureau of Tobacco Education and Prevention Program continued their work with 9 Tribal Nations, 3 Urban Indian Health Centers, and the Inter Tribal Council of Arizona (ITCA) to deliver tobacco education and prevention services. The Bureau of Emergency Preparedness & Response: 1) conducted monthly tribal conference calls, 2) conducted five tribal site visits and 3) participated as evaluators for a Navajo Area IHS Mass Vaccination Exercise and a Phoenix Area Mass Vaccination Exercise held on the

Salt River Pima – Maricopa Indian Community. The Office of HIV, STD and Hepatitis C Services prioritized efforts at addressing increased syphilis cases among several Arizona tribal nations. Specific technical assistance and training was provided to the Tohono O’odham Nation and Gila River Indian Community.

### **December 2007 – March 2008**

**Division of Behavioral Health Services:** The Division: 1) provided Child and Adolescent Service Intensity Instrument (CASII) training to more than 20 training and direct care clinical staff at GRTRBHA, 2) with Cenpatico Regional Behavioral Health Authority provided the San Carlos Apache Tribe with temporary support for substance abuse and suicide prevention programs, 3) provided funding for teen pregnancy prevention programs for the Ak-Chin Indian Community and 4) provided grant funding to the Pascua Yaqui Tribe, Colorado River Indian Tribes, six Navajo Nation communities, and the American Indian Prevention Coalition to conduct underage drinking town halls.

**Division of Public Health Services:** The Arizona Diabetes Program: 1) provided the Salt River Pima-Maricopa Indian Community with 50 Seated Strength Chair Exercise DVDs and produced 500 additional copies to distribute to tribal organizations for people with diabetes who have difficulty walking and 2) partnered with ITCA to offer the Stanford University Chronic Disease Self-Management Program to ITCA staff as well as participants from tribes across the state. The Well Women Health Check Program: 1) continued its pilot project at PIMC which has linked 4 Native American women to the Breast and Cervical Cancer Treatment Program as a result of the project and 2) finalized a contract with the Gila River Health Care Corporation to implement the program at the Hu Hu Kam Memorial Hospital. The Bureau of Health System Development and Oral Health provided technical assistance to two Native American community entities in their efforts to apply for the HHS Health Resources and Services Administration Section 330 Community Health Center grant. The Bureau of Tobacco Education & Prevention activities included: 1) training five youth for Operation Store Front with the Phoenix Urban Indian Health Program, 2) presentation of Get Real About Tobacco curriculum to five 5<sup>th</sup> grade classes at Wallace Elementary on the Colorado River Indian Tribes Reservation, 3) community education on commercial tobacco presented on the Hopi Indian Reservation and 4) working with after school program with the Tucson Indian Center. The Bureau of Women & Children’s Health (BW&CH) Injury Prevention Program collaborated with the Indian Health Service to update the Safe Native American Passengers curriculum which focuses on the transportation of children safely. The BW&CH Teen Pregnancy Prevention Program continued to fund teen pregnancy prevention programs through a contract with ITCA. The tribes involved in the ITCA contract are Tohono O’odham Nation at San Lucy, Fort McDowell Yavapai Nation, and the Colorado River Indian Tribes. The Office of Environmental Health conducted testing of Paulson Gaming Chips per public concern about high level of lead. Representatives of Gaming Partners

International Corporation ("GPI") met with ADHS representatives and pledged to work cooperatively with ADHS on this matter. The Division offered blood lead testing to the casino's employees at no cost.

#### **April – June 2008**

**Division of Behavioral Health Services:** The Division: 1) conducted quarterly meetings with the Tribal Regional Behavioral Health Authorities - Gila River, Pascua Yaqui, and White Mountain, 2) provided on-going technical assistance and training to the White Mountain Apache TRBHA as they continued their service and network development, 3) conducted training to the Navajo Nation Behavioral Health billing staff. The North Arizona Regional Behavioral Health Authority continued to facilitate the Native American Suicide Prevention Coalition with membership of most tribes in Arizona. Pascua Yaqui received \$150,000 in new funds from Magellan Regional Behavioral Authority to implement prevention services in Guadalupe and Tucson.

**Arizona State Hospital:** The Hospital admitted five Native American patients and treated a total of eighteen Native American patients. Fourteen of the patients were male and four were female. Eleven of the eighteen patients were admitted under Court Order Treatment.

**Division of Public Health Services:** The Arizona Diabetes Program provided English and Spanish Diabetes Self-Management Toolkits to the Tohono O'odham Nation's Department of Health Services/HOPP. The Arizona Cancer Control Program presented a slide presentation on Arizona's Comprehensive Cancer Control Plan to the Tohono O'odham Nation's Cancer Planning Committee. The Well Women Health Check Program (WWHP) continued its partnership with the Phoenix Indian Medical Center on a pilot project. The Gila River Health Care Corporation kicked off its WWHP program at the Hu Hu Kam Memorial Hospital. The WIC Program contracted with the Cocopah Indian Tribe to serve 200 tribal members monthly. The Bureau of Tobacco Education & Prevention extended their contract with ITCA to ensure sub-contracted programs remain active until the process for the Request For Grant Applications (RFGA) for fiscal year 2009 has been completed. The Bureau of Women's & Children's Health (BW&CH) Injury Prevention Program co-taught a child passenger safety course in Pinetop, Arizona. Thirteen of the 14 participants represented the White River, Navajo and Zuni tribal communities. The BW&CH Teen Pregnancy Prevention Program renewed its contract with ITCA to provide teen pregnancy prevention and parent education to the Colorado River Indian Tribes, Tohono O'odham Nation – San Lucy District and the Fort McDowell Yavapai Apache Nation. The BW&CH Domestic Violence Program continued its funding to Ama Doo Alchini Bighan, Inc., a domestic violence service provider and program contractor located on the Navajo reservation. The Office of HIV, STD, and Hepatitis C Services Program: 1) hosted an Arizona STD Statewide Meeting at which tribal representatives from the Navajo, Tohono O'odham, and White River

attended the meeting, as well as several IHS staff and 2) hosted a site visit on April 9, 2008, from 12 CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention staff whom were conducting a site visit to New Mexico and Arizona. The group visited the Navajo and Tohono O'odham Nations during their visit. The STD Control Program Public Health Advisor and Communicable Disease Investigator continued to meet with Tohono O'odham Nation Department of Health and Human Services and IHS Sells Service Unit to facilitate syphilis outbreak response. The Office of Environmental Health issued a report titled "Public Health Evaluation for the Intended Use of Paulson Gaming Chips." The Navajo, Indian Health Service and ADHS TB Programs agreed to hold bi-monthly conference calls. A coordinated Rocky Mountain Spotted Fever response with the San Carlos Tribe, Indian Health Service, Gila County, Graham County, the Centers for Disease Control and Prevention, and ADHS was performed.

### July – November 2008

**Director's Office/Native American Liaison:** In response to concerns raised concerning access to dialysis services brought up at the Governor's Tribal Round Table Meeting held in June, 2008 ADHS Acting Director, January Contreras, sought the assistance of the University of Arizona College of Public Health. The College agreed to assign two graduates to research the availability of dialysis services and best practices that exists around the world to provide greater access to people in non-urban areas of the State. The Native American Liaison: 1) attended a multi-agency behavioral health meeting held on the Kaibab-Paiute reservation chaired by Chairwoman Segundo and 2) at the request of Marnie Hodahkwen, Office of the Governor with the AHCCCS Tribal Liaison drafted a 24/7 Tribal Suicide Crisis Intervention proposal which was discussed at a meeting held at Peach Springs on the Hualapai Indian reservation.

**Division of Behavioral Health Services:** The Division: 1) worked with each Tribal and Regional Behavioral Health Authority to identify Substance Abuse services needed at each Tribal Nation to incorporate into their Children's System of Care Plans, and 2) sent out a request for proposals to the T/RBHA's to provide evidenced-based training to clinical staff and tribal members which focused on the treatment of substance abuse among Native American youth. Two RBHA's submitted proposals: Northern Arizona Regional Behavioral Health Authority (NARBHA) and Cenpatico. Both RBHA's requested and were approved for the funding of two White Bison trainings titled, "*The Medicine Wheel & 12 Steps for Youth*".

**Division of Public Health Services:** The Comprehensive Cancer Program staff participated in the following: 1) Arizona Retreat For Enhancing Tribal Collaborations 2008, 2) Tohono O'odham Cancer Planning and Prevention Subcommittee meetings, 3) Colorectal Cancer Screening Knowledge, Attitudes & Beliefs of Navajo Elders Focus Group Results sponsored by Arizona Cancer

Center, and 4) Arizona Myeloma Network Fort Defiance First Annual Cancer Awareness and Advocacy Conference. The Arizona Diabetes Program: 1) met with representatives from the Navajo Special Diabetes Program, 2) presented materials at the 2008 Phoenix Area Tribal, Urban, IHS Diabetes Nutrition Workshop, and 3) distributed 175 diabetes self-management toolkits to Tohono O'odham. The Fruits and Vegetables staff participated in the development and release of a 33 page resource guide. The Well Woman Health Check Program assisted in securing of an American Cancer Society Regional Grant to support a mobile mammography unit to provide breast cancer screening on the Navajo Nation. The Bureau of Women's and Children's Health (BW&CH) Injury Prevention Program: 1) worked with the Indian Health Service to update the Safe Native American Passenger's curriculum, and 2) facilitated a child passenger safety training in Yuma to benefit the Quechan and Cocopah community. The BW&CH Teen Pregnancy Prevention Program continued its contract with ITCA to provide Teen Pregnancy Prevention activities at Tohono O'odham, San Lucy District, Colorado River Indian Tribes, and Ft. McDowell Yavapai Nation. The BW&CH provided training on alcohol screening and brief intervention techniques. The Bureau of Tobacco Education and Prevention: 1) issued a Request for Grant Application (RFGA) for Tribal Populations, 2) conducted meetings with several tribal programs including ITCA seeking input regarding a media campaign targeting Native youth, and 3) conducted four focus groups with youth in tribal communities to seek their input on posters about commercial tobacco. BTEP Tribal Program Manager provided an ADHS overview at the San Carlos Apache Tribe Health & Human Services Strategic Planning meeting in Payson, AZ. The TB Control Program hosted the 14th Annual Four Corners TB & HIV Conference, held in Flagstaff. Participants included representatives from tribal, county, state and federal health departments and health care providers. Sixteen human cases of Rocky Mountain spotted fever (RMSF) have been reported on two reservations (White Mountain and San Carlos) with 2 deaths. The ADHS Vector-borne and Zoonotic Disease Program: 1) assisted the tribes on 5 site interventions in collaboration with the Indian Health Services and the Centers for Disease Control and Prevention and 2) with the Arizona State Laboratory Virology Program provided West Nile Virus (WNV) surveillance assistance with regards to identifying and testing mosquito samples to 11 tribes and offered larvicides to several tribes.

**Attachment A**

**Report of 11-30-07 Tri-Agency Tribal Consultation Session**



# **Tri-Agency Tribal Consultation Session**

November 30, 2007

## **REPORT**

Presented by

Arizona Health Care Cost Containment System (AHCCCS),  
Arizona Department of Health Services (ADHS),  
Arizona Department of Economic Security (ADES),  
and the Office of the Governor

## 11-30-07 Tri-Agency Tribal Consultation Session Summary

### Introduction

The Tri-Agency Tribal Consultation Session was held on November 30, 2007 at the Governor's Executive Tower in Phoenix, Arizona. The Tribal Consultation Session was hosted by the Arizona Health Care Cost Containment System (AHCCCS), Arizona Department of Health Services (ADHS), and the Arizona Department of Economic Security (ADES) to provide a forum for the state agencies to share information and obtain feedback from tribal representatives about the respective agency programs and services.

### Background

The Tri-Agency Tribal Consultation Session was held per Governor Napolitano's Executive Order 2006-14, "Consultation and Cooperation with Arizona Tribes" which required all executive Branch agencies to:

- Develop and implement tribal consultation policies;
- Designate a member of their staff to assume responsibility for the agency's implementation of the tribal consultation policy and act as the principle point of contact for tribal issues; and
- Review their tribal consultation policies each year and submit an electronic report to the Governor and the Legislature to describe all action undertaken.

Since the Executive Order was put into place, AHCCCS, ADHS, and ADES have developed and implemented tribal consultation policies that are specific to the scope of services for each agency. The 2007 Tribal Consultation Session was held as a tri-agency collaborative because the delivery of health and human services for Native Americans often overlaps between these three agencies. For example, eligibility determinations for medical assistance are coordinated between ADES and AHCCCS. Other overlaps in the delivery of services may occur when inter-agency agreements are in place, such as that between AHCCCS and ADHS for management of the provision of behavioral health services for eligible AHCCCS members.

The three primary health and human services agencies in Arizona recognize that Arizona's twenty-two tribes must be consulted when important policy changes are anticipated that will significantly impact the tribes and tribal members. In recognition that tribes are sovereign entities and have a unique relationship with the federal and state governments the Tri-Agency Tribal Consultation Session provided an opportunity for open dialogue among the ADHS, AHCCCS, ADES and tribal representatives.

### Agency Directors Comments

Arizona Health Care Cost Containment System (AHCCCS) Director, Anthony Rodgers conducted a presentation that included an overview of the AHCCCS Program, covered services, and program updates. Director Rodgers also discussed the significance of the AHCCCS Tribal Consultation Policy. He also provided information on the AHCCCS Strategic Plan, the Strategic Initiative on Native American Health Care, and Native

## 11-30-07 Tri-Agency Tribal Consultation Session Summary

American enrollment statistics. Director Rodgers expressed a commitment to improving the health status of Native Americans in Arizona.

Arizona Department of Health Services (ADHS) Director, Susan Gerard, stated in her opening remarks that due to the downturn in the economy, everyone has concerns about program funding. She explained, however, that the majority of the Health Department's funding comes from the federal government. As a result, many programs are protected from state budget cuts. Ms. Gerard also emphasized that the Department's Strategic Plan incorporates and expands tribal initiatives into all program goals and objectives to better serve tribal populations and to be responsive to tribal consultation issues. The Strategic Plan also makes addressing health disparities a priority, and promotes a change in the agency culture to ensure tribal needs are recognized and addressed. All tribes are experiencing serious problems controlling the use and abuse of methamphetamines. Director Gerard stated that it is clear that additional prevention programs and treatment services are needed to address this problem.

Arizona Department of Economic Security (ADES) Director Tracy Wareing presented an overview of DES' services and programs. Director Wareing discussed the Department's commitment to working with Native American tribes to improve the quality, availability, and accessibility of human services to children, youth, adults, and elders. DES' Tribal Consultation policy was also stressed and Tribal leaders present were assured of ongoing consultation on issues impacting their communities. Director Wareing emphasized the opportunities for coordination and consultation with the Tribes, DES, ADHS, AHCCCS and other public agencies to address human services. Director Wareing identified many areas both the state and tribes must continue to plan for while also remaining cognizant of the Federal legislation and program requirements that affect our Native American tribes. Director Wareing further elaborated on how DES plans to move forward through collaboration in the continuation of key partnerships with the leadership of Native American Tribes, the Inter-Tribal Council of Arizona (ITCA) and the newly formed DES Native American Advisory Council.

### **Presented Issues**

Each tribe is a distinct separate independent sovereign nation that is unique in culture, language, and location. Therefore, tribal service delivery issues need to be addressed in culturally-appropriate and unique ways. The following section summarizes comments provided to the state agencies by the tribal representatives in attendance at the Tribal Consultation Session. Comments were presented with the common understanding that ongoing true and meaningful consultation is essential to finding solutions that work for the tribes and the State. The comments made by tribes had three major overlying themes and perspectives. These included 1) funding and resource allocation, 2) program management, and 3) system integration.

## 11-30-07 Tri-Agency Tribal Consultation Session Summary

### Funding and Resource Allocation

The tribes expressed a need for support to sustain current and future federal and state funding for programs affecting Native Americans, while stressing the importance of direct funding to tribal governments. Support for on-reservation health care facilities was also requested from the state. Currently, the Indian Health Service and tribally-operated 638 facilities remain the primary providers of medical and behavioral health care on reservation lands. In addition, long term care facilities on reservation are limited. Tribal members usually travel long distances to receive necessary medical, behavioral, and long term care services. Benefits of on-reservation facilities include the ability to staff culturally-competent service providers, proximity to family members and the care recipient's homeland, employment for local residents, and ultimately, quality of life for service recipients.

Information on the availability and distribution of funding for pertinent programs was also requested from the state agencies. The following comments were made regarding the topic of funding and resource allocation.

- Ona Segundo, Chairwoman, Kaibab-Paiute Tribe, requested information on the process for funding distribution to the tribes to administer the coordination of behavioral health services.
- Sandra Irwin, Health Department Director, Hualapai Tribe, requested the State's support in advocating for the continuation of funding for the Special Diabetes Program for Indians.
- Christina Andrews, Health and Human Services Department Director, Tohono O'odham Nation, requested information on Medicaid Administrative Match funding that may be available through the state. AHCCCS stated that Arizona does not provide Medicaid Administrative Match, but may provide relevant information to Ms. Andrews.
- Kenneth White, Jr., Business Manager, Fort Defiance Indian Health Service (IHS) Hospital, expressed his appreciation for the AHCCCS program for its assistance and education regarding appropriate billing for services provided to AHCCCS members receiving health care at the hospital. Mr. White also indicated that the current methodologies for the way services are reimbursed for Native American AHCCCS members needs to be examined. Mr. White indicated that reimbursement rates for medically-necessary transportation in rural areas needs to be different for rural providers. Mr. White also stated that the current inpatient and outpatient rates developed by the Office of Management and Budget (OMB) which is reimbursed to IHS and tribally-operated 638 programs for covered services provided to Native Americans enrolled in Medicaid, may not cover the cost of providing health care and needs to be examined. Mr. White also requested information regarding available funding for tribes to develop health information technology systems.

## 11-30-07 Tri-Agency Tribal Consultation Session Summary

- Thomas Cody, Legal Analyst, Division of Social Services, Navajo Nation, indicated a need for support from the state in various areas. Mr. Cody illustrated the rural conditions of the Navajo Nation, explaining the long distances tribal members must travel to obtain necessary health care services and resources, such as water and firewood. Mr. Cody also indicated the tribe's need for assistance regarding how the home delivered meals program should bill for services provided to elderly and physically disabled individuals living on-reservation. Mr. Cody expressed the need for the development of youth treatment centers. Mr. Cody expressed appreciation and emphasized the continued need for support from the state government to provide services that Native Americans are entitled to. AHCCCS indicated that information would be provided regarding payment for eligible services for ALTCS members. It was further stated that there may need to be coordination between the tribe and the ADES regarding funding for home-delivered meals available through the Older Americans Act.
- Fred Hubbard, Executive Director, Advisory Council on Indian Health Care, asked that the state research the possibility to reimburse health providers for case management services provided to Native American AHCCCS members.
- Susan McCraw Helms, Health Director, Salt River Pima-Maricopa Indian Community, expressed concerns about tobacco prevention program funding. She stated the Bureau of Tobacco Education Prevention Program (BTEP) strategic planning effort appeared to be pre-determined and that local projects would be de-funded in place of statewide initiatives. She advocated for continued funding of locally-developed prevention programs with BTEP funds. Director Gerard replied by stating that BTEP funding has not been pre-determined, but that the program is being revamped based on evidence-based research.
- Henry Walden, Health Director, Gila River Indian Community, asked for state support in the reauthorization of funding for the federal special diabetes program for American Indians and Alaska Natives.
- Alida Montiel, Health Systems Analyst, Inter Tribal Council of Arizona, Inc. (ITCA) asked for information on Regional Behavioral Health Authority (RBHA) tribal sub-contracts and what they are able to bill for. Ms. Montiel stated that she would like information on mental health and substance abuse block grant funding provided to tribes.

### Program Management

- Susan McCraw Helms stated that tribes have trouble spending contracted emergency preparedness dollars and that tribes are overwhelmed by the deliverables most specifically the number of meetings the State requires. She also suggested that the ADHS RBHA contracts should require that qualified tribal psychiatrists be automatically credentialed by local Regional Behavioral Health Authorities (RBHAs).

## 11-30-07 Tri-Agency Tribal Consultation Session Summary

Currently, qualified tribal psychiatrists' diagnosis are being questioned and overwritten by RBHA evaluation staff. Director Gerard said she appreciated hearing these concerns and said she would like to follow up in an individual meeting with the tribe. Ms. Gerard also stated that the CDC sets deliverables for emergency preparedness funding, and that those change yearly.

- Alida Montiel commented on the need for annual training on Arizona State Hospital involuntary commitment. Lydia Hubbard-Pourier, ADHS TRBHA Contract Administrator, commented that Catherine Plumb from the state Attorney General's office is responsible for conducting education and training. Non-TRBHA tribes need to work with the RHBA's serving their reservations. The Attorney General's Office with ADHS-DBHS will be conducting training to help address these concerns, and have started with the Navajo Nation.

### System Integration

The tribes expressed a need for partnerships, information sharing, and systems that complement each other in order that quality services are accessible for Native Americans in Arizona. Involvement from programs at the tribal, federal, state, and county levels is integral to this collaboration. The following are some of the comments provided regarding the need for system integration.

- Christina Andrews requested information regarding the payment of IHS contract health services for members of the Tohono O'odham Nation that reside in Mexico. AHCCCS stated that state residency is an eligibility requirement for enrollment in AHCCCS. Information would be obtained from IHS regarding their policy for payment of services to those members residing in Mexico.
- Sandra Irwin requested assistance to create 24-hour crisis teams for suicide response at the Hualapai Tribe. Ms. Irwin also stated the tribe did not have a Tribal Regional Behavioral Health Authority (TRBHA) contract with ADHS and that there was a need for an appropriate facility where an intoxicated individual can sober up.
- Velda Williams, Interim Director, Health Department, San Carlos Apache Tribe, expressed her appreciation for the responsiveness from the state. Ms. Williams indicated that methamphetamine use has created a widespread epidemic across the reservation and that there was a need for continued partnership to address this issue. She also stated that there was room for improvement in the ALTCS program. Velda noted the transportation and socioeconomic barriers that community members experience. Velda provided an example of a situation where a Native American elder living on the reservation was denied coverage because the Globe ALTCS staff went to the wrong residence to conduct the eligibility screening. Ms. Williams indicated the need for cultural competency in the approached used by staff members. Ms. Williams further stated that there was a need for education to tribal leaders and community members regarding available programs and services.

## 11-30-07 Tri-Agency Tribal Consultation Session Summary

- Susan McCraw Helms emphasized that many of the issues raised in this Session by tribes may not be isolated issues and to consider the possibility that the issues may be universal in nature. Ms. McCraw Helms further expressed the need for coordination in discharge planning especially for Native American members with chronic illnesses. She stated that opportunities for collaboration may include partnerships with tribal community health representatives. Ms. McCraw Helms also mentioned the need for notification and coordination when members become disenrolled or become ineligible for services. AHCCCS stated that there may be a need for collaboration with the IHS in the area of notification to the patient for renewal of eligibility. AHCCCS sends a renewal notice to the member, but understands that the member may not receive or read the notice in a timely fashion. AHCCCS provides a file to IHS on relevant fee-for-service member files that will be scheduled for renewal in the next month. Ensuring that this information is provided by AHCCCS and obtained by the IHS is a next step.
- George Bearpaw, Acting Director, Tucson Area Indian Health Service, expressed his appreciation for the cooperation and support from AHCCCS and ADHS in working with his office to improve health services for Native Americans in Arizona.
- Kenneth White, Jr. indicated the need for the state to develop and implement an action plan to address many of the issues raised during this Tri-Agency Tribal Consultation Session. He stated that the RBHA/TRBHA system does not work. There is confusion as to who will serve clients. There is a three-provider network comprised of Indian Health Services, the tribes, and the RBHA/TRBHA's. There is a need for a statewide Native American forum on behavioral health to be hosted by ADHS. Director Gerard replied by agreeing that there were problems and that solving them will require everyone working together. Each tribe has unique situations that are better served by individual meetings.
- Thomas Cody expressed the need for communication, education, and outreach from the state to community members and organizations, such as the Navajo Nation Health and Social Services Committee. Mr. Cody also indicated the need for state and tribal collaboration to implement the Governor's Methamphetamine Call to Action in tribal communities. He also indicated that there were some issues where Native American residents were not able to communicate with the providers in nursing facilities located off-reservation. Mr. Cody stated there were issues with Flagstaff Medical Center when the facility refused to take AHCCCS patients. He indicated similar provider refusals were prevalent in reservation "border-town" communities. In addition, he stated that families of individuals that receive services at detoxification facilities need assistance in order for the family to provide a supportive environment for the individual when they return home. Mr. Cody also commented on issues with Coconino County and added that the Navajo Division of Health is the appropriate entity to speak on behalf of the Navajo Nation. AHCCCS stated that with more information, it could look into the cases where members were refused services. AHCCCS may consider addressing this issue through education to its fee-for-service members and providers.

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- Ona Segundo requested information regarding the dental benefits available for individuals enrolled in the Arizona Long Term Care System (ALTCS). Chairwoman Segundo also indicated that there were private providers denying services to eligible Native American members, particularly those providing dental care services.
- Denise Exendine, Chief Executive Officer, Management Services Organization, Phoenix Area Indian Health Service, extended appreciation of the continued collaboration between the Phoenix Area IHS and state agencies such as AHCCCS as we work together to increase access and services for American Indians residing in Arizona..
- Fred Hubbard expressed his appreciation for the existing partnerships with the three state agencies.
- Henry Walden asked about state efforts in assisting tribes in public health data collection for public health planning and involvement of tribes in the Medical Electronic Disease Surveillance Intelligence System (MEDSIS) program. Director Gerard replied that she would direct Richard Porter, ADHS Bureau Chief for Public Health Statistics, to assist the tribe. Michael Allison commented that MEDSIS presentation meetings were held between ADHS and the Gila River Health Department to inform the tribe about the MEDSIS program and how tribes were to be included.

### Summary

The Tri-Agency Tribal Consultation Session clearly identified that regular meetings between the state's health and human services agencies and the tribes are needed in order to improve communications with tribes about how programs work and are funded. There is a great deal of misunderstanding about state programs and who tribes need to call for assistance. Specific questions will be addressed by agency staff and ongoing collaborative communication will continue. In addition, follow up meetings with individual tribes will be scheduled to help the agencies better respond to specific tribal issues.

**Attachment A –**

**List of Tri-Agency Tribal Consultation Session Participants**

## List of Participants Representing Tribes and Pertinent Organizations

<u>Name</u>	<u>Title</u>	<u>Tribe/Organization</u>
Sandra Irwin	Director, Health Department	Hualapai Tribe
Ona Segundo	Chairwoman	Kaibab-Paiute Tribe
Amelia Segundo	CHR Supervisor	Kaibab-Paiute Tribe
Dallas De Lowe	Social Worker/Senior Services Division	Salt River Pima-Maricopa Indian Community
Susan McCraw-Helms	Health Director	Salt River Pima-Maricopa Indian Community
Velda Williams	Interim Health Director	San Carlos Apache Tribe
Christina Andrews	Director of Health & Human Services	Tohono O'odham Nation
Harry Claw	Tribal Council	Navajo Nation
Thomas Cody	Legal Analyst/Division of Social Svcs.	Navajo Nation
Henry Walden	Director, Health Resource Dept.	Gila River Indian Community
Donna Vigil	Health Authority Executive Director	White Mountain Apache Tribe
Ken White	Business Manager	Fort Defiance Indian Hospital
Vivian Upshaw	Supervisory Health System Specialist	Fort Defiance Indian Hospital
Brian Zah	Director of Contract Health Services	Phoenix Indian Medical Center
Denise Exendine	Business & Revenue Services	Phoenix Area Indian Health Service
Sandra Champagne	Case Management	Phoenix Indian Medical Center
Linda Fafard	Case Management	Phoenix Indian Medical Center
Shirley Hunter	Business Office	Parker Indian Health Center
Loretta Lee	Health Systems Specialist	Parker Indian Health Center
George Bearpaw	Acting Director	Tucson Area Indian Health Service
John Kittredge	Chief Medical Officer	Tucson Area Indian Health Service
Alida Montiel	Health Systems Analyst	Inter Tribal Council of Arizona, Inc.
Darcy Roybal	Tribal Liaison	Magellan Health Services of Arizona

## List of Participants Representing State Agencies and Departments

<u>Name</u>	<u>Title</u>	<u>Tribe/Organization</u>
Anthony Rodgers	Director	AHCCCS
Carol Chicharello	Tribal Relations Liaison	AHCCCS
Robert Birdwell, DDS	Dental Director	AHCCCS
Robert Lindley	Health Policy & Research Consultant	AHCCCS
John Molina, MD	Medical Director	AHCCCS
Rebecca Fields	Claims Administrator	AHCCCS
Kyra Westlake	Claims Policy	AHCCCS
Melanie Norton	Deputy Assistant Director	AHCCCS
Julie Swenson	KidsCare/DES Policy Manager	AHCCCS
AJan Schafer	ALTCS Manager	AHCCCS
Filmer Lallo	Tribal Case Management Coordinator	AHCCCS
Tracy Wareing	Director	ADES
Kathleen Kitcheyan	Tribal Liaison	ADES
Veronica Bossack	Director/Benefits & Medical Eligibility	ADES
Rex Critchfield	Director/Aging & Adult Services	ADES
Ann Marie Mena	Deputy Assistant Director/Child Support	ADES
Lewis Lane	Tribal Liaison	ADES
Julie Allison	Social Worker/Senior Services Division	ADES
Rich Slay	Policy Specialist	ADES
Susan Gerard	Director	ADHS
Michael Allison	Native American Liaison	ADHS
Lydia Hubbard-Pourier	TRBHA Contract Administrator	ADHS
Merv Lynch	Program Representative/DBHS	ADHS
Kim Russell	Community Development Manager	ADHS
Margaret Russell	Bureau Chief of Policy/DBHS	ADHS
Patricia Tarango	Bureau Chief	ADHS
Judy Norton	Bureau Chief/Office of HIV/AIDS Svcs.	ADHS

## List of Participants Representing State Agencies and Departments (continued)

Margie Tate	Bureau Chief/Chronic Disease	ADHS
Virginia Warren	Chronic Disease Section Manager	ADHS
Fred Hubbard	Executive Director	Advisory Council on Indian Health Care
Lydia Guerra	Administrative Assistant	Advisory Council on Indian Health Care
Traci Morris	Program Specialist	Arizona Commission on Indian Affairs
Brad Tritle	Executive Director	Arizona Health-e Connection
Marnie Hodahkwen	Policy Advisor on Tribal Affairs	Office of the Governor